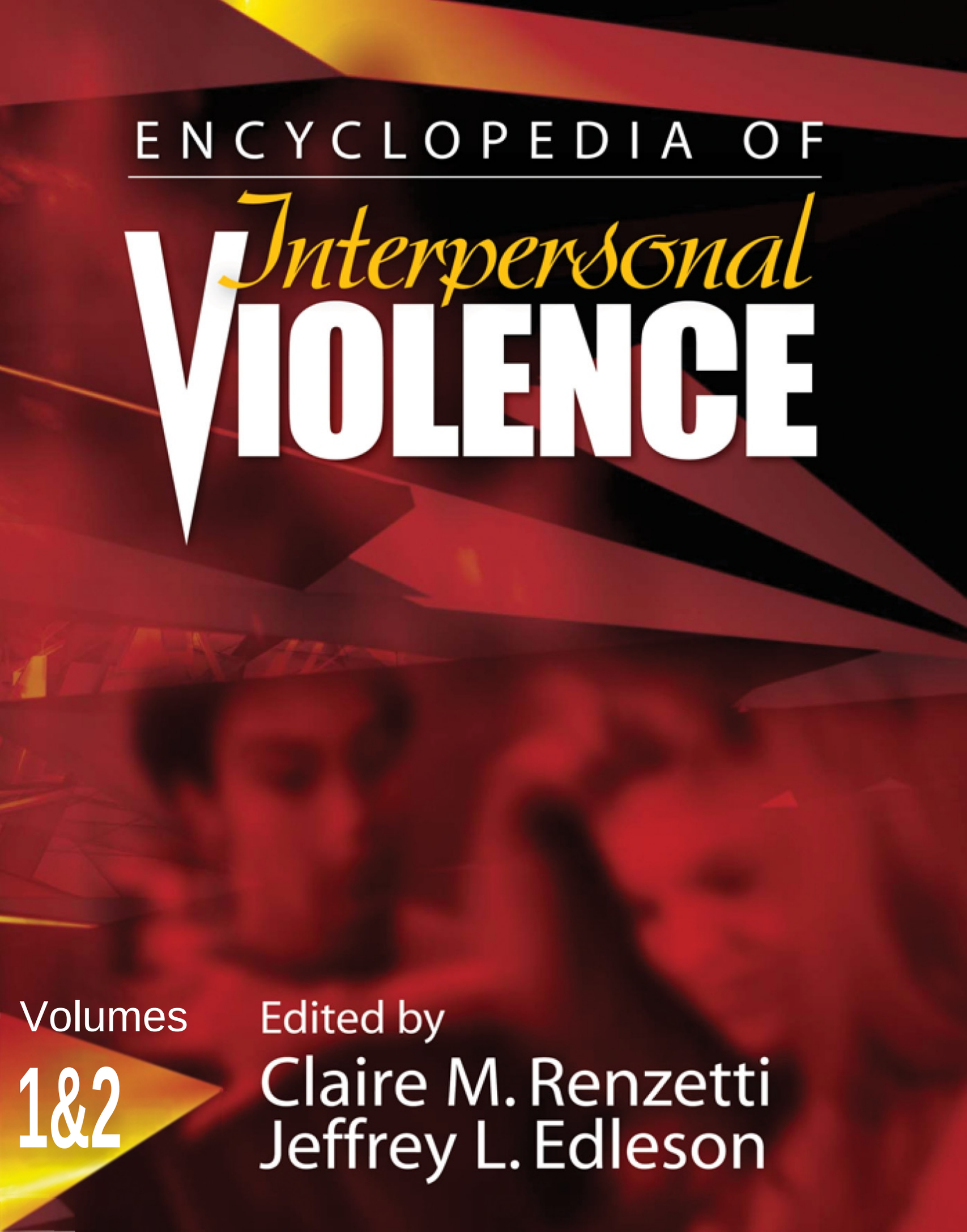
ENCYCLOPEDIA OF
Interpersonal
VIOLENCE
Volumes
1&2
Edited by
Claire M. Renzetti
Jeffrey L. Edleson

ENCYCLOPEDIA OF

Interpersonal VIOLENCE

Editorial Board

ENCYCLOPEDIA OF

Interpersonal VIOLENCE

VOLUMES 1 & 2

Edited by

Claire M. Renzetti

University of Dayton

Jeffrey L. Edleson

University of Minnesota

SAGE

Los Angeles • London • New Delhi • Singapore

A SAGE Reference Publication

For information:

SAGE Publications, Inc.
2455 Teller Road
Thousand Oaks, California 91320
E-mail: order@sagepub.com

SAGE Publications Ltd.
1 Oliver's Yard
55 City Road
London EC1Y 1SP
United Kingdom

SAGE Publications India Pvt. Ltd.
B 1/I 1 Mohan Cooperative Industrial Area
Mathura Road, New Delhi 110 044
India

SAGE Publications Asia-Pacific Pte. Ltd.
33 Pekin Street #02-01
Far East Square
Singapore 048763

Printed in the United States of America.

Library of Congress Cataloging-in-Publication Data

Encyclopedia of interpersonal violence / editors, Claire M. Renzetti, Jeffrey L. Edleson.
p. cm.
"A SAGE Reference Publication."
Includes bibliographical references and index.
ISBN 978-1-4129-1800-8 (cloth)
1. Violence—Encyclopedias. 2. Interpersonal conflict—Encyclopedias. I. Renzetti, Claire M. II. Edleson, Jeffrey L.

HM1121.E57 2008
303.603—dc22 2008001212

This book is printed on acid-free paper.

08 09 10 11 12 10 9 8 7 6 5 4 3 2 1

Publisher:	Rolf A. Janke
Acquisitions Editor:	Art Pomponio
Assistant to the Publisher:	Michele Thompson
Developmental Editors:	Carole Maurer, Yvette Pollastrini
Reference Systems Manager:	Leticia Gutierrez
Production Editor:	Tracy Buyan
Editorial Assistant:	Eileen Gallaher
Copy Editors:	Jamie Robinson, Renee Willers
Typesetter:	C&M Digitals (P) Ltd.
Proofreaders:	Andrea Martin, Kristin Bergstad
Indexer:	Joan Shapiro
Cover Designer:	Michelle Kenny
Marketing Manager:	Amberlyn Erzinger

Contents

List of Entries

Reader's Guide

The Reader's Guide is provided to assist readers in locating articles on related topics. It classifies articles into 12 general topical categories: Children and Youth; Civil and Criminal Legal Systems; Interpersonal Violence—General; Intervention and Prevention Programs; Legislation; Organizations and Agencies; Racial/Ethnic and Cross-Cultural Issues; Research Methods and Data Collection Instruments; Sexual Violence and Abuse; Syndromes, Disorders, and Other Mental Health Issues; Theories and Theoretical Perspectives; and Violence Between Intimates/Family Violence. Entries may be listed under more than one topic.

Children and Youth

Civil and Criminal Legal Systems

Interpersonal Violence—General

Intervention and Prevention Programs

Legislation

Organizations and Agencies

Racial/Ethnic and Cross-Cultural Issues

Research Methods and Data Collection Instruments

Sexual Violence and Abuse

Syndromes, Disorders, and Other Mental Health Issues

Theories and Theoretical Perspectives

Violence Between Intimates/ Family Violence

About the General Editors

Claire M. Renzetti is Professor of Sociology at the University of Dayton. Previously, she was Professor of Sociology at St. Joseph's University in Philadelphia, where she was on the faculty for 25 years and chaired the sociology department for 10 of those years. Renzetti is also editor of the international, interdisciplinary journal *Violence Against Women*, a peer-reviewed professional journal published monthly by Sage Publications. She is coeditor of the Oxford University Press book series titled *Interpersonal Violence*, and editor of the Northeastern University Press book series titled *Gender, Crime, and Law*.

Renzetti has authored or edited 16 books as well as numerous articles in professional journals, based largely on her research on various aspects of the problem of intimate partner violence (IPV). Her groundbreaking study, published in 1992 as the monograph *Violent Betrayal: Partner Abuse in Lesbian Relationships*, was the first national empirical study of IPV in lesbian relationships. This study essentially revolutionized IPV research in that it forced researchers to think outside the box to consider violence in same-sex relationships and its implications for theorizing IPV. Renzetti's current research examines the violent victimization experiences of women who live in public housing developments. This work continues to reflect her concern with ensuring that the voices of marginalized women are heard.

Renzetti's research contributions to the study of intimate violence have been recognized by her colleagues with several awards, including four faculty merit awards for research from St. Joseph's University, which also awarded her its highest honor, the Tenglemann Award for Research and Teaching; she was the first woman to ever receive the Tenglemann Award. Her colleagues in the American Society of Criminology have also recognized her contributions to the field by bestowing on her the Outstanding Scholar Award from the Division on Women and Crime and the Major Achievement Award from the Critical Criminology Division.

Renzetti has long been active in professional organizations and in her community. She is past president of the Society for the Study of Social Problems, the second largest professional sociological association in the country; past treasurer of the Eastern Sociological Society; and past president of Alpha Kappa Delta, the international sociological honors society. She currently serves on the boards of the Artemis Center for Alternatives to Domestic Violence, the Miami Valley School, and the Dayton Art Institute, and she is involved in a number of fundraising events for nonprofits in the Dayton area, including the Food Bank of the Miami Valley, the March of Dimes, and the Dayton Visual Arts Center.

Renzetti holds a PhD in sociology from the University of Delaware, where she also received her undergraduate degree in sociology.

Jeffrey L. Edleson is Professor at the University of Minnesota School of Social Work and Director of the Minnesota Center Against Violence and Abuse (www.mincava.umn.edu). He is one of the world's leading authorities on children exposed to domestic violence and has published over 100 articles and eight books on domestic violence, groupwork, and program evaluation. Edleson is the coauthor with the late Susan Schechter of *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (1999, National Council of Juvenile and Family Court Judges). Better known as the "Greenbook," this best-practices guide has been the subject of six federally funded and numerous other demonstration sites across the country. Edleson has also conducted intervention research and provided technical assistance to domestic violence programs

and research projects across North America as well as in several other countries, including Germany, Israel, Cyprus, India, Australia, Korea, and Singapore.

He was a member of the National Academy of Sciences' Panel on Research on Violence Against Women. He has served as a consultant to the National Council of Juvenile and Family Court Judges and the U.S. Centers for Disease Control and Prevention. Edleson is an associate editor of the journal *Violence Against Women* and has served on numerous editorial boards. He is coeditor of the Oxford University Press book series titled *Interpersonal Violence* and the Sage book series titled *Violence Against Women*.

His own books include *Working With Children and Adolescents in Groups,* with Sheldon D. Rose (1987, Jossey-Bass); *Intervention for Men Who Batter: An Ecological Approach,* with Richard M. Tolman (1992, Sage Publications); *Ending the Cycle of Violence: Community Responses to Children of Battered Women,* with Einat Peled and Peter G. Jaffe (1995, Sage Publications); *Future Interventions With Battered Women and Their Families,* with Zvi Eisikovits (1996, Sage Publications); *Evaluating Domestic Violence Programs* (1997, Domestic Abuse Project); *Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy,* with Sandra Graham-Bermann (2001, APA Books); and *Parenting by Men Who Batter: New Directions in Assessment and Intervention,* with Oliver J. Williams (2007, Oxford University Press).

Edleson is a Phi Beta Kappa graduate of the University of California at Berkeley and received his master's and PhD in social work from the University of Wisconsin at Madison. He is a Licensed Independent Clinical Social Worker in Minnesota and has practiced in elementary and secondary schools and in several domestic violence agencies worldwide.

Contributors

Amir Abbassi
Texas A&M University–Commerce

Jaleel Abdul-Adil
University of Illinois at Chicago

David Adams
Emerge

Patricia A. Adler
University of Colorado

Peter Adler
University of Denver

Reema S. Ali
Break the Cycle

Nicole E. Allen
University of Illinois at Urbana-Champaign

Alex Alvarez
Northern Arizona University

Georgia J. Anetzberger
Cleveland State University

Sharon K. Araji
University of Alaska Anchorage

Isami Arifuku
National Council on Crime and Delinquency

Phil Arkow
The Latham Foundation

Marilyn Peterson Armour
University of Texas at Austin

Karen Marlene Artichoker
Cangleska, Inc.

Frank R. Ascione
Utah State University

Emily K. Asencio
University of California, Riverside

Ronet Bachman
University of Delaware

Linda Baker
Centre for Children & Families in the Justice System

Amanda Baran
Legal Momentum: Advancing Women's Rights

Lisa M. Bauer
Pepperdine University

Carl C. Bell
University of Illinois at Chicago

Holly Bell
University of Texas at Austin

Larry W. Bennett
University of Illinois at Chicago

Susan H. Berg
Hunter College School of Social Work

Raquel Kennedy Bergen
Saint Joseph's University

Lucy Berliner
University of Washington

Christopher Bickel
University of California, Santa Barbara

James A. Black
University of Tennessee

Ashley G. Blackburn
University of North Texas

Cindy Blackstock
First Nations Child & Family Caring Society of Canada

Linda K. Bledsoe
University of Louisville

Sandra L. Bloom
CommunityWorks

Rebecca M. Bolen
University of Tennessee

Jeb A. Booth
Salem State College

Denise Paquette Boots
University of Texas at Dallas

Linda Bowen
Institute for Community Peace

Bonnie Brandl
National Clearinghouse on Abuse in Later Life, Wisconsin Coalition Against Domestic Violence

Charmaine R. Brittain
University of Denver

Christen L. Brook
University of Massachusetts–Lowell

Mitchell Brown
Institute for Community Peace

Sarah K. Brown
Break the Cycle

Stephanie L. Bruhn
Nebraska State Penitentiary

Meggan M. Bucossi
Brown Medical School and Butler Hospital

Leo Bulger
Minneapolis Public Schools

Frederick P. Buttell
Tulane University

Eve S. Buzawa
University of Massachusetts–Lowell

Jacquelyn C. Campbell
Johns Hopkins University School of Nursing

Rebecca Campbell
Michigan State University

Bonnie E. Carlson
University at Albany, State University of New York

Michelle M. Carney
University of Georgia

Patrick J. Carr
Rutgers University

Ricardo Antonio Carrillo
Private Consultant

Erin A. Casey
University of Washington, Tacoma

Beth Skilken Catlett
DePaul University

Lynn S. Chancer
Hunter College of the City University of New York

Mei Chao
Michigan State University

Kristen E. Cheney
University of Dayton

Michelle Chino
University of Nevada, Las Vegas

Debbie Chiodo
CAMH Centre for Prevention Science

Chelsea M. Clawson
Lewis & Clark College

Caroline Clements
University of North Carolina at Wilmington

Larry Cohen
Prevention Institute

Kimberly J. Cook
University of North Carolina at Wilmington

Christine A. Courtois
Private Practice

Claire V. Crooks
Centre for Addiction & Mental Health

Terry Cross
National Indian Child Welfare Association

Chic Dabby-Chinoy
Asian & Pacific Islander Institute on Domestic Violence

Fran S. Danis
University of Missouri–Columbia

Deborah Daro
Chapin Hall Center for Children

Shamita Das Dasgupta
Manavi, Inc., & Praxis International, Inc.

Howard A. Davidson
American Bar Association

Mark S. Davis
Ohio State University

Tracy J. Davis
Pennsylvania Coalition Against Domestic Violence

Shawndell N. Dawson
National Network to End Domestic Violence

Lemyra DeBruyn
Centers for Disease Control and Prevention

Michele R. Decker
Harvard School of Public Health

Christina DeJong
Michigan State University

Walter S. DeKeseredy
University of Ontario Institute of Technology

Carey Anne DeOliveira
Child and Parent Resource Institute

Gail Dines
Wheelock College

Aldwin Domingo
Argosy University

Alesha Dominique
Break the Cycle

Patrick G. Donnelly
University of Dayton

Joseph F. Donnermeyer
Ohio State University

George W. Dowdall
St. Joseph's University

Molly Dragiewicz
University of Ontario Institute of Technology

Howard Dubowitz
University of Maryland

Billie Lee Dunford-Jackson
National Council of Juvenile and Family Court Judges

Mary Ann Dutton
Georgetown University Medical Center

Jeffrey L. Edleson
University of Minnesota

Sue Else
National Network to End Domestic Violence

Elaine Enarson
Brandon University

Samantha Elena Erskine
Legal Momentum

Kathleen Coulborn Faller
University of Michigan

Jonathan Fast
Wurzweiler School of Social Work, Yeshiva University

Angèle Fauchier
University of New Hampshire

Jill Fertel
Break the Cycle

Susan Fineran
University of Southern Maine

Jerry Finn
University of Washington, Tacoma

Diana Fishbein
RTI International

Katherine W. Follansbee
University of Florida

Lisa A. Fontes
Union Institute & University

David A. Ford
Indiana University–Purdue University Indianapolis

Marie M. Fortune
FaithTrust Institute

Cynthia Fraser
National Network to End Domestic Violence

Jennifer J. Freyd
University of Oregon

Natasha A. Frost
Northeastern University

Juley Fulcher
Break the Cycle

Lynne Fullerton-Gleason
University of New Mexico

Stacie Robyn Furia
University of California, Santa Barbara

Shannon R. Gaskins
National Council of Juvenile and Family Court Judges

Richard J. Gelles
University of Pennsylvania

Abigail Gewirtz
University of Minnesota

Roberta E. Gibbons
University of Minnesota

Jane F. Gilgun
University of Minnesota, Twin Cities

Tameka L. Gillum
Johns Hopkins University

Lori B. Girshick
Chandler-Gilbert Community College

Rachel Evelyn Goldsmith
Mount Sinai Medical Center

Corinne Meltzer Graffunder
U.S. Centers for Disease Control and Prevention

Sandra A. Graham-Bermann
University of Michigan

Michelle Gross
University of Michigan

Debra Guckenheimer
University of California, Santa Barbara

Nancy G. Guerra
University of California, Riverside

April J. Guillen
Break the Cycle

Cuneyt Gurer
Kent State University

Liena Gurevich
Hofstra University

Neil B. Guterman
University of Chicago

Nicole Haberland
The Population Council

Susan M. Hadley
University of Minnesota

Janet O. Hagberg
Silent Witness National Initiative

Jennifer Hall-Lande
University of Minnesota

Rhonda Hallberg
Children's Aid Society of London and Middlesex

Melissa Hamilton
University of Texas at Austin

Heather Hammer
Temple University

Vanessa Handsel
University of North Carolina at Wilmington

Christine Hansen
The Miles Foundation, Inc.

Kirsten Harmon
Break the Cycle

Shelby Settles Harper
National Center on Full Faith and Credit, Pennsylvania Coalition Against Domestic Violence

Barbara J. Hart
University of Southern Maine

Michele Harway
Antioch University, Santa Barbara

Nicola Harwin
Women's Aid Federation of England

Jacquelyn Hauser
Academy on Violence and Abuse

Candace J. Heisler
Heisler and Associates

C. Terry Hendrix
Retired Publisher

Jessica P Hodge
University of Delaware

Kathryn H. Howell
University of Michigan

C. Ronald Huff
University of California, Irvine

Ray Hughes
CAMH Centre for Prevention Science

Li-Ching Hung
Mississippi State University

Peter G. Jaffe
University of Western Ontario

Shabnam Javdani
University of Illinois at Urbana-Champaign

Eric Jefferis
Kent State University

Esther J. Jenkins
Chicago State University

Robert Jensen
University of Texas at Austin

Arthur J. Jipson
University of Dayton

Byron Johnson
Baylor University

Nikki Jones
University of California, Santa Barbara

Marcus Juodis
Dalhousie University

Valli Kalei Kanuha
University of Hawaii

Jackson Katz
MVP Strategies

David Kauzlarich
Southern Illinois University, Edwardsville

Elizabeth Kelly
Baylor University

Kathleen Kendall-Tackett
University of New Hampshire

Poco Kernsmith
Wayne State University

Lloyd Klein
Kingsborough Community College

Shannon Kobes
Michigan State University

Pat Koppa
Public Health Consultants, LLC

Mary P. Koss
Mel and Enid Zuckerman College of Public Health

Sheryl Pimlott Kubiak
Michigan State University

Shanti Kulkarni
University of North Carolina at Charlotte

Traci LaLiberte
University of Minnesota

Emily Lambert
Break the Cycle

Wendy G. Lane
University of Maryland

Louanne Lawson
University of Arkansas for Medical Sciences

Lisa Lederer
PR Solutions, Inc.

Linda E. Ledray
Hennepin County Medical Center

Matthew R. Lee
Louisiana State University

Rebekah Lee
Pennsylvania Coalition Against Domestic Violence

Amy Lehrner
University of Illinois at Urbana-Champaign

Melinda S. Leidy
University of California, Riverside

Janel M. Leone
Syracuse University

Susan Lewis
National Sexual Violence Resource Center

Elizabeth Lightfoot
University of Minnesota

Terry G. Lilley
University of Delaware

Linda Loflin Pettit
AMEND

Tonya Lovelace
Pennsylvania Coalition Against Domestic Violence–WOCN

Eleanor Lyon
University of Connecticut

Shana L. Maier
Widener University

Patricia Yancey Martin
Florida State University

Rick A. Matthews
Carthage College

Christopher D. Maxwell
Michigan State University/University of Michigan

David McCollum
MD, President of the Academy on Violence and Abuse

Martha McMahon
University of Victoria

Pamela M. McMahon
Centers for Disease Control and Prevention

Beverly A. McPhail
University of Houston

Adelita M. Medina
National Latino Alliance for the Elimination of Domestic Violence

Michelle Lynn Meloy
Rutgers University

Anne Menard
National Resource Center on Domestic Violence

Jon'a F. Meyer
Rutgers University

Dan E. Miller
University of Dayton

Jody Miller
University of Missouri–St. Louis

Susan L. Miller
University of Delaware

Cindy Miller-Perrin
Pepperdine University

Angela M. Moe
Western Michigan University

Todd M. Moore
University of Tennessee

Marlene Marie Moretti
Simon Fraser University

Phoebe Morgan
Northern Arizona University

Lisa R. Muftić
University of North Texas

Wendy J. Murphy
New England School of Law

Jeremy NeVilles-Sorell
Mending the Sacred Hoop

Kirk A. B. Newring
Nebraska Department of Correctional Services

Jennifer M. Ngo
Wellesley College

Catherine Nolan
U.S. Department of Health and Human Services

Derek Nord
University of Minnesota

Jeffrey O'Brien
University of Central Florida

Patricia O'Brien
University of Illinois at Chicago

Ingrid Obsuth
Simon Fraser University

Candice L. Odgers
University of California, Irvine

Richard L. Ogle
University of North Carolina at Wilmington

William Oliver
Indiana University

Steven J. Ondersma
Wayne State University

Leslye Orloff
Legal Momentum: Immigrant Women Program

Sue Osthoff
National Clearinghouse for the Defense of Battered Women

Ana Ottman
Violence Against Women Policy Professional

Barbara Owen
California State University, Fresno

Claire S. Oxtoby
University of North Carolina at Wilmington

Rosalyn S. Park
Minnesota Advocates for Human Rights

Angela Moore Parmley
National Institute of Justice

Ellen Pence
Praxis International

Joan Pennell
North Carolina State University

Stephanie R. Penney
Simon Fraser University

Robin Perrin
Pepperdine University

Barbara Perry
University of Ontario Institute of Technology

Kathy Pezdek
Claremont Graduate University

Debby A. Phillips
Seattle University

Nickie D. Phillips
John Jay College of Criminal Justice

Nnamdi Pole
University of Michigan

Ann Marie Popp
Duquesne University

Laura F. Radel
U.S. Department of Health and Human Services

Nicole E. Rader
Mississippi State University

Allison Randall
National Network to End Domestic Violence

Jody Raphael
DePaul College of Law

Mary Gleason Rappaport
National Center for Victims of Crime

Maureen Reid
Children's Aid Society, London and Middlesex

Callie Marie Rennison
University of Missouri–St. Louis

Claire M. Renzetti
University of Dayton

Marc Riedel
Southeastern Louisiana University

Michael Robb
University of California, Riverside

Karen A. Roberto
Virginia Tech

Christine Robinson
Department of Social and Health Services

Deborah Rogow
The Population Council

Jennifer L. Root
University of Toronto

Leora Rosen
National Institute of Justice

Shannon Forbes Rushing
Southeastern Louisiana University

Ann Russo
DePaul University

Naomi Sadeh
University of Illinois at Urbana-Champaign

Michael Saini
University of Toronto

Jeff Salt
University of Illinois at Chicago

Daniel G. Saunders
University of Michigan

Frederika E. Schmitt
Millersville University

F. David Schneider
University of Texas at San Antonio

Martin D. Schwartz
Ohio University

Katreena L. Scott
University of Toronto

Alankaar Sharma
University of Minnesota

Chaitra P. Shenoy, Esq.
Center for Survivor Agency & Justice

Melanie F. Shepard
University of Minnesota Duluth

Sudha Shetty
University of Minnesota

Aron Shlonsky
University of Toronto

Sara J. Shoener
Pennsylvania Coalition Against Domestic Violence

Lynn M. Short
Analytic Systems Associates, Inc.

Toby Shulruff
National Network to End Domestic Violence

Gerald B. "Jerry" Silverman
U.S. Department of Health and Human Services

Jay G. Silverman
Harvard School of Public Health

Raghu N. Singh
Texas A&M University–Commerce

Jacqueline J. Skog
Silent Witness Domestic Violence Initiative

Mark Small
Clemson University

Carolyn Ann Smith
University at Albany

Cary Stacy Smith
Mississippi State University

Rita Smith
National Coalition Against Domestic Violence

Cindy Southworth
National Network to End Domestic Violence

Nan Stein
Wellesley College

Ted J. Stein
State University of New York

Paul Stern
Snohomish County Prosecutor's Office

Kiersten Stewart
Family Violence Prevention Fund

Gregory L. Stuart
Brown University

Richard B. Stuart
University of Washington

Erika A. Sussman
Center for Survivor Agency and Justice

Maura Doyle Tanabe
Autism Connections

Pamela B. Teaster
University of Kentucky

Jeff R. Temple
University of Texas Medical Branch

Cheryl A. Thomas
Minnesota Advocates for Human Rights

Patrick H. Tolan
University of Illinois at Chicago

Kimberly A. Tolhurst
Battered Women's Justice Project/Civil Office

Nicole Trabold
University at Buffalo

Jennifer Trotter
University of Illinois at Urbana-Champaign

Michelle J. Trotter
University of Minnesota

Carolyn Tubbs
Drexel University

Sarah Tucker
National Network to End Domestic Violence

Sarah E. Ullman
University of Illinois at Chicago

Mark S. Umbreit
University of Minnesota

Lynn Videka
University at Albany–State University of New York

Denise D. Walker
University of Washington

Froma Walsh
University of Chicago

Wendy A. Walsh
University of New Hampshire

Carole Warshaw
National Training and TA Center on Domestic Violence

Neil Websdale
Northern Arizona University

Arlene N. Weisz
Wayne State University

D. Charles Whitney
University of California, Riverside

Deborah Widiss
Legal Momentum

Jennifer K. Williams
University of California, San Diego

Linda M. Williams
University of Massachusetts–Lowell

Celia Williamson
University of Toledo

Charles Wilson
Children's Hospital San Diego

Jennifer L. Witt
University of Minnesota

David A. Wolfe
CAMH Centre for Prevention Science

Laura X
Activist/Archivist

Teresa Yeh
Break the Cycle

Nicole P. Yuan
University of Arizona

Therese Zink
University of Minnesota

Joan Zorza
Domestic Violence Report

Timothy Brett Zuel
University of Minnesota

Introduction

Interpersonal violence is behavior by people that intentionally threatens, attempts, or actually inflicts harm on other people. This violence invades both the public and private spheres of our lives, many times in unexpected and frightening ways. Interpersonal violence is a problem that individuals may experience at any point during the lifespan—indeed, even before birth. From the use of amniocentesis to identify the sex of a fetus with the intention of aborting it if it is female to the withholding of food or medication from an elderly person to punish him or her for some perceived infraction, interpersonal violence is found not only throughout the life course, but also throughout the world. It is a global problem that includes war, genocide, terrorism, and rape of women as a weapon of war.

The *Encyclopedia of Interpersonal Violence* is designed as a resource for members of the general public who are interested in learning more about various aspects of the problem of interpersonal violence. It is intended to provide accurate, research-supported information to clarify critical issues and to educate the public about different forms of interpersonal violence, their incidence and prevalence, theoretical explanations, public policy initiatives, and prevention and intervention strategies. It is also intended as a resource for students at all educational levels who are studying about interpersonal violence or who anticipate a career in one of the many fields in which professionals address aspects of interpersonal violence. Practitioners and clinicians in a wide range of fields will also find the encyclopedia helpful as a quick reference guide to definitions, statistics, theories, policies, and prevention and intervention programs.

The encyclopedia consists of two volumes, which together contain over 500 entries arranged alphabetically. The entries were written by experts on the specific topic being addressed and provide cross-references to related entries as well as suggested readings for further information on the topic. A Reader's Guide also assists readers in locating articles on specific and related topics. It is organized into 12 general topical categories that include Civil and Criminal Legal Systems; Intervention and Prevention Programs; Legislation; Research Methods and Data Collection Instruments; Syndromes, Disorders, and Other Mental Health Issues; and Theories and Theoretical Perspectives. Reflecting our concern with interpersonal violence as a problem across the lifespan as well as across cultures, entries are also listed under the topical categories of Children and Youth; Racial/Ethnic and Cross-Cultural Issues; Sexual Violence and Abuse; and Violence Between Intimates/Family Violence. Topics not found in any of these categories are likely located in the section on Interpersonal Violence—General.

Our goal has been to make the encyclopedia as accessible and as easy to use as possible. The jargon-free style in which the articles are written further contributes to this goal. Key concepts are defined, and theoretical principles are explained clearly and succinctly. At the end of Volume 2, readers will also find appendices that provide information on current data sets, regional and national organizations specializing in various dimensions of interpersonal violence, and relevant Web sites.

The process of compiling the encyclopedia was long and, at times, arduous. In identifying headwords and potential contributors, we were joined by a capable team of advisors representing diverse fields and areas of expertise. We are indebted to our Advisory Board: C. Terry Hendrix, our long-time editor at Sage Publications who helped bring many of the key books and journals in interpersonal violence to our bookshelves; Angela Moore Parmley, U.S. Department of Justice's National Institute of Justice; Barbara Perry, University of Ontario Institute of Technology; and Patrick H. Tolan, University of Illinois at Chicago.

Once the headword list was generated, invitations were emailed to all potential contributors. This process involved nearly 1,000 emails over the course of many months, as individual accepted our invitation or declined, but recommended others. Scott Weaver, a graduate student at the time at St. Joseph's University, took on the task of sending invitations and often tracking down elusive email addresses. Scott's efficiency and good humor went a long way in alleviating much of the stress associated with this initial phase of the project.

We are also fortunate to have worked for over 2 years through over 5,000 email messages with an outstanding developmental editor, Eileen Gallaher. Eileen not only managed the day-to-day tasks associated with producing the encyclopedia but also assisted contributors with the electronic submission procedures, answered many contributors' questions, pleasantly cajoled contributors whose articles were late, and cheered us on when our energy seemed to be flagging. It has truly been a pleasure working with Eileen. She was joined by Yvette Pollastrini and then Carole Maurer in helping to take this collection of entries to a final format ready for the printing presses. Eileen, Yvette, and Carole all worked under the able leadership of Rolf Janke, the Publisher of Sage Reference.

Of course, there would be no encyclopedia without the several hundred contributors who shared their expertise and their precious time. Despite their numerous commitments, these individuals agreed to write entries—some more than one entry—for this project, a testament, we think, to their dedication to public education on the problem of interpersonal violence. We are grateful to each of them.

Jeff would like to thank his life partner, Sudha Shetty; his four sons, Nevin, Daniel, Neil, and Eli; and his staff at the Minnesota Center Against Violence and Abuse for putting up with all those hours he was distracted by communicating with authors and editors and then reading, editing, and approving submitted entries.

Finally, Claire wishes to say thank you to a very special group of friends: Brad, Bryan, Dan, Doug, Greg, and Michael. I'm grateful for your interest in and support of this project. I especially appreciate your willingness to discuss various entries with me at length and offer insightful feedback, and I look forward to your input on future projects. The mojitos are on me!

Claire M. Renzetti
Jeffrey L. Edleson

A

Abandonment

Abandonment is generally understood in terms of infants and children being discarded by parents. Historically, women living in poverty, giving birth out of wedlock, or raped during wars were likely to dispose of their children. After World War II and the disintegration of Yugoslavia, many women walked out on the children they had conceived as a result of rape. Typically, youthful mothers without material or other support have been known to abandon their offspring in shame and desperation, at times in potentially life-threatening locations such as garbage bins, street corners, and public toilets. In the United States, abandonment of a child is a crime for which mothers can be prosecuted. To quell abandoned infant death, 45 U.S. states have passed a safe haven law (also called "Baby Moses" law) that permits parents to leave infants in designated "safe care" without fear of prosecution.

Abandoned children living in the streets without adults are found in every country. According to UN estimates in 2001, 150 million children under the age of 18 were dwelling in streets due to poverty, abuse, parental death, and deliberate abandonment. In many societies, more girls than boys are abandoned because of a strong preference for sons who can support their parents.

Emotional and economic abandonment of children by their fathers is a serious problem internationally and in the United States, where the UN estimated that 10 million single mothers were living with children under the age of 18 in 2000. In addition to children, a large number of elderly individuals of both genders are deserted each year in the United States. According to the American College of Emergency Physicians, caregivers abandoned approximately 70,000 elderly Americans in 1991, many with serious illnesses such as Alzheimer's disease. Long-term caregivers, the majority of whom are female relatives, are often overwhelmed by lack of financial and social assistance, leading to abandonment of their charges.

Wives are also abandoned by their spouses worldwide, including in the West. Many middle-aged wives who spent their youth supporting their husbands' careers are replaced by younger women. Such discarding of adult women is not considered a crime in any Western country. However, in many developing nations where women's only recourse to financial survival may be marriage, the forsaking of a wife may be a legal issue.

Desertion of wives and children has significantly grown in the wake of increased global worker mobility and many nations view it as violence against women. Following are three scenarios of wife abandonment common to immigrant communities:

- An abusive spouse might abandon his wife, and she may have no resources in the host country.
- A wife may be deceptively or forcibly transported from her home country and abandoned by her husband without any means of reentry (i.e., without passport, visa, airline ticket, or money).
- A husband might leave his wife behind in their home country and visit occasionally, with promises of bringing her back (hence the nomenclature "holiday bride"). For example, by some reports, more than 10,000 runaway immigrant grooms from India reside

in Canada, and 16,000 abandoned wives live in just one Indian state. The magnitude of the problem has prompted the Indian government to draft a bill to ameliorate the situation.

Shamita Das Dasgupta

See also Child Neglect; Elder Abuse; Feminist Movements to End Violence Against Women; Forced Marriages; Intimate Partner Violence

Further Readings

Thurer, S. L. (1994). *The myths of motherhood: How culture reinvents the good mother.* Boston: Houghton Mifflin.

Abolitionist Approach to Prostitution

The abolitionist platform is clear: Prostitution is exploitation. To abolitionists, the women involved are thought of as "prostituted women" who are abused under a patriarchal society of male domination and sexual exploitation.

The results of several U.S. studies on prostitution support the view that prostitution is associated with drug abuse, HIV/AIDS risks, violence, and poor physical, emotional, and mental health outcomes for the women involved.

A strong connection has been made between drug abuse and street prostitution. Research findings suggest that some women use drugs to cope with the shame, violence, and trauma they face as prostitutes, while other women enter prostitution drug addicted and use prostitution to finance their drug habit.

Prostituted women continue to be placed at risk for contracting HIV/AIDS. Researchers cite addiction to drugs, client resistance to condom use, rape, forced prostitution by pimps/traffickers, and lack of condom use with risky intimate lovers as conditions that increase risk.

The violence experienced by prostituted women is heinous and pervasive, with researchers reporting that upwards of 70% of these women have experienced frequent and varied acts of violence. Women most commonly experience physical violence from customers, intimate lovers, pimps, and police.

Studies of psychosocial well-being and prostitution find that prostituted women typically have low self-esteem and high levels of depression and posttraumatic stress disorder.

Policies and Programs Supported by Abolitionists

Most abolitionists support policies that decriminalize prostitution for victims. They would encourage stiff penalties and/or effective interventions for pimps, who are often known as "traffickers," and customers, who are known as "johns." Community-focused programs founded by survivors or that employ survivors to intervene show promise in helping to build relationships with women on the streets. Social service programs may also help victims to address their issues and meet their needs by offering substance abuse treatment, shelter and transitional housing, case management, trauma treatment, group work, interpersonal counseling, and education and job training programs.

After the U.S. presidential signing of the Trafficking Victims Protection Reauthorization Act of 2000, federal, state, and local law enforcement joined to form task forces in various cities to address the issue of human trafficking, of which sex trafficking is a part. Professional helpers are looking to translate federal sentiments into best practices to move a woman from victim to survivor. While immediate efforts focus on rescuing and restoring victims, long-term goals include primary prevention and early intervention.

Reducing Violence Against Women

According to abolitionists, reducing violence against women requires that one see prostitution in and of itself as violence toward women. In their view, prostitution is not a choice; prostitution is often chosen for women because of their impoverished circumstances, abuses in their pasts, or blocked opportunities at conventional economic success.

Present-Day Advocates

There are several trend-setting leaders in the antiprostitution movement. These include Janice Raymond, Melissa Farley, Norma Hotaling, Vednita Carter, and Donna Hughes, among others.

Celia Williamson

See also Decriminalization of Sex Work

Further Readings

Farley, M. (2005, August 30). *Unequal.* Retrieved August 13, 2006, from http://action.web.ca/home/catw/readingroom.shtml?x=81265&AA_EX_Session=15acc93b7bb82739e112b283671b5d3b

Farley, M., & Barkan, H. (1998). Prostitution, violence, and posttraumatic stress disorder. *Women & Health, 27*(3), 37–49.

Farley, M., Cotton, A., Lynee, J., Zumbeck, S., Spiwak, F., Reyes, M. E., et al. (2003). Prostitution and trafficking in nine countries: An update on violence and posttraumatic stress disorder. In M. Farley (Ed.), *Prostitution, trafficking, and traumatic stress* (pp. 33–74). Binghamton, NY: Haworth Maltreatment & Trauma Press.

Abortion, Sex-Selective

See Gendercide

Abuse-Focused Therapy

Abuse-focused therapy is an umbrella term for a range of clinical models used in treating the impacts of childhood sexual abuse and trauma. Abuse-focused therapy originated in the late 1980s as an alternative to therapies that viewed abuse survivors' trauma-specific coping strategies as evidence of intrapsychic pathology and maladaptive reactions, and trauma therapies, which narrowly focused on catharsis and flooding techniques. In contrast to these therapies, abuse-focused therapy considered posttraumatic stress reactions and other trauma-related symptoms as legitimate reactions to situations that were or are threatening and oppressive.

Initially, abuse-focused therapy was developed only for adults and children who had been victims of childhood sexual abuse. However, subsequently, abuse-focused therapy became the therapy of choice for practitioners working with adult and child victims of childhood sexual abuse, other types of abuse, and trauma. Abuse-focused therapy's popularity has been based on a manifest philosophical orientation toward (a) emphasizing clients' agency and strengths, and (b) utilizing a flexible, integrated framework of interventions for addressing biopsychosocial issues emerging throughout the course of treatment.

Philosophical Influences

Feminist ideology and humanistic philosophy inform both the practitioner–client relationship and the treatment structure in abuse-focused therapy. Feminist ideology's focused attention on the societal, local, and familial discourses about oppression, gender, and power contextualizes abuses and trauma in past, present, and ongoing beliefs about relationships. This nuanced understanding of the broader social influences surrounding abusive and traumatic events is a perspective rarely accessible to clients as they engage in the arduous process of healing. This attention to beliefs about power and gendered violence also separates the abuse and trauma from the inherent characteristics of the client, and allows for validation of the client's self-protective strategies during and after the abuse or trauma.

Influences from humanistic philosophy encourage appreciation for the various types of self- and situational knowledge that clients display as they determine the pacing and direction of their healing. The practitioner assumes that the knowledge clients used to survive the abuse or trauma is still available to them during the healing process. In addition, this philosophical perspective invites active client investment in the treatment process and outcomes in order to decrease the probability of inadvertently replicating any oppressive power dynamics that might have accompanied the trauma. Similar to feminist ideology, a humanistic orientation depathologizes clients' past and current coping strategies and invites clients' expertise on their own healing process.

Abuse-Focused Therapeutic Interventions

Abuse-focused therapies focus on a group of clinical interventions rather than on a specific intervention or technique. In addition to grounding the treatment process in feminist and humanist ideologies, practitioners integrate many of the following clinical techniques and strategies into their work: cognitive-behavioral therapy, grief/loss work, systemic concepts (i.e., roles, rules, boundaries, holism), desensitization and hypnotherapeutic practices, and understandings of traumatic stress and victimization, as well as transference and countertransference from psychoanalytical theory. The introduction and fit use of techniques is contingent on the perceived and stated needs of the client as determined by the client and the practitioner.

Most work occurs individually; however, some work may occur in group, couple, and family therapy settings.

Carolyn Tubbs

See also Child Sexual Abuse; Complex Trauma in Children and Adolescents; Trauma-Focused Therapy

Further Readings

Lanktree, C. B., & Briere, J. (1995). Outcome of therapy for sexually abused children: A repeated measures study. *Child Abuse & Neglect, 19*, 1145–1155.

McGregor, K. (2000). Abuse-focused therapy for adult survivors of child sexual abuse: A review of the literature. *Centre Report Series No. 51* (pp. 1–279). Auckland, New Zealand: Injury Prevention Research Centre, University of Auckland.

Abusive Behavior Inventory

The Abusive Behavior Inventory is an instrument designed to measure the physical and psychological abuse of women by their male partners. The instrument was first developed by Melanie Shepard in 1984 to evaluate the Duluth Domestic Abuse Intervention Project, a highly influential program in the field of domestic violence. Items for the instrument were drawn from the program's internationally known Power and Control Wheel, which was based on the experiences of battered women. In 1992, Shepard and James Campbell published a study documenting evidence of the instrument's reliability and validity. It has subsequently been used in many domestic violence studies. The Abusive Behavior Inventory is noted for its incorporation of both physical and psychological abuse items and the use of power and control, rather than family conflict, as a framework for measuring domestic violence.

The Abusive Behavior Inventory is based upon a feminist perspective whereby battering involves the use of a range of controlling tactics, including physical, psychological, and sexual abuse, to achieve and maintain dominance in intimate relationships. The instrument is a self-report questionnaire consisting of two separately scored subscales: psychological and physical abuse. The psychological abuse subscale consists of items drawn from the subcategories of emotional abuse, isolation, intimidation, threats, use of male privilege, and economic abuse. The physical abuse subscale consists of 10 items involving physical acts (e.g., hitting and choking) and sexual abuse (e.g., forced or pressured to engage in unwanted sexual acts).

Separate versions of the Abusive Behavior Inventory were originally created for abusive men and battered women, although the male version has not been widely used. The Abusive Behavior Inventory is able to distinguish between groups of abusers/abused and nonabusers/nonabused using the reports of both men and women. On the Abusive Behavior Inventory, women's reports of being abused are considered more reliable than the reports of men about their own use of abusive behaviors.

The Abusive Behavior Inventory continues to be used as a program evaluation tool and for other research purposes, such as studying the dynamics of dating violence. The Abusive Behavior Inventory is also a useful tool for screening women for domestic violence in health care and social service settings.

Melanie F. Shepard

See also Conflict Tactics Scales; Power and Control Wheel

Further Readings

Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model.* New York: Springer.

Shepard, M., & Campbell, J. (1992). The Abusive Behavior Inventory: A measure of psychological and physical abuse. *Journal of Interpersonal Violence, 7,* 291–305.

Academy on Violence and Abuse

The Academy on Violence and Abuse (AVA) is a nonprofit multidisciplinary health organization with membership open to physicians, nurses, physical and occupational therapists, and many other health professionals who are involved in patient care, health education, health research, and ancillary services. AVA incorporated in 2005 in an effort to improve the health care response to patients whose health has been adversely affected by lifetime exposure to violence and abuse. Nineteen of the country's leading physicians and health care professionals on the issue of violence and abuse comprised its founding Board of Directors.

AVA's mission is to advance health education and research on the recognition, treatment, and prevention of violence and abuse.

AVA grew out of the American Medical Association's National Advisory Council on Violence and Abuse, which was first established to develop guidelines to help physicians treat patients who had suffered domestic violence. As the council explored the issue of violence and abuse it recognized that the issue, as it related to health care, was far more complex and extended well beyond domestic violence. Thus AVA was created as an independent nonprofit membership organization whose major purpose is to develop the discipline of violence and abuse as a specialized area of health care.

A 2002 Institute of Medicine (IOM) report titled "Confronting Chronic Neglect: The Education and Training of Health Professionals on Family Violence" recommended the creation of an organization like AVA to improve the infrastructure necessary to support the training of health care professionals on the health consequences of violence and abuse. The IOM report also identified deficiencies—related to violence and abuse as a health care issue—in the health care education process and practice setting thereby resulting in the failure to develop adequate training programs, measure the effectiveness of current training, provide an environment that supports addressing family violence issues, and support professionals who have a professional interest in violence and abuse as a health care issue.

AVA plans to address the issues raised by the IOM report and several others. The academy plans to develop a unique field of expertise in medicine and other health care disciplines that encompasses all categories of violence and abuse and will work to enhance the understanding of its long-term health repercussions. AVA will also advocate for research to improve our understanding of the experience of abuse and its physical, biochemical, and biopsychosocial consequences. The academy envisions that by integrating health education and research on the issue of violence and abuse into the training of all health professionals, it will promote the health of all people, protect the most vulnerable, and advance health and social policy that promotes safe families, safe workplaces, and safe communities.

Jacquelyn Hauser, F. David Schneider, and David McCollum

See also Health Care Response, Prevention Strategies for Reducing Intimate Partner Violence; Health Care Response to Child Maltreatment; Health Care Response to Intimate Partner Violence; Health Consequences of Child Maltreatment; Health Consequences of Intimate Partner Violence

Further Readings

The Adverse Childhood Experiences Study. (2005, July 7). Retrieved from http://www.acestudy.org/

Cohn, F., Salmon, M. E., & Stoben, J. D. (Eds.). (2002). *Confronting chronic neglect: The education and training of health professionals on family violence.* Washington, DC: National Academies Press.

Acid Attacks

An acid attack is the throwing of corrosive acid on a human target. It is not a new phenomenon. Acid attacks were reported in Europe in the 19th century, and in China, India, Pakistan, Egypt, England, Italy, Jamaica, Malaysia, Nigeria, Vietnam, and the United States in the latter part of the 20th century. Most often, these attacks are by men on women, single and married, who have dared to spurn suitors, seek divorce, anger powerful community leaders, and generally transgress from their socially prescribed roles. A few men have also been victims, just as a few women have been perpetrators. Occasionally, men have attacked other men with acid to seek revenge, retaliate, or settle disputes. Acid violence has attracted international attention relatively recently with a spate of gendered attacks in Bangladesh.

Acid became the weapon of choice in violence against young women in Bangladesh, where the first case was documented in 1967. Subsequently, reported cases have been increasing: 47 in 1996, 130 in 1997, and 200 in 1998. By some reports, acid attacks increased 53% between 2000 and 2001, and nearly 300 cases were recorded per year. Such statistics are partial at best, as many families refrain from reporting acid attacks to authorities fearing further reprisals from perpetrators.

The majority of victims in Bangladesh are rural young girls and women of working and lower socioeconomic classes, ranging in age between their early teens and twenties. The weapon frequently is the sulfuric acid used in car batteries that is easily and cheaply

available in local garages and stores. Commonly, perpetrators are neighbors, acquaintances, husbands, and other male relatives, who may attack a sleeping victim. The attacks might be the result of jealousy, rejection in love, rebuffed marriage proposals, or a man's failure to extort additional dowries from his wife's family. Since the motivation behind acid attacks is not only to punish women but also to permanently destroy their social and economic lives, faces are particular targets of disfigurement and blinding.

Some theorists link the upsurge in acid attacks on women in Bangladesh with forces of globalization. The main industry in Bangladesh, Western garment factories that manufacture export materials, tend to hire young women rather than men, thus placing women in the unconventional role of employed worker and men into financial dependency. This contravention of traditions challenges masculinity, which historically has been based on wage earning and protecting the family. It is thought that as men lose gender-based social power to women, their violence against women intensifies.

In the 1980s, women's nongovernmental agencies in Bangladesh, led by Naripokkho, organized to focus the national and international spotlight on acid attacks on women, which ultimately led to the founding of the Acid Survivors Foundation in 1999. Bangladeshi women's activism facilitated needed social services and medical treatment in the country for survivors, and for some survivors in Europe and the United States as well. In 1989, Bangladesh made acid violence a crime punishable by death, although very few perpetrators have been tried in courts, let alone received the death penalty. Enforcement of laws that criminalize violence against women still remains a serious problem in Bangladesh.

Shamita Das Dasgupta

See also Dowry Deaths, Bride Burning; Femicide; Feminist Movements to End Violence Against Women; Patriarchy; Torture

Further Readings

Anwary, A. (2003). Acid violence and medical care in Bangladesh: Women's activism as carework. *Gender & Society, 17,* 305–313.

Taylor, L. M. (2001). Saving face: Acid attack laws after the U.N. Convention on the Elimination of All Forms of Discrimination Against Women. *Georgia Journal of International and Comparative Law, 29,* 395–426.

Acrotomophilia

Acrotomophilia is a type of fetish from which an individual (acrotomophile) derives sexual pleasure or arousal from having intercourse with or sexually fantasizing about a person who has a body part amputated (an amputee). Acrotomophilia is a type of paraphilia, which is derived from Greek (*para* = altered, *philia* = love). Specifically, an acrotomophile is drawn to the stump(s) of the person whose limb(s) are amputated. In order to understand the topic of acrotomophilia, it is important to learn about the prevalence, development, and practice of acrotomophilia, as well as to examine related terminology.

Prevalence

The prevalence of acrotomophilia is hard to quantify and appears to be rare. Very little has been written about acrotomophilia in the scholarly literature, though there are a number of Internet sites devoted to the topic.

Development of Acrotomophilia

As theory around acrotomophilia evolves there are some suggested, but not researched, beliefs about the origins of acrotomophilia. Experts offer a range of hypotheses as to how and why acrotomophilia develops; some posit the paraphilia is developed unconsciously during childhood. Others believe the origin of the paraphilia is unknown and not necessarily linked to childhood experiences.

Practice of Acrotomophilia

Due to the stigma attached to acrotomophilia, individuals with this paraphilia tend to be secretive about their sexual preferences. While the practices of each acrotomophile vary widely, it appears that masturbatory fantasies related to amputees are most common. Some acrotomophiles seek out a person with an amputated body part and focus on their disability. Subsequently, some acrotomophiles have partners who are amputees or role-play the part of an amputee. According to case studies published in the scholarly literature, many partners with an amputated limb are not interested in the sexual attention that is based primarily on their amputated limb.

Body Integrity Identity Disorder

Related to the topic of acrotomophilia, there are individuals who wish to amputate a body part of their own, generally their limbs. These individuals are called apotemnophiles. Informally, acrotomophiles are widely referred to as "devotees," while apotemnophiles are referred to as "wannabes." In case studies published in the scholarly literature, apotemnophiles report not feeling whole with the body part they wish to amputate. Michael B. First, a researcher in the field, has identified the term *body integrity identity disorder* as an alternate and preferred term to describe apotemnophilia.

Some apotemnophiles may fantasize about being an amputee or pretend to be one to achieve sexual arousal; others may desire elective surgical amputations or pursue self-amputation. While few if any medical professionals are willing to perform voluntary amputations, apotemnophiles are left to their own resources to, in rare cases, carry out self-amputations using a variety of means. Often times, self-amputation attempts are unsuccessful in nonprofessional settings and result in emergency room visits, which, depending on the severity of the attempt, can result in a medically necessary professional amputation.

Michelle J. Trotter

See also Paraphilia

Further Readings

Elliott, C. (2000, December). A new way to be mad. *Atlantic Monthly, 286,* 72–84.

Lawrence, A. A. (2006, June). Clinical and theoretical parallels between desire for limb amputation and gender identity disorder. *Archives of Sexual Behavior, 35*(3), 263–278.

Wise, T. N., & Kalyanam, R. C. (2000). Amputee fetishism and genital mutilation: Case report and literature review. *Journal of Sex and Marital Therapy, 26,* 339–344.

Web Sites

Body Integrity Identity Disorder: http://www.biid.org/

Adoption and Safe Families Act of 1997

Since 1974, the U.S. Congress has enacted many laws developed to protect children affected by child abuse and neglect. One federal law is the Adoption and Safe Families Act of 1997, signed into law by President Bill Clinton on November 19, 1997. It is considered by many to be one of the strongest statements regarding child protection ever produced in the United States. The act establishes child protection as a national goal and specifies procedures for ensuring children's health and safety. The primary reasons for the initiation of the act were to ensure the health and safety of children, to promote permanent living situations for children in foster care, and to increase accountability of the child welfare system.

The law, while acknowledging the importance of family preservation and reunification in the long-term welfare of children, reaffirms that child safety must be the overriding concern of child welfare services. The act requires, for example, that the issue of child safety be specifically addressed when making decisions about service provision, placement, and permanency planning. The law also clarifies the states' responsibility to the child, explicitly noting that children should never be left in or returned to dangerous living situations. According to the act, a child may be placed in foster care either when danger to the child is imminent or when prevention attempts are unlikely to be effective. In addition, the law defines specific situations in which states should not return children to their families, such as when the parent has committed murder, manslaughter, or felony assault on the child or one of his or her other children.

The act also acknowledges that foster care should be viewed as temporary, not as a long-term solution. As such, the law establishes requirements for early permanency planning, such as a time frame for initiating termination of parental rights and timely adoption. The act specifies, for example, that services to reunify families should be time limited. States are required to initiate termination of parental rights and free children for adoption who have been waiting in foster care for 15 of the most recent 22 months. In an effort to encourage adoptions, the law also establishes various financial incentives to states that increase adoptions.

The Adoption and Safe Families Act of 1997 also requires that the child welfare system increase its accountability. The act helps to clarify that in addition to ensuring that procedural safeguards are met, services must also lead to positive results. The act requires states to establish outcome measures, for example, to document and improve child welfare service performance.

Cindy Miller-Perrin and Robin Perrin

See also Child Protective Services; Family Preservation and Reunification Programs; Foster Care; Kinship Care; Legal System and Child Protection; Legislation, Child Maltreatment

Further Readings

Myers, J. E. B. (1998). *Legal issues in child abuse and neglect practice* (2nd ed.). Thousand Oaks, CA: Sage.

National Clearinghouse on Child Abuse and Neglect Information. (2003). *Major federal legislation concerned with child protection, child welfare, and adoption*. Retrieved April 18, 2006, from http://nccanch.acf.hhs.gov

Adoption Assistance and Child Welfare Act of 1980

The Adoption Assistance and Child Welfare Act of 1980 (AACWA, Public Law 96-272) created a national framework for the present-day foster care and adoption assistance programs in the United States. The law was enacted in response to concerns, documented in several landmark studies in the late 1970s, that children were being removed from their homes unnecessarily and, once separated from parents, spent too long in foster care. *Foster care drift* was the term coined to describe this phenomenon of long-lasting though ostensibly temporary foster care.

Nearly $7 billion in federal funds in 2005 were spent to support foster care payments and adoption subsidies for eligible children in accordance with the AACWA. Federal funds match similar levels of state spending for these activities.

Prior to the AACWA, the federal government had, since 1962, supported state foster care programs through the federal welfare program Aid to Families with Dependent Children. The AACWA separated the welfare and foster care functions and created for the first time federal financial support for adoption assistance subsidies to encourage the adoption of children with special needs. Adoption subsidies had existed in some states prior to the act's passage, but in its wake all states established such programs. Foster care payments could be supported with federal funds only if a judicial determination confirmed that continuation in the child's own home would be contrary to the welfare of the child.

The AACWA institutionalized in federal law the principle of permanency planning, that the goal of foster care is to identify a permanent, stable family for the child, with his or her biological parents if that is possible, or with an adoptive family if it is not. It requires state child welfare agencies to establish individualized case plan goals for each child in foster care, and to provide periodic administrative and judicial reviews of the family's progress in meeting the requirements of the case plan. These requirements began the first significant court oversight of child welfare cases. Also of great significance is the requirement that "reasonable efforts" be made to prevent the need for foster care and to address the problems that lead to foster care placement. The law further requires that children be placed in the least restrictive, most family-like setting in which their needs can be met.

Following the passage of the AACWA, foster care caseloads declined briefly during the early 1980s. These achievements were short-lived, however, and caseloads soon began increasing once again.

Laura F. Radel

See also Adoption and Safe Families Act of 1997; Child Abuse Prevention and Treatment Act

Further Readings

Adoption Assistance and Child Welfare Act. (1980). Retrieved from http://www.ncjfcj.org/images/stories/dept/ppcd/Legislation/adptasstchildwelfareact.pdf

Fanshel, D., & Shinn, E. B. (1978). *Children in foster care.* New York: Columbia University Press.

Murray, K. O., & Gesiriech, S. (2003). *A brief legislative history of the child welfare system.* Washington, DC: Pew Commission on Children in Foster Care.

Adult Protective Services

Adult Protective Services (APS) is the public agency generally mandated to receive reports of alleged elder abuse, neglect, and exploitation. Some version of APS (or lead elder abuse agency) exists in each state. Eligibility criteria and precise responsibilities and guidelines vary from state to state. In most jurisdictions, APS serves *vulnerable adults* (as defined by

state law) age 18 and above; in others it serves *elders,* defined as persons age 60 or 65 and above, regardless of health or cognitive status, as well as vulnerable adults. There is no financial means test for eligibility, and APS services are free. While all APS programs investigate suspected elder abuse occurring in community settings, in many states APS also investigates allegations arising in facilities. In a few states, APS maintains offender registries. In some states APS workers are mandated to report criminal conduct they discover to local law enforcement.

APS was developed in the 1970s and early 1980s. Title XX of the 1974 Social Security Act authorized states to use block grant funds to protect both adults and children. By 1981 every state had some agency providing protective services to some part of the population. Federal statutes did not define the type of services, so states have developed their own definitions and services, resulting in considerable variation. Subsequent federal funding has not kept pace with the explosion of the elder population, and today APS programs are inadequately funded and often must compete with child protective services (CPS) for funding. APS funding is a fraction of that provided for CPS. The states have used other funding sources to help support APS programs.

Most APS programs are within departments of social services. Others are in departments on aging and departments of health and rehabilitation. Some units only handle calls about elder or vulnerable adults; other programs are combined APS and CPS units. There is wide variation in the educational requirements to become an APS worker. Only two states (Kansas and Utah) require that APS workers be licensed social workers.

APS usually operates during normal business hours. Reports are received 24 hours a day through either a hotline or an after-hours telephone service. In some states, workers are available to respond to emergency calls at any hour.

The core philosophy of APS is to advocate for the client's right to autonomy, support the mentally capable client's right to make decisions, and select the least restrictive option among service options. Core values also require that actions taken by APS balance the client's right to self-determination with the duty to protect. This can be a delicate balancing act when an elder with mental capacity makes what may be perceived as an unwise choice. The National Association of Protective Services Administrators has identified additional core principles as the use of community-based services rather than institutional placement, the avoidance of blaming, and the provision of inadequate or inappropriate services as being worse than no services.

APS does not function as child protective services for adults. Adults retain their civil and legal rights until a court restricts or removes them. APS cannot remove an elder involuntarily from his or her home without court authority or force a client to accept an intervention. Once the initial investigation is completed, a client can refuse specific services or the involvement of APS altogether. Nor does APS operate as a law enforcement agency. APS workers do not have arrest powers, though they can as part of their mandate sometimes obtain records for their investigations that law enforcement must seek a court order to obtain. They cannot force entry into a location and must apply for a court order if they cannot obtain permission to enter.

APS functions include receipt of reports, determination that APS eligibility criteria are met, and assessment of immediate risk to the client. The matter is investigated by attempting to interview the alleged victim (client), perpetrator, and other witnesses; observing the environment for hazards and appropriateness; assessing the elder's health and capacity; and obtaining relevant records and other information in order to attempt to substantiate the allegation. With this information APS works with the client to develop a case plan or intervention. The case plan is individualized and draws on available community resources and the client's social supports and desires. If capacity is an issue, APS workers can conduct preliminary mental health screens and refer clients for further assessment.

Local policies and statutes often address how long APS can keep a case open within the agency. APS in some states can petition a court for appointment of a guardian for a client who lacks capacity. APS then collects information and provides it to the court where a decision is made on whether a guardianship is appropriate.

Services that can be offered to a client generally include housing (emergency shelter, lock changing, cleaning, repairs, and structural modification); medical (medications, referral to medical professionals); personal needs (meals, personal care provider, transportation to appointments, cleaning services);

advocacy (applying for health care and food benefits or community programs); emergency financial support; crisis counseling; and legal interventions (referral to a legal advocacy program for court orders, money management programs, guardianship or conservatorship, involuntary mental health commitments).

APS programs also work at the community level to better serve individual clients and to improve the detection of and responses to abuse, neglect, and financial exploitation of elders. On the individual level, APS may participate in multidisciplinary and interdisciplinary teams that evaluate individual clients' situations. APS workers may do joint home visits with medical professionals to obtain both health and environmental information. They may work with law enforcement to gain entry into a home to conduct a mandated investigation or conduct joint investigations. They may work with a community-based domestic violence program to provide emergency housing and support to an older battered woman or sexual assault victim. At the community level, APS may be part of a team that examines elder fatalities to identify systemic service gaps. APS may be represented on a Domestic Violence Task Force or Community Coordinating Council, ensuring that elder abuse issues are addressed.

Bonnie Brandl and Candace J. Heisler

See also Coordinated Community Response; Domestic Violence Against Older Women; Elder Abuse; Financial Abuse, Elderly and Battered Women

Further Readings

Heisler, C., & Brandl, B. (2002). Safety planning for professionals working with elderly and clients who are victims of abuse. *Victimization of the Elderly and Disabled, 5*(4), 65–78.

Roby, J., & Sullivan, R. (2000). Adult protection service laws: A comparison of the state statutes from definitions to case closure. *Journal of Elder Abuse and Neglect, 1*(11), 17–52.

Adult Survivors of Childhood Abuse

Many adults are survivors of childhood physical or sexual abuse. In the first and perhaps the most rigorous prevalence study on childhood sexual abuse ever done, Diana Russell found that 38% of adult females in the San Francisco area had experienced contact sexual abuse as a child. Although the commission of sexual abuse appears to be decreasing, it is likely that approximately 30% of girls and 15% of boys are victimized. Prevalence studies of childhood physical abuse also suggest that 20% to 30% of individuals experience physical abuse in childhood. Although some children experience few effects of the abuse, most experience effects that undermine their functioning in at least one domain. For those who do not receive treatment or do not have other reparative experiences in childhood, these effects may be long term. For some, effects will be debilitating.

Types of Effects of Childhood Abuse

Perhaps the most wounded survivors of childhood abuse are found on the fringes of life, in jails or on the streets—prostitutes, drug addicts, and chronically mentally ill individuals. Survivors of childhood abuse are more likely than those not experiencing abuse to experience a wide array of problems, including physical health problems and committing acts of harm against themselves. Survivors are more likely than their nonabused counterparts to repeat a grade in school and are less likely to graduate. They also have consensual sex earlier; have more sexual relationships, sexual problems, and teenage pregnancy; and divorce more often. Survivors are at greater risk than those not abused for substance abuse, suicide attempts, committing violent acts, prostitution, adult victimization, criminality, being abusive to a child as an adult, and homelessness. Further, survivors of childhood abuse are overrepresented in health systems and are grossly overrepresented in mental health systems, as most inpatients and outpatients in mental health hospitals or agencies have a history of childhood maltreatment. Those survivors of childhood abuse with the most difficult adult trajectories may be those coming through the foster care system, as they are often poorly equipped with resources to transition safely into adulthood. The institutionalization, medical and mental health care, substance use, sexually transmitted diseases, and other problems associated with childhood abuse are a burden for society and cost billions of dollars each year.

The Brain's Response to Abuse and Terror

To understand why the effects of the abuse can be so extreme, one must have some understanding of how the brain responds to the experience of abuse. Most importantly, abuse in young children organizes the brain around the experience of the abuse. Development of the brain is dependent upon the environment. Thus the brain is taught, via the child's interaction with caregivers and the environment, how to respond to that environment. If the child experiences the environment as intermittently or chronically terrifying, the child responds in a state of heightened arousal or terror. Over time the child experiences the state of heightened arousal or terror even in nonabusive situations. The child becomes sensitized to the reaction, moving into it more and more easily. This heightened responsivity then becomes generalized to nonabusive events. The response induced by the trauma also leads to a chemical response associated with the hypothalamic-pituitary-adrenal axis that involves an increase of cortisol in the body. This chemical is critical for preparing the body to respond to the crisis. This stress response, associated with the release of cortisol, is thought to be related to some of the mental and health problems seen in many survivors of abuse.

Combined, two primary responses are prevalent in relation to trauma—a response related to a heightened anxiety related to the trauma, and a response of dissociation from the trauma. The first response is associated with increased blood pressure and heart rate, among other physiological indicators of heightened bodily responses that allow the individual to fight or flee. These features are represented symptomatically in adults primarily by heightened anxiety and associated disorders. The dissociative response, in contrast, is associated with decreased heart rate and blood pressure, among other physiological indicators representing a freeze response. These features are represented symptomatically in adults primarily by the dissociative disorders. The other obvious diagnostic category related to abuse is posttraumatic stress disorder. This disorder is represented by three groups of symptoms—hyperarousal and avoidant and intrusive symptoms. This disorder is closely associated with the same changes in the brain as discussed previously.

Treatment

Treatment for adult survivors of abuse typically consists of three phases. The first stage is a period of stabilization. This stage is particularly important for individuals who experience symptoms such as suicidality, self-injurious behaviors, or other destabilizing behaviors. During this phase of treatment it is also important for survivors struggling with relationships, those who are parenting, and any survivors experiencing heightened stress when entering treatment, to achieve stability in their lives. It is also a phase in which survivors are encouraged to create or strengthen support networks. The purpose of the first phase is to provide survivors with techniques they can use to control and manage their symptoms, as well as with coping skills and other necessary efforts to regain stability in their lives.

During the second phase, survivors process their experiences of abuse and the environments in which the abuse occurred. Multiple formal or informal techniques can be used to help survivors process the abuse events for the purpose of integrating the emotional and cognitive knowledge of the experience. It is not unusual for survivors to isolate memories of abuse from their everyday lives for fear that the memories will overwhelm them. During this phase, survivors often explore the experience of the abuse, its meaning to them when they were young, its effect on them then and now, and how it changed them. The purpose of this second phase is to reconcile the experience of abuse so that it no longer overwhelms individual functioning.

The final phase of treatment is one of integration of the abuse context with the survivor's current life. Survivors come to a better understanding of what happened to them in the past and recognize the decisions they can make about themselves today and in the future. The purpose of this phase is to help clients understand the abuse as a part of their history—often a significant part of their history—while living in the here and now with either partial or complete relief of symptoms. Even in the early 1990s, it was thought that with enough treatment, all survivors could overcome the effects of the abuse. With the developing knowledge of the effects of abuse on the brain, however, it is now being recognized that some of the effects of the abuse on the brain, such as the heightened stress response and emotional dysregulation, may lessen but may not be extinguished. Thus, some

survivors in this phase may also work toward management of those symptoms that remain.

The effects of abuse on survivors can be overwhelming. The abuse can deprive them of relationships, mental health, careers, or even their lives. The abuse also deprives society of the enormous lost potential of the lives of those affected and costs society billions of dollars a year. And the damage from the abuse to the brain is just beginning to be understood. Yet what is known even at this early stage is that the damage that occurs to the brain is potentially calamitous. Thus the abuse may potentially change forever and irrevocably the life patterns of survivors, their career paths, their successes, and their potential for what they can achieve.

Rebecca M. Bolen

See also Complex Trauma in Children and Adolescents; Health Consequences of Child Maltreatment; Resiliency, Protective and Risk Factors; Self-Trauma Model

Further Readings

Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 205–232). Thousand Oaks, CA: Sage.

Fergusson, D. M., & Mullen, P. E. (1999). *Childhood sexual abuse: An evidence based perspective.* Thousand Oaks, CA: Sage.

Herman, J. L. (1991). *Trauma and recovery.* New York: Basic Books.

Perry, B. D., & Pollard, R. (1998). Homeostasis, stress, trauma, and adaptation: A neurodevelopmental view of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America, 7*(1), 33–51.

Russell, D. E. H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse & Neglect, 7*(2), 133–146.

Advocacy

Advocacy has been a core component of the movement to end domestic violence. Many of the principles of advocacy discussed here can be applied to all survivors of domestic violence, but this entry focuses on advocacy for the vast majority of these survivors—battered women. In this context, an advocate is someone who responds directly to help battered women, most often in an organizational setting. Advocacy can take many forms, but the main purpose of advocacy is to help survivors of domestic violence navigate the bureaucracy of community systems—including the criminal justice system, health care and social services, and/or religious institutions—as they attempt to acquire needed resources.

Goals of Advocacy

Safety planning is a critical goal of domestic violence advocates when working with battered women. Safety planning commonly refers to a discussion between an advocate and a battered woman about her partner's physical, mental, emotional, and/or sexual violence, as well as a plan for her to maximize her safety. Safety planning involves critical thinking on the part of the survivor with the advocate to determine which strategies will help her best find safety for herself and, if she is a mother, her children.

Another important goal of advocacy is maintaining the battered woman's agency, or autonomy. This goal is best achieved with woman-defined advocacy. Woman-defined advocacy builds on the belief that the battered woman begins safety planning after her first response to batterer-generated and life-generated risks, and continually builds on those earlier safety plans. It shows respect for the survivor, and allows her to be the decision maker, set priorities, and decide which services and resources she needs.

Restoration and the provision of resources is another goal of advocacy. Survivors of domestic violence are likely to have a wide variety of needs, including legal assistance, housing, counseling, employment, education, and child care needs. The advocate should assist survivors in acquiring resources to fill those needs in a way that ensures survivors' full participation in their restoration. It is important to note that criminal justice intervention may not always be a top priority for survivors of domestic violence. Advocacy services appear most successful when the advocacy organization provides a comprehensive response to the survivor's self-defined needs and wants.

Another goal of advocacy is the pursuit of justice for individual battered women and their families and

for battered women as a group. Initially, justice for a battered woman means that she, and her family if she has one, are safe from further abuse, and that she has kept her agency or autonomy in determining the actions that promote that safety. Justice also means that the battered woman is restored and that the perpetrator has been held accountable. Restoration and accountability might be achieved through the legal system, or they might be achieved through another means within a particular community. Justice for survivors of abuse also implies that the woman's economic needs are met, and she will not be economically reliant on her batterer should she separate from him.

Seeking justice also requires advocates to seek systemic change on behalf of all battered women. Advocates seek system changes when the same injustices are experienced time and time again by battered women and their families.

Forms of Advocacy

Advocacy activities may be directed toward individual survivors or larger systems. Individual advocacy may include sharing information with the battered woman about legal options or remedies, assessing with her the risks posed by the batterer, engaging her in critical thinking and strategies to maximize safety, assisting her in identifying the array of problems arising from the violence, offering feedback on the legal and extralegal remedies she is considering, assisting her in participating in the legal system, and accompanying her to meetings and court hearings, as well as referral and follow-up.

Systemic advocacy includes a spectrum of activities directed at upgrading the process and products of community systems (including health, welfare, religious, educational, legal, employment, and neighborhood systems) to promote safety and justice for victims and the accountability of perpetrators. Coordinated community response teams, as well as other forms of community organizing, ensure accountability for the perpetrator and within the system. Systemic advocacy also promotes culturally inviting practices (i.e., practices that are relevant to battered women seeking services).

Cultural transformation advocacy seeks an end to all gender-based violence and violence that is based in sexism and the oppression of women. It seeks to remedy unequal access to justice, which is based on class, race, and gender. The means used to achieve a transformation of the larger culture might include the media; demonstrations by battered women, their families, and their supporters; neighborhood teams organized to end violence in their communities; men's engagement initiatives; monitoring of the justice system; and efforts to prevent violence.

Core Values of Advocacy

Advocacy services provided to battered women must be voluntary, which means that the advocacy is consensual and that the battered woman is there on her own behalf, instead of being compelled by a court or an agency to participate in the services. Thus the agency keeps the battered woman informed of her options and the potential impact of her decisions, so that she can make the best, informed decision for herself, and if she has a family, for her family as well.

Confidentiality is a major cornerstone in all services for battered women. Confidentiality means that the advocate or other person working with the battered woman does not communicate anything the woman shares regarding her situation, unless the battered woman specifically asks the advocate to do so. The advocate should have a full discussion of the existence of any law or programmatic policies concerning confidentiality, as well as any limits on confidentiality. If there are no laws or program policies on confidentiality, the advocate should inform the woman of this fact.

Woman-defined advocacy is a specific approach to advocacy that builds a partnership between advocates and battered women, and allows for the battered woman to define the advocacy and help she needs. Woman-defined advocacy is the acknowledgment that women experience battering in the context of their diverse lives. It includes an ongoing analysis of batterer-generated risks, or those dangers that result from the batterer's control of his partner. It is flexible, allowing for a woman to change her mind in response to new information or changes in her life circumstances. Woman-defined advocacy also considers life-generated risks. Life-generated risks might include physical and mental health, financial limitations, racism, discrimination, or other aspects of the battered woman's life over which she may have limited control. Woman-defined advocacy affords the battered woman respect as the decision maker, and allows her to set priorities and decide which services and resources she needs.

Work on behalf of battered women must be advocacy based. This means that the battered woman is allowed to speak for herself, and that the advocate creates opportunities for the battered woman to speak. In advocacy-based representation, the advocate assists the battered woman with strategic planning and other preparation and informs the battered woman of her options, but does not promote any particular option. The advocate brokers resources for the survivor, and builds bridges to ensure she has the means to acquire the resources she determines are needed.

Advocacy must also be justice seeking. Justice for the battered woman means that she, and her family if she has one, are safe from further abuse, and that she has kept her agency or autonomy in determining the actions that promote that safety. Justice also means that the battered woman is restored, the perpetrator has been held accountable, and the woman's economic needs are met.

Cultural transformation is another value of advocacy on behalf of battered women. Advocates work for a transformed society, in which there is no gender-based violence. In a transformed society, there is no unequal access to justice based on class, race, and gender.

Culturally Competent Advocacy

Cultural competence is understood as a set of cultural behaviors and attitudes integrated into the practice methods of a system, agency, or its professionals, which enables them to work effectively in cross-cultural situations. General principles of culturally competent advocacy include the following:

Advocacy services are accessible. Advocacy providers should know about the communities of color within their service area (i.e., where people live and what their communities are like), should reach out to those communities, and should be aware and strive to resolve any transportation problems that might create barriers for women of color needing services. Providers should also make the agency environment more welcoming and attractive based on the clients' cultural backgrounds. Advocates should come from the communities being served and provide services in the languages of population groups that have limited English-speaking proficiency.

Advocacy is accountable. Advocacy providers should have the ability to recognize racism, stereotyping, and systemic oppression, and the effects of such acts on the women of color they serve. Advocates should avoid stereotyping and misapplication of scientific knowledge.

Advocacy is nonracist. The organization's board of directors and staff should reflect the women in the service area. The advocacy provider should include community input at the planning and development stage of each new initiative, and should find ways for the community to take the lead.

Advocacy is respectful. Staff at service providers should understand the cultural practices that battered women say have priority over activities the organization or advocate suggests. Advocates should also use approaches and materials that honor the woman's perspective and will capture her attention.

Advocacy develops trust. Trust may not be a given, perhaps in part because of the historical foundation upon which the cultures of some advocates and battered women of color are based. When interacting with a battered woman of color, the advocate needs to acknowledge that trust must be earned, and be patient.

Shelby Settles Harper

See also Agency/Autonomy of Battered Women; Battered Women; Battered Women, Economic Independence of; Coordinated Community Response; Legal System, Advocacy Efforts to Affect, Intimate Partner Violence; Mandatory Arrest/Pro-Arrest Statutes; Restorative Justice; Restraining and Protective Orders

Further Readings

Davies, J., Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women: Complex lives/difficult choices*. Thousand Oaks, CA: Sage.

Maicki, C. (2001). *Cultural competency and native women: A guide for non-natives who advocate for battered women and rape victims.* Rapid City, SD: Sacred Circle National Resource Center to End Violence Against Native Women.

Parker, J., Hart, B., & Stueling, J. (1992). *Seeking justice: Legal advocacy principles and practice*: *Section III*. Harrisburg: Pennsylvania Coalition Against Domestic Violence.

Agency/Autonomy of Battered Women

Agency is the power to direct one's life. It is a core principle of the battered women's movement. Historically, researchers and community actors adopted frameworks that characterized women's responses to gender-based violence as lacking in agency. This resulted in advocacy approaches and judicial responses that ignored and compromised the agency of battered women. Subsequent research illustrated that battered women are active strategists who employ an array of strategies. Thus, advocacy and interventions that recognize the complexity of battered women's lives and assist victims in their own strategic decision making foster the agency of "survivors."

Research

Survivor-centered and context-based understandings of battered women have replaced earlier characterizations of battered women as passive and psychologically weak human beings.

Learned Helplessness

In the early 1970s, Lenore Walker applied the theory of learned helplessness to battered women. This theory posited that when battered women perceive that none of their actions lead to changes in the batterer's behavior, they see their own actions as futile. She asserted that a battered woman became "psychologically paralyzed" as a result of learned helplessness, causing her to feel that she had no control over the experience, while taking the blame for its occurrence. Under Walker's theory, battered women were characterized as wholly compromised, weak, and passive. Thus, according to her research, battered women needed treatment and counseling, as opposed to community resources and institutional support.

Walker's theory was challenged by many researchers and activists. It was criticized for representing a single model of battered women's experience, which had an appearance of psychopathology. The learned helplessness account of battered women (and the "battered woman syndrome" that it created) failed to account for the deliberate, active help-seeking behaviors that women employed to resist, avoid, or escape the violence in their lives and the lives of their children.

Survivor Theory

In contrast, the survivor theory posits that battered women are active strategists, rather than passive, helpless victims. In their Texas shelter study, Edward Gondolf and Ellen Fisher explained that battered women seek assistance in proportion to the realization that they and their children are in more and more danger. Gondolf and Fisher found that the help-seeking behavior of battered women is diverse and extensive. They also found that battered women are more inclined to leave their abusive partners if they are provided with the material resources to do so. By observing various dimensions beyond the violence, including economic resources, children, and the batterer's other behavior, the empirical model demonstrated that context is critical to understanding the variability of women's help-seeking behavior and advocacy needs.

Assessment and Decision Making

The complexity of battered women's lives makes strategizing for the future much more intricate than simply "leaving" or "staying," as overly simplistic models of battering might suggest. The most dangerous time for battered women is when they attempt to separate from their abusers. When battered women leave their abusers, the risk of retaliatory violence substantially increases. Therefore, decision making requires a complex assessment of a variety of factors, not the least of which is physical safety. *Batterer-generated risks* may include physical injury, psychological harm, risks to and involving the children, financial risks, risks to or about family and friends, loss of relationship, and risks involving arrest or legal status. *Life-generated risks* are risks that are environmental or social in nature and may include risks involving finances, home location, health, inadequate responses of major social institutions, and discrimination. Many of these factors provide the context for battered women's agentic risk analysis and decision-making processes.

Implications for Advocacy and Practice

An understanding of the strategic responses of battered women has enormous implications for advocacy and policy. Many have observed that "one size fits all" approaches fail to address the variability of battered women's needs. In service-driven advocacy systems, women's needs are only met to the extent to which

they reflect or coincide with the specific type of advocacy offered. In contrast, survivor-defined advocacy places the assessment and decision making in the hands of battered women, acknowledging their prior efforts to achieve autonomy and supporting their future agency. The variability in women's needs illustrates the importance of emphasizing women's active involvement in identifying their needs and how they wish to prioritize them. Such an approach requires comprehensive and individualized advocacy—comprehensive in that it offers a wide range of options to address a woman's various needs, and individualized in that the advocacy attempts to tailor responses to fit her particular circumstances as articulated by her.

Many have criticized the criminal justice system for its tendency to diminish the agency of battered women. Criminal cases are initiated and controlled by the state, as opposed to survivors, thus they may be attenuated from the needs of battered women and may in fact contradict their needs. Mandatory arrest and "no drop" prosecution policies are, by definition, not dependent upon the expressed wishes of individual survivors. Many opponents of mandatory criminal policies argue that such policies deprive women of the ability to self-direct their own lives and may in fact jeopardize their safety and agency. Others have simply argued that an exclusive focus on criminal justice strategies fails to meet the comprehensive needs of battered women.

With the expansion of the domestic violence field, professionals have come to expect survivors to avail themselves of particular remedies (e.g., protection orders, criminal charges, support groups). However, information regarding the complexity and variability of women's experiences suggests that mandating particular responses may minimize the extent to which their decision making is based upon active strategizing. Survivor-centered approaches aim to offer comprehensive services, defined and directed by battered women.

Legal scholars and practitioners have noted the important role that agency plays in crafting legal remedies for domestic violence survivors. While accounts of victimization are necessary for accessing justice, descriptions of battered women's experiences that paint a single victim profile or that fail to highlight individual women's acts of resistance lead to negative results for individual survivors. For example, many have argued that battered women's syndrome must be replaced with expert testimony that describes the contextual individual and systemic variables contributing to women's decision making, and custody cases must offer testimony that describes both the violence and the agentic steps that the battered mother had taken to keep herself and her children safe. They argue that such descriptions will not only recognize but also foster the agency of battered women in the law.

Erika A. Sussman

See also Advocacy; Battered Woman Syndrome; Learned Helplessness

Further Readings

Allen, N., Bybee, D., & Sullivan, C. (2004). Battered women's multitude of needs: Evidence supporting the need for comprehensive advocacy. *Violence Against Women, 1*(9), 1015–1035.

Davies, J. (1998). *Safety planning with battered women: Complex lives/difficult choices.* Thousand Oaks, CA: Sage.

Dutton, M. A. (1996). Battered women's strategic responses to violence: The role of context. In J. L. Edleson & Z. C. Eisikovits (Eds.), *Future interventions with battered women and their families* (pp. 105–124). Thousand Oaks, CA: Sage.

Gondolf, E., & Fisher, E. (1988). *Battered women as survivors: An alternative to treating learned helplessness*. Lexington, MA: Lexington Books.

AIDS/HIV

AIDS (acquired immune deficiency syndrome) is a fatal illness for which there is currently no known cure. HIV (human immunodeficiency virus) is the virus that causes AIDS. The disease results in the deterioration of organ functions and development of rare cancers. The symptoms initially appear in the liver or other human organs. The virus spreads throughout the human body resulting in an autoimmune problem that leaves the person unable to fight off infections or particular diseases.

The first cases in the United States were reported in 1981, although the disease originated in Africa and is believed to have been spread to the United States, Canada, and other countries by a homosexual flight attendant. Today, AIDS is found throughout the world. Approximately one third of adults and children in Africa are infected with the AIDS virus, and AIDS has also taken millions of lives in the United States and Europe. The AIDS pandemic is significant for its medical and

social impacts on society. Stratification, labeling, and marginalization are some of these effects. In addition, because HIV can be transmitted through sexual contact, these impacts and effects are of particular concern for sexual assault and molestation victims and the professionals who work with these victims. This entry gives a general overview of the AIDS pandemic, focusing specifically on the modes of transmission, the sociological impact, and the U.S. government's response.

Transmission of AIDS/HIV

AIDS/HIV is transmitted several ways. The virus is primarily passed from one person to another via sexual contact. HIV is carried in blood, semen, and vaginal secretions. Men can contract AIDS/HIV through unprotected sexual contact with a male or female already infected with the virus. Married men engaging in extramarital affairs with other women or men can also transmit the virus to their wives. Vaginal intercourse is less risky than anal intercourse as a means of transmission, but the majority of heterosexual women who have contracted the virus have done so through unprotected vaginal intercourse with an infected partner. In addition, the AIDS virus can be acquired through tainted blood transfusions, although currently the risk of this form of transmission is low since all blood donors are screened and blood donations are not accepted from individuals in high-risk groups.

Another method of transmission is through contaminated needles used to inject drugs. If a drug user injects himself or herself with a used needle that has traces of blood containing HIV, he or she may become infected. Prevention of this form of transmission is the rationale underlying needle exchange programs for injection drug users. However, these programs have not gotten widespread support in the United States because some people feel that they encourage illegal drug use.

Sociological Impact

The AIDS pandemic is associated with major sociological consequences. First, the disease places a severe strain on the medical resources of every country in the world, but especially of some African and Asian countries where medical resources are already scarce. There is limited treatment for most forms of AIDS, and research has not resulted in a general vaccine or overall cure. Some drugs can bring the virus into remission for a period of months or years. However, those drugs are expensive and often not available to many AIDS sufferers.

Recent research indicates that education efforts regarding AIDS/HIV have had some success. Such programs have prompted greater utilization of condoms and more emphasis on monogamous relationships. Nevertheless, the research also indicates that there is still a relatively high level of risk-taking behavior among some groups, particularly teens and injection drug users.

Among the general public, AIDS/HIV was originally perceived as a problem only affecting gay men. This perception changed as new cases in the gay community decreased after AIDS activist groups stressed personal responsibility in preventing AIDS and other sexually transmitted diseases (STDs). At the same time, there was an increase in cases among heterosexuals. Nevertheless, people with AIDS/HIV continue to experience stigma and discrimination and are marginalized by many in the general community. Therefore, in addition to dealing with the physical effects of the disease, infected individuals must also cope with the psychological trauma caused by stigmatization and resulting social isolation.

Government Response to the Problem

The U.S. government has been slow to respond to the AIDS epidemic. Some observers argue that this, too, is a result of the perception that the pandemic only or primarily affected gay men. In addition, conservative political and religious groups were opposed to programs that promoted safe sex, condom distribution, and needle exchanges because they felt such programs encouraged immoral and illegal behavior. Much of the funding for research and the development of effective treatments and vaccines has come from private entities, such as the Bill and Melinda Gates Foundation. The media also now devote time to exploring the AIDS problem and have played a role in raising public awareness. Much of the public has begun to understand that AIDS/HIV is a disease potentially affecting everyone around the world. The scientific community and public focus has turned to the general health threat associated with the spread of AIDS/HIV.

Lloyd Klein

See also Homophobia; Sexually Transmitted Diseases

Further Readings

Behrman, G. (2000). *The invisible people.* New York: Free Press.
Shilts, R. (2000). *And the band played on: Politics, people, and the AIDS epidemic.* New York: St. Martin's Press.

Alcohol and Violence

Alcohol is a powerful psychoactive (i.e., mind-altering) substance and its use is clearly linked to violent behavior. Numerous large-scale surveys and epidemiological studies show a link between alcohol and various types of violent behavior. Individuals who drink chronically as well as individuals who binge drink are at increased risk for perpetrating violence and becoming a victim of violence themselves. Laboratory research on the role of alcohol and violent behavior has established that alcohol plays a causal role in the perpetration of violence, but only in individuals with other risk factors.

The Psychoactive Effects of Alcohol

Throughout human history, alcohol has been consumed for recreational, medicinal, and spiritual purposes. Alcohol is a central nervous system depressant, that is, alcohol decreases brain activity leading to a variety of cognitive (thought), emotional, and behavioral effects. For most drinkers these effects are nonproblematic, but for some the effects lead to severe consequences. Alcohol can lead to chronic compulsive use and physical dependence. Negative consequences can also be experienced by those who do not use in this manner. Even a single moderate dose can lead to problematic effects in some individuals and contexts.

Two alcohol-related effects relevant to violence are impaired cognitive processing (thought processes) and behavioral disinhibition (impulsivity). Both effects manifest at low doses and increase as consumption increases. Impaired cognitive processing manifests as a decreased ability to attend to environmental cues. Behavioral disinhibition is thought to occur as a result of alcohol impairing brain centers that inhibit certain processes and behaviors. Although there is some controversy, researchers believe that one or both of these mechanisms contribute to the alcohol–violence link.

The Role of Alcohol in Violent Behavior

More than any other psychoactive substance, alcohol is related to aggressive and violent behavior. This link has been established through large-scale epidemiological research conducted in the United States, Canada, and Western and Eastern Europe. These studies show that alcohol is involved in approximately 60% of all violent crime. That is, in almost two thirds of all violent crime, the perpetrator was under the influence of alcohol at the time of perpetration.

Alcohol and the Continuum of Violence

The above findings refer to a range of violent crime from simple assault to murder. Estimates of the relationship between alcohol and the degree of violence are similar for different levels of violence (e.g., for assault and murder). Importantly, this relationship is more than the relationship between alcohol and crime in general. When violent crimes are compared to nonviolent crimes, alcohol is twice as likely to be involved in the violent crime. There appears to be a unique relationship between alcohol and the perpetration of violence.

Reports of alcohol consumption prior to a violent episode are not the only place in which the alcohol–violence relationship appears. As alcohol sales increase at the national level, violent crime and homicide increase as well. This relationship has been found in numerous countries with varying base rates of consumption. In addition, as the density of alcohol establishments increases, so do violent assaults. In fact, along with poverty, density of alcohol establishments is a strong predictor of the violent crime rate in a particular geographic setting (e.g., a neighborhood or town).

Overall the findings on the relationship between alcohol use and violence are compelling. This relationship often manifests in a dose-response manner at the individual and societal levels. In addition to making general estimates of this relationship, researchers have examined the role of alcohol in specific forms of violence. Two such forms, sexual aggression and intimate partner violence, have particularly interested researchers, clinicians, and policymakers. A discussion of these forms follows.

Sexual Aggression

Sexual aggression can be defined as an attempt to coerce, threaten, or force the commission of sexual acts against an individual's will. Although many studies assessing the relationship between alcohol and sexual aggression have methodological problems, they still offer insight into the role of alcohol in the

perpetration of sexual violence. Studies have shown that convicted rapists show higher levels of alcohol abuse and dependence than community samples, as well as higher rates than those convicted of nonsexual violent crimes. A number of studies have shown a relationship between intensity of alcohol use and the perpetration of sexual aggression. Specifically, as intensity increases, the severity of sexual aggression also increases. In studying the use of alcohol at the time of the offense, researchers estimate that 30% to 75% of perpetrators were using alcohol at the time of perpetration.

Because of the nature of these studies, it is difficult to know whether alcohol is directly involved in the perpetration of sexual violence, the relationship reflects a more general pattern of deviance, or the link occurs only because alcohol use and sexual aggression happen within the same contexts. There is research support for each interpretation. That is, generally deviant individuals are at risk for both alcohol use/abuse and sexual violence perpetration, a relationship exists between alcohol use and sexual aggression even after controlling for other risk factors, and alcohol use and sexual aggression often occur in similar contexts.

Intimate Partner Violence

Intimate partner violence (IPV) refers to acts of aggression directed toward an individual with whom a person is intimately involved (e.g., a spouse or partner). These acts of aggression result in short-term and long-term physical and psychological injury or, in some cases, death. A number of studies have documented a relationship between variables related to alcohol use and IPV perpetration. Heavy drinkers are up to twice as likely to perpetrate IPV than light drinkers or nondrinkers. Alcohol has been linked to IPV in studies that have controlled for factors such as age, socioeconomic status, employment, and race/ethnicity. Even after controlling for variables such as acceptance of violence, hostility, and antisocial behavior, studies have found that the relationship between alcohol and IPV remains. Drinking patterns have also been shown to predict future perpetration of domestic violence. Most importantly, however, acute alcohol consumption is related to perpetration, and alcohol intoxication at the time of perpetration is related to the severity of violence. It has been found that in over one third of fatal IPV episodes, the perpetrator was drinking at the time. The number of studies showing these relationships leads to the compelling conclusion that alcohol is related to the perpetration of IPV. However, it is important to note that alcohol is one of a number of causes of IPV. IPV occurs in the absence of alcohol use, and most people who consume alcohol do not engage in IPV.

Even with the amount of empirical evidence establishing the relationship between IPV and alcohol, there is much controversy within the field of IPV research and treatment concerning the role of alcohol in the perpetration of IPV. This controversy is centered on the same issues mentioned for sexual aggression (i.e., general deviance predicting both issues and context). In addition, some have argued that alcohol is merely an excuse for IPV; however, empirical evidence supporting this assertion is lacking. Empirical evidence does suggest that the causes of IPV are multifactorial, and likely include cultural, contextual, and personal variables—including alcohol.

Experimental Studies of the Alcohol–Violence Link

The information discussed above comes mainly from correlational studies, which assess the strength and direction of relationships but do not assess cause and effect. Therefore, asserting a causal relationship between alcohol and violence is inappropriate based on these studies; however, experimental laboratory studies allow researchers to assess the causal role of alcohol in the perpetration of violence. The data suggest that alcohol is in fact one casual agent of aggression and violence.

Most of the studies showing evidence of a causal relationship between alcohol and violent behavior utilize an experimental procedure called the *Taylor aggression paradigm.* As part of this procedure, participants believe they are in a competition with an opponent (who is actually fictitious) where the goal is to be the fastest person to respond during the experimental task. The task involves a series of trials and the fastest respondent for a trial administers an electrical shock to his or her "opponent." In reality, winning and losing on a given trial is random. Mild shocks are administered by a computer to the participant on half the trials. On the other half, the actual participant "wins" and can administer a shock in which he or she chooses the intensity and duration. Aggression is defined as the intensity and duration of the shock administered. This method has been shown to be a highly valid measure of reactive aggression.

Numerous studies using this method show that alcohol-intoxicated participants, given provocation, apply greater intensity and duration of administered shocks compared to nonintoxicated participants and participants given a placebo. In fact, this finding is one of the most consistent and reliable findings in the psychological literature; however, not all participants manifest increased aggression. This relationship is found more often in males than females. In addition, a variety of variables moderate this relationship, including aggressive disposition, trait anger, and below average frontal lobe function. Given this, most researchers now agree that alcohol can cause aggressive behavior in certain at-risk individuals.

The current accepted view as to how alcohol causes aggression is that alcohol contributes to aggression by impairing thought processing, thus restricting individuals' processing ability such that they are only able to process highly salient (i.e., highly visible, intense) cues such as threat, provocation, or perceived loss of control. Given this, individuals are less able to process environmental and situational cues that would normally inhibit violence; therefore, aggression becomes more probable. This theory, often referred to as *alcohol myopia,* has been supported by a wealth of studies and has proven useful in improving understanding of the alcohol–violence link.

Richard L. Ogle and Denise D. Walker

See also Alcoholics Anonymous; Battered Women; Batterers; Date and Acquaintance Rape; Psychopharmacology for Violence; Substance Abuse

Further Readings

Chermack, S., & Giancola, P. (1997). The relationship between alcohol and aggression: An integrated biopsychosocial approach. *Clinical Psychology Review, 6,* 621–649.

Hoaken, P. N. S., & Stewart, S. H. (2003). Drugs of abuse and the elicitation of human aggressive behavior. *Addictive Behaviors, 28,* 1533–1554.

Lipsey, M. W., Wilson, D. B., Cohen, M. A., & Derzon, J. H. (1997). Is there a causal relationship between alcohol use and domestic violence? A synthesis of the evidence. In M. Galanter (Ed.), *Recent developments in alcoholism: Vol. 13. Alcohol and violence* (pp. 245–282). New York: Plenum Press.

Steele, C. M., & Josephs, R. A. (1990). Alcohol myopia: Its prized and dangerous effects. *American Psychologist, 45,* 921–933.

Testa, M. (2002). The impact of men's alcohol consumption on the perpetration of sexual aggression. *Clinical Psychology Review, 22,* 1239–1263.

Alcoholics Anonymous

Alcoholics Anonymous (AA) is an autonomous, nonprofessional organization with a focus on helping problem drinkers remain sober through a combination of self-help and mutual support. Founded in the United States in 1935, AA now counts more than 2 million members in over 100,000 AA groups worldwide.

The AA platform treats alcoholism as an incurable disease. Thus, AA maintains that the only way to manage the disease is through ongoing sobriety. Understanding there is no shortcut to becoming sober, nor to remaining sober, the AA philosophy encourages continued reliance on the organization and its peer group support.

A collection of articles published in a volume titled *Alcoholics Anonymous* in 1939, now generally referred to as "the Big Book," continues to be a primary source of information and guidance for AA members. This volume contains the "12 Steps" that form the plan for becoming and remaining sober. The 12 Steps provide a sequence of stages toward recovery that embody AA's main principles. Two of the earlier steps include admitting being powerless over the disease of alcoholism and acknowledging the need to rely on a higher power for guidance. While originally the higher power was assumed to be God, the definition of a higher power has been relaxed over time as AA membership has grown in numbers and expanded to include various cultural groups. Further steps require a moral inventory of one's life, including identifying personal mistakes, identifying those one has wronged, and making amends. The final steps involve a commitment to continued self-assessment, with the 12th step calling for service to assist other alcoholics with the 12-Step philosophy. The AA 12 Steps are often linked to the 12 Traditions, which provide the overarching maxims for how AA should operate at the institutional level.

The only requirement for membership is a desire to stop drinking. Peer group support is offered at regular meetings and through more individualized attention by a sponsor who acts as a member's guide. There are open meetings that families and friends may attend, and closed meetings that are just for alcoholics. Members are encouraged at meetings to publicly identify themselves as alcoholics and to tell the group their personal stories. The introduction generally follows the path of "Hi, I'm Jane, and I'm an alcoholic." Consistent with the 12 Steps, this open acknowledgment of being an alcoholic serves as an identity transformation that also reinforces membership in the group.

While lifetime sobriety is a goal of the organization, a relapse into drinking is common. The occurrence of relapse is generally not considered an offense warranting exclusion. Rather, a relapse tends to garner an increase in support by other group members and a reaffirmation of the group's goal of sobriety.

Critics complain of certain inadequacies of the AA program. Empirical studies on the efficacy of AA have been mixed, with results showing no impact or a negative impact of AA on certain groups. Others complain that AA is too heavily religious and is limited to a perspective involving a single higher (and male) authority. There is also concern that long-term membership restricts members to maintaining a deviant identity as alcoholics that may become and remain their primary identity.

Melissa Hamilton

See also Substance Abuse; 12-Step Programs

Further Readings

Alcoholics Anonymous. (2002). *Alcoholics Anonymous—Big book* (4th ed.). New York: Alcoholics Anonymous World Service. (Original work published 1939)

Bufe, C. (1991). *Alcoholics Anonymous: Cult or cure?* (2nd ed.). San Francisco: See Sharp Press.

Kownacki, R. J., & Shadish, W. R. (1999). Does Alcoholics Anonymous work? The results from a meta-analysis of controlled experiments. *Substance Use and Abuse, 34,* 1897–1916.

Alzheimer's Disease/Dementia

Dementia is a group of conditions that gradually destroys brain cells and leads to a progressive decline in mental function. Alzheimer's disease is a form of dementia. Alzheimer's disease is not a normal part of aging, and most older individuals do not contract the condition. The disease is more commonly found among persons age 85 and older. It is a progressive brain disorder that gradually destroys a person's memory and ability to learn, reason, make judgments, communicate, and carry out daily activities. As Alzheimer's disease progresses, individuals may also experience changes in personality and behavior, such as anxiety, suspiciousness, or agitation. Alzheimer's disease progresses at different rates. In early stages, areas of the brain that control memory and thinking skills are affected. As the disease progresses, other regions of the brain die. Patients in late stages of Alzheimer's disease may need complete care.

The Impact of Dementia and Alzheimer's on Cases of Abuse

Victims

Persons with dementia, including Alzheimer's disease, may be vulnerable and, therefore, targeted by predators, who may financially exploit or abuse them. Older victims with dementia may be unaware or slow to recognize that abuse has occurred. Abusers may feel that victims are less likely to report abuse or be believed by professionals. Victims with dementia may have difficulty recounting the details of the abuse. They may be perceived as confused or recounting experiences from earlier in life. Gerontologists and experts in dementia may be able to work with law enforcement and adult protective services to gather information from a potential victim during an interview. In some cases, the case must be built without participation from the victim. Such cases should be approached like a homicide in which there is no victim to testify.

Offenders

Offenders with dementia, including Alzheimer's disease, present challenges to the justice, health care, and social service systems. In some stages, dementia and Alzheimer's disease can manifest themselves in challenging, violent actions or inappropriate sexual behavior. These individuals are no longer able to control their actions due to their medical condition. Arrest and offender counseling treatment programs will not change the behavior because its source is organic rather than a personal choice. Perpetrators with dementia still need intervention to meet medical needs, manage their behavior, and provide for personal care.

However, persons in early stages of Alzheimer's disease and other dementias retain the ability to control their actions. Often persons who were abusive throughout their lives use a diagnosis of Alzheimer's disease as an excuse to escalate their violent behavior, telling family and professionals that they cannot control their behavior and, therefore, should not be arrested or held accountable.

Whether offenders with dementia are able to control their behavior or not, the focus of intervention

must be on victim safety. Victims can benefit from accurate medical information and safety planning.

Bonnie Brandl and Candace J. Heisler

See also Adult Protective Services; Elder Abuse; Risk Assessment Instruments, Elder Abuse

Further Readings

Anetzberger, G., Palmisano, B. R., Sanders, M., Bass, D., Dayton, C., Eckert, S., et al. (2000). A model intervention for elder abuse and dementia. *The Gerontologist, 40,* 492–497.

Flannery, R. B., Jr., & Raymond, B. (2003). Domestic violence and elderly dementia sufferers. *American Journal of Alzheimer's Disease and Other Dementias, 18,* 21–23.

Web Sites

Alzheimer's Association: http://www.alz.org

AMEND

AMEND, or Abusive Men Exploring New Directions, emerged in 1977 out of the Denver Commission on Human Relations to meet the community's needs for intervention with abusive men whose partners had sought shelter. Permanent AMEND offices were established throughout metro Denver in 1985 to provide group and individual counseling services to men court-ordered into and voluntarily seeking batterer intervention treatment.

Philosophy Underlying Treatment

Batterer treatment at AMEND is guided by seven basic tenets. AMEND believes

1. that the feminist conception of male violence as a means of attaining power and control explains significant amounts of the behavior of men who are violent.
2. intervention with men who batter requires a values-laden and directive approach. AMEND states that violence is a crime and affirms that violence and abuse are wrong and unethical behaviors.
3. violence and abuse are responses which people choose out of a range of potential behaviors. The victim is not responsible for violence and abuse directed at her. The perpetrator is responsible for his behaviors.
4. teaching behavioral change is the first priority of the counselor to violent men. Once an offender has stopped his abusive behaviors, he and the counselor can begin to work with the intrapsychic features of his problems.
5. intervention designed to end violent and abusive behavior permanently is a long-term process requiring 1 to 5 years.
6. ending violent and abusive behavior is a complex process requiring multimodal intervention.
7. treatment of batterers requires special skills and training.

The content of AMEND's curriculum is both attitudinal and behavioral. Counseling sessions employ a cognitive-behavioral approach and focus on identification and awareness of the problem, taking responsibility for the abuse, and building empathy, conflict resolution, and communication skills. Specific group sessions address family of origin, entitlement, victim blaming, disrespect, addictions, irrational beliefs, gender stereotypes, parenting, and more.

Victim Advocacy Services

AMEND added its advocacy services component in 1987 to provide advocacy and support to—and better ensure the safety of—the partners and children of the men in counseling. AMEND's victim advocates remain in contact with the partners of AMEND's clients *and* with its counseling staff, thus providing a vital link. Advocates may confidentially inform counselors of unreported drug and alcohol abuse and threats to victims and children. With this information counselors are assisted with focusing on clients' specific problematic behaviors. Similarly, advocates may relate critical information to the victims, alerting them to clients' successes and failures in the program and alerting them to signs of imminent danger.

AMEND also recognizes the victimization suffered by children exposed to batterers and thus collaborates with SafeHouse Denver to provide individual and group counseling to children whose fathers attend one of AMEND's counseling groups.

AMEND's advocates offer educational support groups for victims, including a support group for gay male victims of domestic violence. AMEND also collaborates with Family Tree to provide a support group for friends and family members of domestic violence victims, giving them tools they may use to assist those victims.

Linda Loflin Pettit

See also Batterers, Treatment Approaches and Effectiveness

Further Readings

Bancroft, L., & Silverman, J. (2002). *The batterer as parent.* Thousand Oaks, CA: Sage.

Evans, P. (1996). *The verbally abusive relationship.* Holbrook, MA: Adams Media.

Gondolf, E. (1984). *Men who batter.* Holmes Beach, FL: Learning Publications.

Gondolf, E. (2002). *Batterer intervention systems.* Thousand Oaks, CA: Sage.

Jones, A., & Schechter, S. (1992). *When love goes wrong.* New York: HarperCollins.

Web Sites

AMEND: http://www.amendinc.org

American Humane Association

The American Humane Association (AHA) is the oldest national organization with the dual focus of protecting children and animals, and it provides publicity, education, advocacy, and technical assistance to local child and animal protection organizations. AHA is active in professional training and development, humane education, disaster preparedness, emergency management, and family group decision making, and it operates the National Resource Center on the Link Between Violence to People and Animals. The U.S. Department of Health and Human Services designated AHA the National Resource Center on Child Abuse and Neglect in 1987. AHA sets standards and develops training curricula for child and animal protection agencies. AHA works to create an aware and caring society by strengthening families and eliminating cruelty, abuse, neglect, and exploitation of children and animals.

Historical Background

A growing concern for animal welfare in the 19th century, propelled by an increase in the popularity of pets among a new middle class and by a romantic view of wildlife as no longer being hostile, led to worldwide efforts to prevent cruelty to animals. This movement closely followed other humanitarian reforms addressing slavery, child labor, suffrage, temperance, penal reform, and care for the mentally ill. Cruelty to animals was seen as a deviation from socially responsible behavior and a predictor of further moral degeneration; its suppression would protect potential human victims and mitigate the suffering of beasts.

Although the colonies in North America had enacted animal protection statutes as early as 1641, the founding in England in 1824 of the Society for the Prevention of Cruelty to Animals (SPCA; which acquired the prefix "Royal" in 1840) engendered the modern animal protection movement, which spread to the United States with the establishment of the American SPCA in 1866. Early prosecutions for child abuse utilizing animal protection laws inspired numerous organizations for the prevention of cruelty to children and animals.

To unify these groups, 27 local organizations met in Cleveland, Ohio, on October 9, 1877, and formed the International Humane Society. The name was changed in 1878 to the American Humane Association. The reason for the choice of "humane" is unclear, as "humane societies" had existed in England since 1774 to resuscitate drowning sailors.

AHA exposed unsanitary conditions in slaughterhouses and advocated for humane treatment of cattle, water fountains for horses, segregation of juveniles from adult offenders, abolition of corporal punishment of schoolchildren, and retirement for police and fire horses. AHA work led to the first Cruelty to Children's Act (1883) and legislation to protect child laborers. The link between violence toward animals and children was first noted in 1894.

World War I inaugurated Be Kind to Animals Week, Red Star Animal Relief to protect military horses, and campaigns to mandate humane education in school curricula. Concerns over protecting animals in the making of motion pictures led to establishment of a Hollywood Film Office in 1939 to ensure that animals in the entertainment industry receive the highest standards of care and to a 1980 agreement with the Screen Actors Guild whereby AHA awards

compliant films a "no animals were harmed" certification in closing credits.

Frank R. Ascione and Phil Arkow

See also Animal Abuse and Child Maltreatment Occurrence; Animal/Pet Abuse

Further Readings

Ascione, F. R., & Arkow, P. (Eds.). (1999). *Child abuse, domestic violence, and animal abuse: Linking the circles of compassion for prevention and intervention.* West Lafayette, IN: Purdue University Press.

Web Sites

American Humane Association: http://www.americanhumane.org

American Professional Society on the Abuse of Children

The American Professional Society on the Abuse of Children (APSAC) is a national, nonprofit, multidisciplinary, membership organization focused on enhancing the ability of professionals to respond to children and their families affected by abuse and violence. Incorporated in 1987, APSAC has over 2,000 members from the disciplines of mental health, medicine and nursing, law, law enforcement, child protective services, social work, and education. The organization is committed to providing professional education that promotes effective, culturally sensitive, multidisciplinary approaches to the identification, intervention, treatment, and prevention of child abuse and neglect. APSAC promotes research and formulates guidelines to inform professional practice, and it endeavors to educate the public about child maltreatment.

To fulfill its mission, APSAC sponsors an annual 4-day colloquium, 1-day advanced training institutes, and weeklong forensic interview clinics. The colloquium offers a variety of seminars and workshops covering all aspects of child maltreatment, including prevention; assessment; and intervention and treatment with victims, perpetrators, and families affected by physical, sexual, and psychological abuse and neglect. The Advanced Training Institutes are usually 7-hour trainings on topics such as forensic interviewing, trauma-focused cognitive-behavioral therapy, medical evaluation, children with sexual behavior problems, the expert witness, and ethics. APSAC's Forensic Interview Clinics focus on training professionals responsible for conducting investigative interviews with children in suspected abuse cases. These comprehensive clinics offer an intensive 40-hour training experience and personal interaction with leading experts in child forensic interviewing. The curriculum emphasizes state-of-the-art principles of forensically sound interviewing with a balanced review of several models.

The APSAC complements its hands-on training activities with a focused publishing program that includes a quarterly newsletter, a quarterly research journal, a series of practice guidelines, and a handbook. The *APSAC Advisor* is a quarterly newsletter featuring practical, easily accessed articles on topics that focus on particular aspects of practice, detail a common problem or current issue faced by practitioners, or review available research from a practice perspective. It also offers news of the organization, brief synopses of current research articles from a range of professional journals, a review of recent legislation and policies relating to child welfare, and a calendar of conferences of interest to the field. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children,* sponsored by APSAC and published quarterly by Sage Publications, is a respected, peer-reviewed research journal that fosters professional excellence in the field of child abuse and neglect by reporting current and at-issue scientific information and technical innovations. *Child Maltreatment* emphasizes perspectives with a rigorous scientific base that are relevant to policy, practice, and research.

APSAC's board of directors, staff, members, and many experts nationwide participated in the formulation, review, and development of the *Practice Guidelines* series. There are currently six guidelines for ethical and effective practice and others are in development. Each topic is succinctly covered in a booklet of 8 to 16 pages, and the *Practice Guidelines* now available cover investigative interviewing, psychosocial evaluation of children, descriptive terminology in child sexual abuse evaluations, photographic documentation, use of anatomical dolls in child sexual abuse assessments, and psychosocial evaluation of suspected psychological maltreatment in children and adolescents. The second edition of *The APSAC Handbook on Child Maltreatment* is an edited volume with chapters

contributed by leading authorities in a variety of specialized areas. This 582-page resource provides comprehensive, interdisciplinary coverage of the causes, consequences, treatment, and prevention of child abuse and neglect. This book offers research-based applications for practice, including medical, psychological, and legal points of view about physical and sexual abuse, neglect, and psychological maltreatment.

C. Terry Hendrix

See also Child Abuse Prevention; Child Neglect; Child Physical Abuse; Child Sexual Abuse

Further Readings

Myers, J. E. B., Berliner, L., Briere, J. N., Hendrix, C. T., Reid, T. A., & Jenny, C. A. (2002). *The APSAC handbook on child maltreatment.* Thousand Oaks, CA: Sage.

Web Sites

American Professional Society on the Abuse of Children: http://www.apsac.org/

Anger Management

When applied to intimate partner violence, anger management has been controversial and sometimes misunderstood. When applied generally, the goal of anger management is to reduce overly strong anger, which may be related to a very uncomfortable or frightening sense of loss of control; health problems such as high blood pressure; and some forms of aggression. It can also help reduce anger related to passive-aggressive behavior. Anger management programs teach constructive emotional expression and point out that anger is not the problem—it is a normal feeling. Anger becomes a problem when it is expressed inappropriately through aggression or becomes a state of chronic hostility. *Aggression* is usually defined as behavior that interferes with the rights of others, and it can include emotional, symbolic, and physical abuse. Aggression is distinguished from *assertiveness,* which is the constructive expression of feelings and personal rights. Methods of anger management usually include the following: (a) relaxation to reduce physiological arousal related to anger; (b) problem solving to find rational alternatives to aggression; (c) cognitive restructuring to uncover the thoughts that lead to anger and to create constructive thoughts that reduce anger; (d) recognition of physiological cues that are early warning signs of extreme anger; and (e) time-out to remove oneself from a situation in which one's anger is escalating. Anger can also sometimes be reduced when it is recognized that hurt or fear underlie it and are being masked by anger.

Anger management has been used to prevent the occurrence or recurrence of family violence, including child abuse, elder abuse, and domestic violence, often under the heading of "cognitive therapy" or "stress management." There are several reasons why it is controversial when applied to domestic violence. Edward Gondolf and David Russell were probably the first of many authors to critique anger management for men who batter. They state that it

- "fails to account for the premeditated controlling behaviors associated with abuse,"
- "tends to diffuse the responsibility of the abuse and prolong the batterer's denial,"
- "is often misrepresented as a quick-fix that may endanger battered women,"
- "does not sufficiently address the normative reinforcements for wife abuse and violence toward women in general."

There have been proposals to prohibit the use of anger management through state legislation, and some state standards for abuser programs claim that anger management does not hold abusers accountable for their behavior.

Tolman and Saunders contend that anger management can be used effectively to end domestic violence if applied carefully and within a program that includes anti-sexist gender resocialization. Many programs are able to combine feminist and cognitive-behavioral (anger management) approaches through theory integration, for example, by seeing patriarchy as a necessary but not sufficient cause of domestic violence. For some abusers, environmental stressors and anger may be the ingredients that go beyond sexist beliefs in leading to violence. Such programs are eclectic and combine feminist models that confront male dominance, teach the benefits of gender equality for all, and expand men's gender roles, as well as teach anger management. In addition, programs increasingly recognize different types of men who batter, with an "emotionally volatile" type having impulse control problems that may not respond well to interventions

that emphasize the "costs" of aggressive behavior, like arrest and divorce. These programs emphasize that they are starting with the feeling state of men who batter, helping them to accept full responsibility for generating anger-producing thoughts.

Daniel G. Saunders

See also Batterers, Treatment Approaches and Effectiveness; Social Cognitive Programs for Violence; Stress and Violence

Further Readings

American Psychological Association. (2007). *Controlling anger—Before it controls you.* Retrieved from http://www.apa.org/topics/controlanger.html

DiGiuseppe, R., & Tafrate, C. (2006). *Understanding anger disorders*. New York: Oxford University Press.

Gondolf, E., & Russell, D. (1986). The case against anger control treatment programs for batterers. *Response to the Victimization of Women, 9,* 2–5. Retrieved from http://www.biscmi.org/documents/Anger%20Control%20For%20Batterers.html

Tolman, R. M., & Saunders, D. G. (1988). The case for the cautious use of anger control with men who batter: A response to Gondolf and Russell. *Response to the victimization of women and children, 11*(2), 15–20. Retrieved March 21, 2008, from http://hdl.handle.net/2027.42/57487

Animal Abuse and Child Maltreatment Occurrence

Animal abuse and child maltreatment are empirically linked by the greater reported likelihood of perpetrating animal abuse among children who have been physically or sexually abused or who have been exposed to domestic violence. In addition, in homes where child maltreatment exists, animal/pet abuse perpetrated by adult caregivers is more likely. Since children are often strongly attached to their pets, caregivers' or siblings' threats to harm pets or actual harm of pets may be considered a form of emotional maltreatment. If abused children are removed from their homes and placed in foster care, separation from pets may increase children's emotional distress. If abused children have already engaged in animal abuse, foster care providers who have pets of their own may need to be especially watchful of these children's interactions with animals.

History of Collaboration

The animal welfare and child welfare movements share historical roots. For example, at the end of the 19th century, the New York Society for the Prevention of Cruelty to Children was established, in part, through the efforts of the American Society for the Prevention of Cruelty to Animals. In the early 20th century, some humane societies included the protection of both children and animals in their mission statements. Although separation of agencies devoted to the protection of children and the protection of animals became more common during the remainder of the 20th century, collaboration between such agencies is now reemerging. For example, in some jurisdictions, animal welfare officers investigating animal neglect or cruelty cases in homes where there are children are mandated to report suspected child maltreatment; in others, social workers investigating alleged child abuse may report that family pets have suspicious injuries (this is referred to as *cross-reporting*). One national organization, the American Humane Association, continues to include both child welfare and animal welfare in its mission and programmatic efforts.

Scholarly Study and Research Evidence

Scientific study of the relation between animal abuse and child maltreatment began in the last quarter of the 20th century. Case studies of psychiatrically distressed children and larger-scale studies of violent criminals often reported an association between perpetrating animal abuse and a history of exposure to severe physical punishment and domestic violence. The importance of the relation between animal abuse and antisocial behavior toward humans is reflected in the inclusion of animal abuse in the symptom list for conduct disorder, one of the most commonly diagnosed psychiatric problems in childhood and adolescence. The field has now progressed to the point where specialized assessment tools are available for determining the frequency and severity of animal abuse. Greater attention is also being given to the motivations and psychological mechanisms that underlie the abuse of animals.

Recent research verifies earlier clinical impressions that one symptom of abused children's distress may be violence toward animals. Pets and other animals may be physically tormented or sexually abused. In some cases, children may reenact with animals the same forms of physical or sexual abuse to which they are

subjected. In one case, a veterinarian identified a human sexually transmitted infection in a dog, and the veterinarian reported the family to a child welfare agency. This led to an investigation of the family; two children were found to have the same infection, as did the father, who admitted to sexual abuse and bestiality.

Clinical and Theoretical Considerations

Evidence also exists that some abused children may become even more strongly attached to their pets, who may offer feelings of safety, nurturance, and acceptance; hence, the concern when abused children must be separated from their pets, for example, in cases of foster placement. Since child maltreatment and domestic violence often co-occur, there is a greater likelihood that children in such homes may have been exposed to animal/pet abuse perpetrated by batterers. The loss of pets through such violent adult behavior may intensify abused children's emotional distress. Child safety issues also become relevant since some children who attempt to intervene to protect pets from abuse by batterers may risk personal injury.

Current theorizing suggests that animal abuse perpetrated by children who are themselves maltreated may be due, in part, to interference with the normal development of empathy. Sensitivity to an animal's suffering requires many of the same empathic skills children need to identify with fellow humans. Children may abuse animals because they have been exposed to caregivers and other adults who model violence toward animals; social learning theory would predict that such powerful adult models are likely to be imitated by children. Other examples of maltreated children abusing animals include cases where animal phobias prompt a preemptive attack on an animal, animals are involved in aggressive or violent posttraumatic play, and animals are used to inflict self-injury. Animal abuse and child maltreatment are also linked in other insidious forms. Case studies report incidents where (a) children were coerced into engaging in bestiality for the production of pornography, (b) children were paid by an adult to torture and kill small animals so the adult could make a video record of these episodes, and (c) children who were victims of sexual abuse were photographed while being forced to abuse animals, and then threats to show parents the photos were used to coerce children into secrecy and silence about their own abuse.

Formal protocols for assessing animal abuse in the context of child maltreatment are rare. Some jurisdictions recommend or mandate cross-reporting. Greater awareness of the seriousness of animal abuse has also influenced decisions in child custody cases. For example, a parent's history of animal abuse may raise questions about the parent's ability to provide appropriate care for children.

Frank R. Ascione

See also Animal/Pet Abuse; Bestiality; Sheltering of Domestic Violence Victims' Pets

Further Readings

Ascione, F. R. (2004). Children, animal abuse, and family violence—The multiple intersections of animal abuse, child victimization, and domestic violence. In K. A. Kendall-Tackett & S. Giacomoni (Eds.), *Victimization of children and youth: Patterns of abuse, response strategies* (pp. 3.1–3.34). Kingston, NJ: Civic Research Institute.

Ascione, F. R. (2005). *Children and animals: Exploring the roots of kindness and cruelty.* West Lafayette, IN: Purdue University Press.

Animal/Pet Abuse

The abuse of animals, including pets, is defined as socially unacceptable, nonaccidental behavior that causes unnecessary distress, pain, or injury to an animal, and, in some cases, the animal's death. Animal/ pet abuse includes acts of commission, for example, physical or sexual assaults, and acts of omission, for example, severe neglect of basic animal needs or the hoarding of large numbers of animals for which the owner is unable to provide minimal levels of care. Animal hoarding may be related to self-neglect in elder abuse. Certain forms of animal/pet abuse are considered felony-level crimes in 41 states. Due to the strong attachment that may exist between humans and their pets, animal/pet abuse can be considered a form of family violence. Animal/pet abuse may co-occur with other criminal activity (e.g., violent or property crimes) and be related to child maltreatment and domestic violence.

Early philosophical and psychiatric discussions suggested that animal/pet abuse in childhood might be a precursor to later violence against humans. Scientific attention to the link between animal/pet abuse and interpersonal violence increased dramatically during the last quarter of the 20th century. The

1987 revision of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* was the first to include cruelty to animals among the symptoms of conduct disorder in childhood and adolescence. Cruelty to animals is also more prevalent in adults diagnosed with antisocial personality disorder. Elevated levels of animal/pet abuse have been reported in studies of juvenile fire setters, juvenile sex offenders, perpetrators of school shootings, and males convicted of rape, sexual homicide, and serial murder.

Animal/pet abuse in childhood and adolescence has most often been assessed using behavior problem checklists that frequently include only one item related to this behavior. Currently, a number of assessments have been introduced that focus specifically on the assessment of animal/pet abuse and include forms that can be completed by caregivers as well as self-report forms. Self-report forms are especially important since children may engage in animal abuse covertly without parental awareness. These newer assessments allow measurement of a number of important characteristics of animal/pet abuse, including the age of onset of the abuse, its frequency and severity, the types of animals/pets abused, whether the abuse was perpetrated alone or with others, and whether the perpetrator expresses empathy for the animal victim.

Veterinary professionals are aware that they may encounter animal/pet abuse in their clinics. Veterinary professional organizations are currently discussing whether or not veterinarians should be mandated to report suspected animal/pet abuse.

Frank R. Ascione

See also Animal Abuse and Child Maltreatment Occurrence; Bestiality; Sheltering of Domestic Violence Victims' Pets

Further Readings

Ascione, F. R. (2005). *Children and animals: Exploring the roots of kindness and cruelty.* West Lafayette, IN: Purdue University Press.

Munro, H. M. C., & Thrusfield, M. V. (2001). "Battered pets": Non-accidental physical injuries found in dogs and cats. *Journal of Small Animal Practice, 42,* 279–290.

Munro, H. M. C., & Thrusfield, M. V. (2001). "Battered pets": Sexual abuse. *Journal of Small Animal Practice, 42,* 333–337.

Anti-Abortion Violence

According to the National Abortion Federation, since 1977 there have been 7 murders, 17 attempted murders, 41 bombings, 143 arson attacks, 89 attempted arsons/bombings, and 375 invasions at health care centers where abortions are performed in the United States. Furthermore, there have been thousands of reported cases of vandalism and trespassing. Health care providers and patients have endured hundreds of physical assaults, nearly 400 recorded death threats, and close to 500 reported cases of stalking. In 1994, in one of the most extreme acts of violence, Paul Hill, a Presbyterian minister and member of an anti-abortion group, murdered Dr. John Britton and his bodyguard Lt. Col. James Barrett as they were entering the health care center where Dr. Britton provided reproductive care to women. Also injured was Dr. Britton's wife. Hill was convicted of capital murder and ultimately executed. He is now revered by many as a "martyr" to the cause of ending legal abortion and "restoring" America to its "Christian" roots.

Health care facilities for abortion patients are on the front lines of the culture war, putting patients' and workers' safety in serious jeopardy. Of course, one may question how "pro-life" ideals can inspire protesters to violate the law and, perhaps, endorse killing those who are present at these centers. Extreme anti-abortion protesters who have killed or used criminal violence to achieve their political goals espouse the view that abortion is morally equivalent to premeditated murder and should therefore be illegal. Some have advanced the belief that such "murders" should be classified as capital crimes so that abortion providers could be subjected to the death penalty.

In the United States, most extreme anti-abortion protesters who participate in, advocate for, or excuse these violent attacks adhere to a very conservative Christian fundamentalism that embraces physical punishment, retribution, and vengeance. Attempts to find "common ground" with nonviolent abortion foes or with pro-choice groups have failed largely due to the strict absolutist and authoritarian ideological stance taken by extreme anti-abortion activists.

Official nonprofit organizations that promote the recriminalization of abortion formally disavow such violence, yet some privately praise the fervor that leads people to act on those extreme views. Pro-choice organizations lobby for stricter laws regulating protesters' proximity to specific locations and people, in addition

to conducting their own legislative efforts to retain legal access to abortion services. Having to promote reproductive rights *and* safety has resulted in increased need for public support by way of donations, volunteers, and public awareness campaigns. Only a small fraction of the public endorses the extreme views of the violent anti-abortion protesters, and yet 25% of the public adhere to the punitive religious views that embolden violent anti-abortion protests.

Kimberly J. Cook

See also Capital Punishment; Hate Crimes (Bias Crimes), Religiously Motivated; National Organization for Women; Religion

Further Readings

Cook, K. J. (1998). *Divided passions: Public opinions on abortion and the death penalty.* Boston: Northeastern University Press.

Cook, K. J. (1998). A passion to punish: Abortion opponents who favor the death penalty. *Justice Quarterly, 15*(2), 329–346.

Cook, K. J., & Powell, C. (2003). Christianity and punitive mentalities: A qualitative study. *Crime, Law, and Social Change, 39,* 69–89.

Anti-Rape and Rape Crisis Center Movements

In the early 1970s, the anti-rape wing of the second wave women's movement spawned the first rape crisis centers in the United States. A Washington, D.C., center published guidelines for founding a center in 1973 and, in the same year, Seattle's Rape Relief Rape Crisis Center secured the first Law Enforcement Assistance Administration funding grant. More consequentially, the National Organization for Women (NOW) established a National Task Force on rape in 1973, and by 1974, over 200 local chapters had their own task forces, many of which morphed into volunteer-run crisis hotlines and, later, permanent organizations. A U.S. Department of Justice report listed 136 rape crisis centers (RCCs) or stop rape task forces in 1975. One year later there were an estimated 400 centers; by 1979, there were 1,000, and in 1996, there were 1,200 RCCs.

Over time, RCCs changed from a small homogenous core of centers to a large, fluid, and diverse group of organizations. Many original centers folded, surviving ones changed, and scores of new ones opened, but research indicates that centers begun before 1979 retained their more radical commitments and practices in the 1990s, confirming the influence of founding circumstances on an organization's philosophy, practices, and goals.

RCCs proliferated in conjunction with the early successes of the new women's movement. Government and the media began addressing problems that particularly affected women—abortion, birth control, and rape—and Susan Brownmiller's 1975 book, *Against Our Will,* inflamed public opinion and framed rape as a practice that materially oppresses women. Early anti-rape activists offered a political critique of rape, drawing on their own experiences and focusing on rape's harm. They viewed traditional police, medical, and court practices as detrimental to victims' well-being and labeled their unsavory practices a "second assault," a phrase that still resonates with victims and anti-rape activists.

The earliest centers demanded fundamental changes to U.S. society and, to that end, worked to improve legislation, public opinion, and mainstream organizations' policies and practices. They wanted victims to view rape as the product of gendered institutions that oppress women, not the actions of a few sex-crazed men or boys. Many early centers viewed the *mainstream* as hostile to women's welfare and created egalitarian, less authoritarian, and nonhierarchical organizations to embody their feminist ideals.

Many early centers denounced ameliorative treatment for victims, viewing it as victim blaming and accepting of the status quo—that is, the inevitability of women's being raped. They believed psychological treatment told victims the rape was their fault. They favored a political explanation of rape and political education and mobilization to eliminate rape. Yet, many early RCCs offered treatment to victims (e.g., crisis counseling) and, from the outset, monitored mainstream organizations including police, hospitals, and courts. They also did outreach to change the public's understanding of rape, a practice that continues today. "Political work" or public education is one of the most frequent activities of RCCs.

RCCs have influenced U.S. society in multiple ways. Ameliorative services for victims substantially speed up recovery. RCCs have strengthened rape statutes in nearly all U.S. states. They have pressured law enforcement, prosecutors, and hospitals to improve and coordinate their practices, and local officials and state legislators to pressure insurance companies to conduct and pay for rape exams, use uniform rape

kits, and compensate victims for time lost at work. As a rule, RCCs make rape victims and community improvement top priorities, despite their services' imperfections with regard to race/ethnicity and social class, among other issues.

After initially resisting, most U.S. cities accepted the involvement of RCCs in work with victims by the mid-1980s. Communities began adopting protocols to designate specific roles for each organization and many included the RCC. In response, RCCs stopped chastising mainstream organizations publicly and worked within the system to ensure access to victims and to their staff. RCCs started mobilizing unobtrusively inside society's core institutions rather than using a confrontational approach of standing outside and allocating blame. They sacrificed some freedoms but also enhanced their odds of influencing mainstream rape workers and their employers.

RCCs see more victims than mainstream organizations do, even though they have more limited budgets and staff, and they are more responsive to victims' needs. Unlike most mainstream service providers, victims are their main concern. A woman who reports rape enters an arena where many interests are at stake; police and prosecutors view rape victims primarily as witnesses to a crime, and hospitals focus on assessing their qualifications as "real patients." Only RCCs can avoid asking rape victims to fulfill another role.

Although they have not eliminated rape, RCCs have had an impact. In the 1970s and 1980s, they pressured state officials and local organizations to eliminate victim-blaming rape laws and improve their policies and practices. Today, as in decades past, RCCs advocate for and assist victims dealing with legal and health care organizations and work to improve the public's understanding of rape. They also coordinate community organizations around the issues of staff training, protocol development, and public education. Because more interaction and coordination benefits victims, communities with an RCC to facilitate these ends are more responsive to those who have been raped.

Frederika E. Schmitt and Patricia Yancey Martin

See also Rape Crisis Centers; Rape/Sexual Assault

Further Readings

Bevacqua, M. (2000). *Rape on the public agenda: Feminism and the politics of sexual assault.* Boston: Northeastern University Press.

Brownmiller, S. (1975). *Against our will: Men, women, and rape.* New York: Simon & Schuster.

Harvey, M. (1985). *Exemplary rape crisis programs: A cross-site analysis and case studies.* Washington, DC: National Center for the Prevention and Control of Rape.

Martin, P. Y. (2005). *Rape work: Victims, gender, and emotions in organization and community context.* New York: Routledge.

Matthews, N. (1994). *Confronting rape: The feminist anti-rape movement and the state.* London: Routledge.

Schmitt, F., & Martin, P. Y. (1999). Unobtrusive mobilization by an institutionalized rape crisis center: "All we do comes from victims." *Gender & Society, 13,* 364–384.

U.S. Department of Justice. (1975). *Rape and its victims.* Washington, DC: National Institute of Law Enforcement and Criminal Justice.

Armed Forces, Sexual Harassment in

The Department of Defense (DoD) defines sexual harassment as a form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (a) submission to such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career; (b) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or (c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment. While this definition mirrors those developed by litigation in the civilian community, military personnel, unlike civilians, cannot litigate sexual harassment cases against their military employers. Civilian personnel employed by the military may litigate.

History

An advisory committee to the Secretary of Defense on women's issues first mentioned sexual harassment in a 1980 report, urging that the DoD publish policy statements that define and prohibit sexual harassment, establish training programs and procedures for reporting violations, and provide for disciplinary measures for violations of that policy.

In the early 1980s, the armed services initiated the development of policies and procedures for dealing

with sexual harassment complaints and programs for training military personnel on sexual harassment. The Office of the Secretary of Defense conducted the first DoD-wide survey on sexual harassment in 1988.

In 1991, sexual harassment in the military garnered media attention after widely reported incidents of alcohol abuse, destruction of private property, and sexual assault at the annual convention of the Tailhook Association sponsored by the U.S. Navy. Three investigations of the incidents ended in the resignation of high-level navy officials, but none of the alleged perpetrators was ever held accountable.

In 1995, the House Armed Services Committee conducted hearings on sexual harassment and specifically examined how to improve the military complaint system. The same year, the DoD convened a Task Force on Discrimination and Sexual Harassment and conducted its second Sexual Harassment Survey. A third survey was conducted in 2002.

In 1996, incidents of rape, sexual assault, and sexual harassment occurring at the Army's Aberdeen (Maryland) Proving Grounds were revealed. In the aftermath, several drill sergeants were convicted by courts-martial of rape or charges related to sexual harassment and the army convened a senior review panel to examine the problem of sexual harassment armywide.

Rates of Sexual Harassment

The 1995 and 2002 surveys asked questions about a wide range of unprofessional gender-related behaviors as well as behaviors defined as sexual harassment. According to the surveys, over this time period there was a general decline in unprofessional behaviors and sexual harassment. Between 1995 and 2002, the overall rate of sexual harassment declined from 45% to 24% for women and from 8% to 3% for men. The largest decline occurred for U.S. Marine Corps women, whose rate decreased from 57% to 27%. The rate of sexual assault for women declined from 6% to 3%.

Training

In the 2002 survey, 77% of women and 79% of men reported receiving sexual harassment training within the previous 12 months. Ninety percent of respondents agreed that the training provided a good understanding of what constitutes sexual harassment, and over 80% agreed that the training provided them with useful tools for dealing with sexual harassment.

The Complaint Process

There are a variety of avenues for filing a formal complaint of sexual harassment in the armed forces: (a) the chain of command of either the victim or the offender; (b) filing a formal Equal Opportunity/Sexual Harassment Complaint with the Military Equal Opportunity Office; (c) filing a complaint with the Command Inspector General, the Inspector General of the particular branch of service, or the DoD Inspector General; and (d) when applicable, filing a complaint of wrongs against the Commanding Officer through the local Office of the Staff Judge Advocate. Other channels for filing complaints may include chaplains, medical agencies, the Provost Marshal, and members of Congress. Military personnel filing complaints with members of Congress and/or the Inspector General are protected by statute (10 U.S.C. 1034 (a) (b)) relative to communications with the same (such oversight authorities) and retaliation by employers. (Civilian employees working for the DoD may use the Equal Employment Opportunity complaint system.)

Commanders have several options for dealing with military personnel who have perpetrated sexual harassment. These include counseling, a letter of admonition or reprimand, nonjudicial punishment, administrative discharge, and court-martial.

According to the 2002 survey, only 30% of women and 17% of men who experienced sexual harassment reported the situation through one of the channels listed above. For women this represented a decrease in reporting since 1995, when 38% reported harassment. Most of the reports in 2002 were made to the supervisor of the victim or offender. The most common reason for not reporting (given by 67% of women and 78% of men) was that the respondent did not regard the incident as serious enough. Thirty-two percent of women and 22% of men feared being labeled a troublemaker. Similar percentages believed that nothing would be done. Of those women who filed a complaint, 34% were satisfied with the outcome, 34% were dissatisfied, and 32% were neither satisfied nor dissatisfied. Among men, 37% were satisfied, 24% were dissatisfied, and 39% were neither satisfied nor dissatisfied.

Risk Factors and Correlates

Studies have shown that the experience of sexual harassment among military personnel is associated with psychological distress, job dissatisfaction, and a

low rate of retention. Personal risk factors include female gender, younger age, lower rank, and a history of childhood abuse. Workplace characteristics associated with sexual harassment and other unprofessional gender-related behaviors include poor leadership, lack of readiness, low cohesion, and a climate that is discriminatory towards women. Studies have also shown that tolerance of sexual harassment among military members is associated with negative attitudes toward women in the military.

Leora Rosen

See also Domestic Violence in Military Families; Sexual Assault in the Military; Sexual Coercion; Sexual Harassment; Sexual Harassment in Schools; Sexual Harassment in Workplaces

Further Readings

Bastian, L. D., Lancaster, A. R., & Reist, H. E. (1996). *Department of Defense 1995 Sexual Harassment Survey.* Retrieved from http://www.defenselink.mil/prhome/docs/r96_014.pdf

Cook, P. J., Jones, A. M., Lipari, R. N., & Lancaster, A. R. (2005). *Service Academy 2005 Sexual Harassment and Assault Survey.* Retrieved from http://www.sapr.mil/contents/references/DMDC%20Academy%202005%20Survey.pdf

Lipari, R. N., & Lancaster, A. R. (2003). *Armed Forces 2002 Sexual Harassment Survey.* Retrieved from http://www.defenselink.mil/news/Feb2004/d20040227shs1.pdf

Lipari, R. N., Lancaster, A. R., & Jones, A. M. (2004). *2004 Sexual Harassment Survey of Reserve Component Members.* Retrieved http://www.sapr.mil/contents/references/2004%20Sexual%20Harassment%20Survey%200f%20Reserve%20Component%20Members.pdf

Asian & Pacific Islander Institute on Domestic Violence

The Asian & Pacific Islander Institute on Domestic Violence is a national resource center and clearinghouse on gender violence in Asian and Pacific Islander (API) communities. It serves a national network of advocates, community members, organizations, service agencies, professionals, researchers, policy advocates, and activists from community and social justice organizations working to eliminate violence against Asian and Pacific Islander women. The term *Asian and Pacific Islander* includes the peoples of Central Asian, East Asian, Southeast Asian, South Asian, West Asian, Native Hawaiian, and Pacific Islander ancestry (i.e., those who trace their origins to the countries, diasporas, and/or ethnicities of the above regions).

The API Institute's focus on organizing and advocacy within and across API communities is informed by a gender-based analysis of the patriarchal roots of violence against women, embedded in additional structures of oppression based on race, ethnicity, age, sexual orientation, gender identity, type of labor performed, level of education, class position, disability, or immigration/refugee status. The API Institute also explores how subjective experiences influence help-seeking behavior and empower resistance. Its programs—Policy & Research, Community Organizing, Technical Assistance & Training—and its resource center are committed to developing and promoting pan-Asian and culturally specific community models of prevention and intervention; training and networking advocates nationally, regionally, and locally; conducting and disseminating research; and influencing public policy. Although the API Institute's analyses, reports, and policy reviews focus on the experiences and cultural contexts of immigrant or U.S.-born Asians and Pacific Islanders, much of its work is applicable to domestic violence survivors in other communities.

API's publications and training curricula analyze gender violence over the life course, cultures of patriarchy and violence against API women, and differing expressions and dynamics of domestic violence (e.g., the presence of multiple batterers from the marital family, intra-Asian cultural competency, innovative strategies, and community organizing). Research publications include fact sheets, bibliographies, directories, glossaries, and translated materials. Critical issues focus on data and analysis about domestic violence–related homicides, battered women involved in the child welfare system, and sexual violence and trafficking. Additional areas of policy analysis and trainings are custody and mediation, forced marriages, institutionalized inequality and economic development for battered women, mental health and trauma, overreliance on the criminal legal system, HIV/AIDS and domestic violence, language access for immigrant women with limited English proficiency, and intersections of race, class, and gender in advocacy and

systems change. The API Institute's most notable publication, the *Lifetime Spiral of Gender Violence,* contributes to the theoretical understanding of violence against women by showing the prevalence of abuse at different stages over women's life course. It is used by advocates, counselors, trainers, and faith-based institutions nationally and internationally because it is a powerful representation of the overwhelming experiences of gender violence and accompanying disempowerment that many women, not only Asians and Pacific Islanders, face.

The API Institute is part of the Asian & Pacific Islander American Health Forum, a national policy organization advocating for the health and well-being of Asian Americans and Pacific Islanders.

Chic Dabby-Chinoy

See also Advocacy; Battered Women; Domestic Violence Among Immigrant Women; Domestic Violence in Asian and Pacific Islander Populations

Web Sites

Asian & Pacific Islander Institute on Domestic Violence: http://www.apiahf.org/apidvinstitute

Asian/Pacific Islander Youth Violence Prevention Center

The Asian/Pacific Islander (API) Youth Violence Prevention Center (also known as the API Center) was developed by the University of Hawaii at Manoa and the National Council on Crime and Delinquency in October of 2000. Funded by the Centers for Disease Control and Prevention as one of 10 Academic Centers of Excellence in Violence Prevention, the work of the API Center has focused upon examining API youth, a relatively unknown group in relationship to violence.

The activities of the center have included conducting a risk and protective factors survey of about 700 Cambodian, Chinese, Laotian/Mien, Vietnamese, Filipino, Native Hawaiian, and Samoan youth and their parents in Oakland, California, and on the island of Oahu. Another focus has been the mobilization of API communities on violence prevention. The center has collected and disseminated data about API youth involvement in crime and violence, their academic progress, and health issues via a semiannual newsletter, fact sheets, conference presentations, articles in academic journals, participation in community events, and press conferences, as well as through the media. The work of the center led to the Statewide Dialogue on Asian and Pacific Islander Youth Violence held at the Sacramento Convention Center on August 17, 2005, which was attended by over 350 individuals. The event was cosponsored by the California Attorney General's office and over 40 organizations.

The API Center has worked with communities in San Francisco and Richmond in California to collect data that provide portraits of the status of API youth in these communities. Lessons learned from these activities have included that aggregating data for API youth may mask many critical issues that needed to be addressed; on the surface, for API youth, crime and violence rates appear low, academic achievement seems high, and health and emotional issues are nonexistent. Disaggregating data by API ethnicity has shown that Pacific Islanders and Southeast Asian youth have had the highest crime rates after African Americans in Oakland, and the highest of all groups in San Francisco. These same groups have had among the lowest scores on standardized tests, and the highest truancy and dropout rates.

Another aspect of API youth, one that received media attention in 2005 and 2006, is their victimization in schools and in their everyday lives. This information has been captured in a survey of API youth in San Francisco in 2003, as well as in an analysis of the Healthy Kids Survey administered in the Oakland public schools every other year. Several brutal victimizations of API youth in both San Francisco and Southern California eventually led to an increase of the statute of limitations for suing perpetrators of hate crimes.

In addition to collecting data on API youth in San Francisco and Richmond, the API center has become the springboard for actively seeking services for API youth who live there.

Isami Arifuku

See also Cultural Competence; Culturally Sensitive Intervention; Prevention Programs, Community Mobilization; Prevention Programs, Youth Violence; Resiliency, Protective and Risk Factors; Youth Violence

Further Readings

National Council on Crime and Delinquency. (2003). *Culture counts: How five community-based organizations serve Asian and Pacific Islander youth.* Oakland, CA: Author.

National Council on Crime and Delinquency. (2003). *Under the microscope: Asian and Pacific Islander youth in Oakland: Needs, issues, solutions.* Oakland, CA: Author.

National Council on Crime and Delinquency. (2006). *Statewide dialogue on Asian and Pacific Islander youth violence: Dialogue proceedings, recommendations, resources.* Oakland, CA: Author.

The Services and Advocacy for Asian Youth (SAAY) Consortium. (2004). *Moving beyond exclusion: Focusing on the needs of Asian/Pacific Islander youth in San Francisco.* San Francisco: Author.

Assault

In the dictionary rendition, *assault* means an attack with blows or weapons, as well as by threats, hostile words, and other ways of menacing. Although *assault* rightly can refer to all forms of physical, psychological, and verbal aggression, its use in the legal system and by criminologists is more specific.

First and foremost, assault is an unlawful action. It is a form of aggression, either real or threatened, either with or without a weapon, that the state or some other legal entity has designated as a violation of the law. Assaults that are illegal are mostly those that cause or were intended to cause bodily harm, plus threats to that effect.

Second, there are "gray areas," where aggressive actions may or may not be considered assault by law enforcement and other criminal justice agencies, the perpetrator, or the victim. For example, two acquaintances at a bar who briefly engage in a minor altercation, fueled by several rounds of alcoholic beverages, with one shoving the other to the floor after a heated debate about the relative merits of their favorite presidential candidates, is an assault, "technically speaking." However, the context of the incident—including the race, age, and other characteristics of the two parties; whether a person was injured; the degree to which the incident disturbed other patrons; the reputation of the bar with local police; and a host of other factors—will actually determine whether or not the incident "officially" is regarded as an assault crime, with arrests made by the police. Equally, if not more problematic, is assault involving members of the same household. In these cases, both the perpetrator and the victim may not consider the action unlawful or even inappropriate. Further, societal norms have shifted over the years, in part through the efforts of advocacy groups, such that actions that were once considered "private" are today viewed with much less tolerance by the general public, the police, prosecutors, and the courts. It is wise when considering any kind of data or information related to assault (and any other crime) to remember the basic distinction between *prevalence,* or the real rate at which something occurs, and *incidence,* the rate at which the same phenomenon is officially counted.

In the nomenclature of violent crime classifications, assault is considered distinctive from other forms of violence when reported in the FBI's Uniform Crime Reporting (UCR) Program, the Department of Justice's National Crime Victimization Survey (NCVS), and other types of official crime accounting systems that estimate the incidence rates for various kinds of crime. Specifically, homicide, rape or sexual assault, and robbery are counted separately as crimes of violence. As well, family violence and intimate partner violence (IPV) are regarded as different categories of crime. Even so, all of these crimes involve an attack by one person on another. Hence, assault refers to a more narrow range of interpersonal violence where physical force and threats are used by a person (or groups of persons) with the intention of causing harm to another. However, criminal codes of states vary on definitions of assault, especially in regard to whether a threat, or menacing, would be considered within the definition. Some states consider menacing or attempts to menace, which is placing another person in fear of bodily injury, as a form of assault, while other states take a stricter approach, defining a threat by the presence or use of a weapon before the action is severe enough to warrant arrest and prosecution.

Also, there are occasions when assault is considered permissible or legal, such as self-defense against an attacker or to prevent a crime from occurring against another person and even against property. Within the family, corporal punishment of children can become a controversial area with regard to what is considered legal and not legal. As well, there are cases of assault in which one party may have given another party consent, such as some forms of sexual activity.

Simple and Aggravated Assault

The UCR and the reporting systems of state agencies responsible for criminal justice statistics divide assault into two basic types, simple and aggravated. In the UCR, which is based on crimes known to the police and arrests made by the police, aggravated assault is defined as an unlawful attack by one person upon another for the purpose of inflicting aggravated bodily injury. This type of assault is accompanied by the use of a weapon or to produce death or great bodily harm. The definition is vague about the amount of injury or bodily harm, reflecting variations in the way the states legally define assault. According to the UCR, a simple assault is any assault or attempted assault that is not of an aggravated nature and does not result in serious injury to the victim.

The FBI includes aggravated assault in its index of seven major crimes used to monitor the nation's crime trends, but does not provide specific trend data on simple assault. However, the UCR does include information on the sex and age of persons arrested for both aggravated and simple assault. According to the most recent annual accounting of crime by the FBI, there were slightly over 850,000 aggravated assaults in 2004, which converts to about 291 assaults per 100,000 inhabitants. This represents a decrease of 1.5% from the previous year, and a 30.4% decline since 1995. However, preliminary data from the 2005 UCR indicated a 1.9% increase in aggravated assault. This simply may be an aberration in a long-term downward trend, or an indication that this trend has reached its end. Altogether, there were about 438,000 arrests for aggravated assault, and 1,285,000 arrests for simple assault in 2004. This represents a 9% decline in the number of assault arrests, and an 18% decrease in the rate of assault per 100,000 (from 719 in 1995 to 588 in 2004).

Based on a representative sample of the U.S. population, the NCVS asks respondents about their experiences with crime. Rates for several different kinds of crime, including one for aggravated and one for simple assault, are calculated. The NCVS screen questions reflect the generally accepted distinction, asking respondents if "anyone attacked or threatened you" with a weapon, such as a gun, knife, or objects like a baseball bat, frying pan, scissors, or stick; by throwing an object, such as a rock or bottle; by grabbing, punching, or choking; or with any "face-to-face" threat. The NCVS defines simple assault as any incident meeting two conditions: (1) an attack without a weapon, (2) which results in either no injury or an injury requiring less than 2 days of hospitalization. Aggravated assault is defined as an incident that involves either a threat with or actual assault with a weapon, or an incident, with or without a weapon, in which the victim required 2 or more days of hospitalization.

In 2004, the NCVS estimated that the rate of aggravated assault was 4.3 per 1,000 persons aged 12 and older, and for simple assault, it was 14.3. Both represent considerable decreases from 1996, when the rates were 8.8 and 26.6 per 1,000 persons, respectively. Although the data collection methodologies of the UCR and the NCVS are neither perfect nor identical, both point to a long-term decrease in assaults. Further, the downward turn in assault is part of a general statistical decline shown in the UCR and NCVS for both property and violent crime.

Consequences

Regardless of the relative strengths and weaknesses of information about assault from the FBI, the NCVS, and other data sources, and its apparent decline over the past several years, the consequences of assault are quite real to the victim. There are the physical consequences, not only in terms of the actual injury, but also the physical reaction to an assault or threatened assault. These physical symptoms include trouble sleeping and concentrating, feeling tired and sleeping more than usual, and weight gain or loss. Emotional and behavioral reactions are intimately tied to the physical symptoms, including difficulty concentrating at work or school; feeling helpless, angry, and suspicious; bad dreams and nightmares; and feeling exposed and vulnerable, both in a general manner and specifically in reference to the place or area where the assault occurred. In addition to avoiding areas where the incident occurred, assault victims may avoid other places with similar characteristics, such as places with large crowds, entertainment spots, theaters, and bars. Some assault victims may even feel a need to move to a new community or neighborhood. Altogether, the NCVS estimates that the 4.47 million assaults that occurred in 2004 resulted in an average of $196 in medical bills and other direct costs to victims, for a total bill of $876 million. This estimate likely represents the proverbial "tip of the iceberg."

Joseph F. Donnermeyer

See also Assault, Aggravated; Assault, Simple; Robbery

Further Readings

Federal Bureau of Investigation. (2005). *Uniform crime report*. Retrieved from http://www.fbi.gov/ucr/cius_04/appendices/appendix_02.html

Rosenberg, M. L., & Mercy, J. A. (1991). Assaultive violence. In M. Rosenberg & M. A. Fenley (Eds.), *Violence in America* (pp. 14–50). New York: Oxford University Press.

U.S. Department of Justice, Bureau of Justice Statistics. (2006). *National Crime Victimization Survey, 2004*. Retrieved from http://www.ojp.gov/bjs/pub/pdf/cvus.04/pdf

Assault, Aggravated

Aggravated assault is a form of interpersonal violence that involves either serious injury to the victim or the threat of force by means of a weapon. It is defined in various ways by state statutes and criminal justice agencies, but is usually distinguished from simple assault by the degree of injury to the victim and the seriousness of the threat. Nationwide information on aggravated assault is provided by two primary sources of information: the FBI's Uniform Crime Reporting (UCR) Program and the Bureau of Justice Statistics' National Crime Victimization Survey (NCVS).

In the UCR, aggravated assault is an unlawful attack with the intent of inflicting severe or aggravated bodily injury. The definition also adds that the attack is usually accompanied by the use of a weapon or by other methods intended to produce death or great bodily harm. Therefore, aggravated assault, as a class of crime, stands between simple assault and homicide, depending on the amount of physical injury to the victim and the means by which the attack was carried out.

The UCR provides two kinds of information on aggravated assault: (1) its incidence, based on the number of such crimes recorded or "known" by the police; and (2) the characteristics of persons arrested. A preliminary count from the 2005 UCR findings showed a 1.9% increase, or about 871,000 aggravated assaults. This increase is an interruption of an 11-year decline in aggravated assault, a downward trend also exhibited by the three other major crimes of violence reported by the UCR, namely, homicide, forcible rape, and robbery.

Rates for the incidence of aggravated assault are unequally distributed by location, and these patterns have been consistent over the years. For example, in 2004, aggravated assault rates were higher in metropolitan areas (309 per 100,000 inhabitants) than in cities outside of metropolitan areas (277) and nonmetropolitan counties (158). The Southern region shows the highest aggravated assault rate at 354 per 100,000 persons, followed by the West at 305, the Midwest at 233, and the Northeast at 221. Yet, the method used to inflict bodily harm varies little by locality. Slightly over one third of all police-recorded aggravated assaults involve clubs or other blunt objects. Hands, fists, and feet are used as weapons in about one in four assaults, and in slightly less than one in five assaults firearms and knives or other cutting instruments are used.

There were slightly over 438,000 arrests for aggravated assault in 2004. This number is slightly less than the year before, and represents a 14% decrease since 1995, a decline consonant with the long-term downward trend in the incidence of aggravated assault. Regionally, it is the West, not the South, that consistently shows the highest arrest rate. For example, in 2004, the arrest rate was 213 per 100,000 persons in the West, compared to 136 in the South, 115 in the Midwest, and 114 in the Northeast. About 90% of aggravated assault arrestees are male and 14% are under the age of 18. These percentages have changed only minimally over the past decade.

The NCVS is the second source of nationwide information about aggravated assault, which it distinguishes from simple assault in a manner similar to that of the UCR. According to NCVS criteria, an aggravated assault is any incident in which the victim was either threatened with a weapon or the injury required 2 or more days of hospitalization.

According to the 2004 NCVS statistics, there were slightly over 1 million aggravated assault incidents, for a rate of 4.3 per 1,000 persons age 12 and over. The vast majority of these assaults, about 65%, were threats with a weapon only, with the remainder involving some form of injury. Consistent with the UCR statistics, the NCVS rate of reported aggravated assault has declined. For example, in 1996, the rate was 8.8 per 1,000 persons. However, in 2002 the rate was 4.3, and in 2003 it was 4.6. Hence, results over the past 3 years represent an interruption to this long-term decrease, paralleling the statistical trends found in the UCR. About 55% to 60% of aggravated assault victimizations are reported to the police.

Despite long-term fluctuations in aggravated assault rates, the pattern of victimization by various demographic characteristics of victims has not changed much. Rates for males are nearly twice as high as those for females. In 2004, for example, the overall rate was 5.8 per 1,000 males and 2.8 per 1,000 females. Similar proportions by sex were evident for those suffering injury and those who were threatened with a weapon. For both sexes, rates were at least twice as high for victims 12 to 24 years of age as for those in other age groups. Both Black males and females exhibit higher rates of aggravated assault than their White counterparts. A comparison of aggravated assault rates of Hispanic and non-Hispanic respondents in the NCVS shows somewhat inconsistent results, with rates higher for the former group during most years. However, the latter group displays higher rates for certain years. Aggravated assault rates are consistently highest for those living in urban areas, followed by rates for persons living in suburban areas. However, in the 2004 NCVS, the rate for people living in rural areas was higher than for those living in suburban areas.

According to the NCVS, the proportion of aggravated assault victimizations involving strangers ranges between 50% and 60%, depending on the reporting year. Males are much more likely to be the victims of aggravated assault by strangers than are females. Patterns are less clear by age and Black or non-Black status. Older males and females are somewhat more likely to report being victimized by strangers, but this declines for the oldest age group, namely, victims 65 years old and older. Likewise, differences in the proportion of stranger victimizations when comparing Blacks and Whites vary from year to year.

Despite its decline, aggravated assault is a costly crime. Both the UCR and NCVS statistics indicate that it is the second most frequent crime of violence, exceeded only by simple assault. Similar to all crimes of violence, its psychological, social, and economic impact on victims can be considerable.

Joseph F. Donnermeyer

See also Assault; Assault, Simple; Robbery

Further Readings

Federal Bureau of Investigation. (2005). *Crime in the United States*. Retrieved from http://www.fbi.gov/ucr/04cius

U.S. Department of Justice, Bureau of Justice Statistics. (2006). *National Crime Victimization Survey, 2004.* Retrieved from http://www.ojp.gov/bjs/pub/pdf/cvus.04/pdf

Assault, Simple

Simple assault is a form of interpersonal violence that involves the use of force to inflict injury or the threat of force to cause harm. The incidence of simple assault is reported in the National Crime Victimization Survey (NCVS), which is an annual survey conducted by the U.S. Census Bureau on behalf of the U.S. Department of Justice. The NCVS collects information on the crime experiences of persons, whether or not they report the incident to the police. The NCVS distinguishes simple assault from aggravated assault based on two criteria: (1) the use of deadly force, and (2) the seriousness of the injury. Hence, simple assault is an incident in which the attack did not involve the use of a weapon or in any other way was the attack considered deadly; and any injury incurred by the victim that required less than 2 days of hospitalization.

According to the NCVS, in 2004 there were an estimated 3.44 million simple assaults on persons age 12 and older. Of these, about 74% were without physical injury to the victim, with the remainder involving minor injury. The actual rate of simple assault per 1,000 persons was 14.3. Males have a higher rate (16.3) than females (12.3). Males are slightly less likely to be injured than females.

Like other crimes reported in the NCVS, the rate of simple assault has been on a steady decline. For example, the rate was 26.6 per 1,000 persons in 1996, and 20.8 in 1999. Throughout this downward trend, however, the proportion of simple assaults involving minor injury to the victim has remained relatively the same. As well, the rate of decline in simple assaults has been about the same for females and males. Finally, the percentage of simple assaults reported to the police is relatively constant, varying from 44.9% in 2004 to 37.3% in 1996. Female victims are more likely to say they reported an incident of simple assault than are males. Victims who suffered minor injuries, regardless of sex, also were more likely to report the event to the police.

There are some noticeable differences in the experience of simple assault by age, ethnicity, race, and sex. Males age 12 to 19 exhibit the highest rates of simple assault, followed by those 20 to 24 years of age, after which the rates rapidly decrease. The pattern for females is about the same; however, across all age groups, the rates are consistently lower for females.

For some years, the rate of simple assault for Black males exceeds the rate for White males, and at other times, the rate is higher for White males. The same pattern is true when comparing simple assault for White and Black females. Again, for both Blacks and Whites, rates of simple assault have declined. Finally, comparing rates by Hispanic and non-Hispanic status show few differences.

One of the larger statistical differences found in the NCVS is the percentage of simple assault victimizations involving strangers by the sex of the victim. It is far more likely that males than females will report being assaulted by a stranger. For example, the 2004 NCVS reports that nearly 54% of White males and about 48% of Black males were victimized by someone they did not know. In contrast, nearly 40% of White females and almost 30% of Black females said that their assailant was a stranger.

A second difference is in the rate of simple assaults by locality, which is broken into three groups: urban (metropolitan counties with a city of 50,000 or greater), suburban (contiguous counties economically and socially linked to the central city county), and rural (nonmetropolitan counties). Across sex, race, and Hispanic–non-Hispanic status, rates are generally the highest for respondents from urban locations. Rates for respondents from suburban counties are lower than urban rates, but higher than rates for those who live in rural areas. However, victimization rates for simple assaults are somewhat comparable for suburban and rural populations, and substantially higher for urban populations.

The FBI's Uniform Crime Reporting (UCR) Program does not include information for simple assaults within its various statistical tables summarizing "crimes known to the police." However, it does include information about the arrests of persons in the United States for simple assaults, of which there were nearly 1.3 million in 2004, for a rate of 438.6 arrests per 100,000 inhabitants. Arrest rates for simple assault, in concurrence with a downward trend in the NCVS victimization rate, have declined in recent years. For example, the arrest rate in 1995 was 496.5 per 100,000 inhabitants.

The Southern states show the highest rate of simple assault arrests, at 561.4 per 100,000 inhabitants. This rate far exceeds rates for the Midwest (428.3), the Northeast (369.0), and the West (359.1). Over the years, the UCR has consistently shown the South to have the highest arrest rates for simple assault. Arrests rates by police agencies from central cities (344.5), suburban areas (360.0), and nonmetropolitan counties (345.4) are nearly identical. The vast majority of simple assault arrests (about 75%) are of males. About one in five arrests are of persons under the age of 18.

Although simple assault may not result in serious physical injury to the victim, or involve deadly force, it remains a serious crime. For instance, according to the NCVS, the rate of simple assault in 2004 was the highest among all personal crimes, exceeding the rates for rape/sexual assault, robbery, aggravated assault, and purse snatching/pocket picking. There are more arrests made by law enforcement agencies for simple assault than for almost any other kind of crime, with the exceptions of drug abuse violations and driving under the influence, based on data from the UCR. Without a doubt, the psychological and social costs of simple assault to both the victim and society in general are significant.

Joseph F. Donnermeyer

See also Assault; Assault, Aggravated; Robbery

Further Readings

Federal Bureau of Investigation. (2005). *Crime in the United States*. Retrieved from http://www.fbi.gov/ucr/04cius

U.S. Department of Justice, Bureau of Justice Statistics. (2006). *National Crime Victimization Survey, 2004.* Retrieved from http://www.ojp.gov/bjs/pub/pdf/cvus.04/pdf

Assisted Suicide

Assisted suicide is the act of *indirectly* facilitating the death of another person per his or her request. The term is usually extended to describe physician-assisted suicide (PAS), which refers to a physician aiding a patient in taking his or her life, typically by prescribing a lethal dose of barbiturates. The physician may provide the means for suicide, while the patient is the one who actually performs the act (e.g., self-administers the medication). It is important to differentiate PAS from euthanasia, which occurs when a physician *directly* influences the death of a patient. There is significant controversy regarding whether assisted suicide constitutes interpersonal violence. Whereas some individuals have argued that assisted

suicide is, in fact, one form of potentially lethal violence, others have argued that it constitutes an act of mercy for individuals enduring substantial suffering with otherwise terminal illnesses.

With the legalization of PAS in the Netherlands, Belgium, Switzerland, and recently in the state of Oregon, assisted suicide has become a contentious topic that highlights moral and ethical questions that do not have clear answers. Conservative religious groups that oppose PAS argue that it is morally wrong to take one's own life. Those from the medical community who object to PAS claim that it violates a fundamental premise of the medical profession to heal and extend human life. The potential for certain groups of people (e.g., the disabled, the elderly) to be manipulated or coerced into PAS is another argument against decriminalizing the practice. This is a particular concern with the advent of managed health care and the fear that legalizing PAS would allow it to be misused in an effort to reduce health care expenditures associated with treating terminally ill patients.

Those who support PAS assert that people should have the ability to decide when, where, and under what circumstances they die. In this way, terminally ill people who have lost self-sufficiency and independence can still maintain a sense of autonomy. It is also argued that in some cases pain cannot be relieved with conventional pain management methods, and that PAS is a compassionate way to end intolerable suffering.

The most commonly cited reasons for requesting and utilizing PAS are unbearable pain, maintaining autonomy, losing control of bodily functions, loss of dignity, and decreased quality of life, though in most cases there is a combination of factors that motivate a patient to consider PAS. Although the literature on the association between clinical depression and requests for PAS is mixed, depression is not typically endorsed as strongly as other variables when opting for PAS.

Research suggests that underlying ethical beliefs regarding PAS govern both physicians' and the general population's attitudes toward when and under what circumstances PAS is appropriate and acceptable. Presently, the American Medical Association and the U.S. Supreme Court officially oppose PAS. Opinion polls given to the public and to medical professionals reveal that about half of both groups believe that PAS is ethically acceptable under certain circumstances, although support of PAS has been substantially lower when the issue has been subjected to a formal vote.

The Oregon Death with Dignity Act (ODDA) legalized PAS for citizens of Oregon. The ODDA has many guidelines and safeguards built in to ensure that patients are fully informed and are requesting PAS voluntarily and with rational judgment that is not impaired by a psychological disorder such as depression.

Despite the fact that the ODDA has various rules to protect against its misuse, PAS remains aggressively debated among the medical community, religious groups, and the general public. It will likely continue to be a highly controversial topic, as it is deeply intertwined with moral and ethical beliefs.

Meggan M. Bucossi and Gregory L. Stuart

See also Suicidality: Nomenclature; Suicide, Risk and Protective Factors: Individual Level

Further Readings

Oregon State Public Health, Department of Human Services. (n.d.). *Physician assisted suicide.* Retrieved September 20, 2006, from http://www.oregon.gov/DHS/ph/pas/

Rurup, M., Onwuteaka-Philipsen, B., VanDerWal, G., VanDerHeide, A., & VanDerMaas, P. (2005). A "suicide pill" for older people: Attitudes of physicians, the general population, and relatives of patients who died after euthanasia or physician-assisted suicide in the Netherlands. *Death Studies, 29,* 519–534.

Werth, J., Jr. (2004). The relationship among clinical depression, suicide, and other actions that may hasten death. *Behavioral Sciences & the Law, 22,* 243–253.

Westfield, J., Sikes, C., Ansley, T., & Yi, H. (2004). Attitudes towards rational suicide. *Journal of Loss and Trauma, 9,* 359–370.

Association for the Treatment of Sexual Abusers

The Association for the Treatment of Sexual Abusers (ATSA) is a nonprofit, international, interdisciplinary organization focused specifically on the prevention of sexual abuse through effective management of sex offenders. ATSA was founded to foster research, facilitate exchange of information, further professional education, and provide for the advancement of professional standards and practices in the field of sex offender evaluation and treatment. A voluntary membership

organization, the Association for the Treatment of Sexual Offenders has over 1,000 members representing a variety of fields, including psychology, psychiatry, social work, counseling, and corrections.

Formed by a small group of clinicians in Oregon, ATSA was incorporated in 1984. The mission of the organization is (a) elimination of sexual victimization, (b) protection of communities through responsible and ethical treatment of sexual offenders, (c) prevention of sexual assault through effective management of sex offenders, and (d) maintenance of high standards of professionalism and integrity within its membership.

To accomplish its mission, ATSA sponsors an annual 3-day conference plus a day of preconference clinics, publishes a professional journal, publishes practice standards and guidelines as well as a code of ethics, provides ATSA informational packages and ATSA task force reports, and supports state chapters. The ATSA Annual Research and Treatment Conference offers symposia, workshop presentations, poster sessions, discussion groups, and advanced clinics relating to issues in both victim and perpetrator research and treatment over a 3-day period. The conference format facilitates interaction with and learning from some of the most advanced practitioners in the field of sexual abuse. In addition, ATSA offers a selection of intensive half-day and full-day preconference clinics designed to provide extensive training and skills enhancement.

The official journal of the Association for the Treatment of Sexual Abusers, *Sexual Abuse: A Journal of Research and Treatment* (formerly *Annals of Sex Research*), is published quarterly by Springer. The journal provides a forum for the latest research and scholarly reviews of both clinical and theoretical aspects of sexual abuse, and it is the only professional journal to focus exclusively on articles related to sexual offending. This respected, peer-reviewed quarterly presents studies encompassing the assessment and treatment of the sexual offender and the effects of sexual abuse on victims and families.

ATSA develops and publishes ATSA Informational Packages on important aspects of assessment, treatment, and research related to sexual offenders, such as risk assessment. ATSA also develops and publishes ATSA Task Force Reports on such critical topics as children with sexual behavior problems. The ATSA Standards and Guidelines and the companion document, the ATSA Code of Ethics, are provided as a benefit of membership and are available for purchase by nonmembers.

The organization now has active state chapters in some 25 states, and the state chapters play a critical role in ATSA's efforts to meet the professional needs of its members. Each state chapter typically meets monthly to offer training and opportunities for peer networking. Some chapters also sponsor state or area conferences to provide additional training and networking opportunities.

Regular membership in ATSA requires one of the following: (a) a master's degree or above in the behavioral or social sciences and a minimum of 2,000 hours providing direct clinical services to individuals who have engaged in sexual offending behavior; (b) a master's degree or above and a minimum of 2,000 hours of research specific to issues related to sexual offending; or (c) engagement in 2,000 hours of work specifically related to sexual abuse prevention or to the management of individuals who have engaged in sexual offending behavior. Other categories of membership for those with somewhat less experience in the field include clinical associate, research associate, affiliate, and student.

C. Terry Hendrix

See also American Professional Society on the Abuse of Children; Child Sexual Abuse; Clergy Sexual Abuse; Developmentally Disabled Sex Offenders; Fathers as Perpetrators of Child Maltreatment; Female Perpetrators of Violence Against Children; Investigative Interviewing of Offenders; Pedophilia; Professional Journals on Child Maltreatment; Professional Journals on Victimization; Risk Assessment

Web Sites

Association for the Treatment of Sexual Abusers: http://atsa.com/

ATHLETES/ATHLETICS

Athletes and athletics have a prominent position in the American social world, and discussions of athletes and violence have been going on for decades. There are wide-ranging views on whether athletics promotes or controls violent and transgressive behavior among its participants and the larger society. Anecdotally, Americans are seemingly inundated with reports of

athletes behaving badly, especially as this behavior relates to charges of athletes and violence. Recent examples of athletes alleged to have participated in violence include Michael Vick, Adam "Packman" Jones, Kobe Bryant, Brett Myers, Al Unser, Jr., Michael Strahan, John Daly, Patrick Roy, Mike Tyson, Jose Canseco, Mark Chumra, Jason Kidd, Lawrence Phillips, and, of course, O. J. Simpson. These names and their respective incidents roll off the tongue. And athletics draws the public attention in unique and passionate ways.

The stories are well known, and for many they serve to reinforce the notion that the United States's sporting heroes are disproportionately violent and transgressive, as well as the belief that, at the very least, athletes are privileged and arrogant and lack values, judgment, and humility. For these folks, athletics promotes violence in sports and in the larger society. They point to the exulted social status of athletics and believe that athletics serves a negative social-norming function in society promoting violence.

Still others believe that athletics and incidents of athletes behaving badly are a reflection of the problems of the larger society, with the main difference being that when an athlete commits a crime it becomes front-page news. They point to staggering numbers of violent incidents in society at large and believe focusing on only athlete-perpetrators is akin to someone not being able to see the forest for the trees. They plead for a more global focus on the causes and predictors of violence and for avoiding simplistic and minimizing explanations that dismiss a significant social phenomenon as only an athletics problem.

To date, there is no clear empirical or theoretical consensus on this issue. Limited studies have been completed focusing on athletics and violence, with inconsistent results. The current research on athletes and violence is limited with regard to the conclusions that can be drawn from it. Research results have been mixed at best and call into question longstanding assumptions about the connection between violence and sport. A range of studies that utilize qualitative and quantitative methods to compile data are needed to more clearly understand these issues.

In considering research on athletics and violence, one must examine differences between athletes' and nonathletes' perpetration of violence. Pointedly, are there unique aspects of the athletic experience that cause male athletes to be violent? Or is this a sizable social problem that is highlighted by the status and visibility of some male athletes?

Violence Defined

In looking at the connection between athletes and violence, defining these terms is important. Violence is generally defined in this context as physical assault with intent to injure. There are some who define violence more broadly and include verbal and emotional aggression as violence along with physical acts. The common thread in defining these actions as violence is the intent to harm, intimidate, or injure.

Off-Field and On-Field Violence

Off-field and on-field violence provide another area of distinction. On-field violence includes rules violations, such as physical fighting (except in boxing and martial arts competitions). Examples include bench clearing brawls in baseball, hitting with a helmet with intent to injure in football, or fighting as strategy in ice hockey. These types of rules violations occur regularly during competition. Off-field violence refers to violence perpetrated in an athlete's social or personal life. Examples include domestic violence and fighting at a party or social club. The research on these types of violence is generally anecdotal and involves more journalistic elements than empirical elements.

Types of Sports and Violence

There are different types of sports that people refer to when initiating arguments about violence and sport. There are youth sports, women's sports, revenue-producing sports, Olympic sports, professional sports, recreational sports, and more. The majority of the discourse on violence and sport involves revenue-producing sports, such as football or men's basketball at the collegiate level and the dominant men's professional sports such as football, basketball, and, to a lesser degree, NHL hockey and professional baseball.

Race, Gender, and Socioeconomic Factors

Many sociologists and others see real danger in the terminology used to describe violence in certain sports. For example, the term *athlete in revenue-producing sports* can be seen as underscoring a stereotype given the disproportionate representation of athletes of color in those sports. The concern is that some of these titles have become code for saying

Black men are the real problem. Others argue that treatment should be color-blind, and if an athlete is violent, he should have to pay for his crime. Studies in the United States and Canada have shown that an athlete's position in the most popular sports is a more consistent variable than race in gauging violent and transgressive behavior.

Men's elite and most popular sports are overwhelmingly seen as violent when compared with other men's sports and female sports. Just as there is a distinction between men's sports, there is a greater distinction between men's and women's sports. Thus, gender has a dramatic empirical impact when discussing violence and sports. Many researchers argue that the power men's sports, which vary by culture, provide us with a critical clue. They argue that males who adhere to rigid gender roles exercise themes of dominance and control on-field and off-field and feel entitled to do so.

Fan Violence in Sport

Fan violence in athletics is generally understood as contextually situated around political, historical, geographical, situational, and socioeconomic factors. The type of athletics, level of competition, perceived meaning(s) by the participating communities/countries, and unique characteristics of a particular event can impact the potential for fan violence. There are examples of fan violence from youth sports through professional sports. There are examples of rioting and looting after victories and defeats. Many argue that fan violence is best understood as a gang mentality, while others believe there are larger factors at play that inform the dynamics in a stadium.

There is a tendency to overgeneralize the connection between violence and sport. This can lead to a false understanding and negative connotation of athletics. Some researchers have argued that sports build character and instill discipline and life skills, while others see sports as promoting violence and reinforcing negative actions such as power and domination over another. Athletics is not an isolated social event that occurs in a vacuum; rather, athletics and its participants are part of the social structure.

Jeffrey O'Brien

See also Athletes/Athletics and Sexual Violence; Athletes/Athletics and Violence in Sport

Further Readings

Coakley, J. J. (1998). *Sport in society: Issues and controversies* (6th ed.). New York: McGraw-Hill.

Crossett, T. (2000). Athletic affiliation and violence towards women: Toward a structural prevention project. In J. McKay, M. Messner, & D. Sabo (Eds.), *Masculinities and sport*. Thousand Oaks, CA: Sage.

Eitzen, D. S. (1996). *Sport in contemporary society.* New York: St. Martin's Press.

Messner, M. (2002). *Taking the field: Women, men, and sports.* Minneapolis: University of Minnesota Press.

Athletes/Athletics and Sexual Violence

Since the early 1990s, increased media attention on sexual assaults involving widely known athletes has led many people to assume that male participation in college and professional sports is a key risk factor associated with rape and other forms of woman abuse. However, social scientific research has not yet found strong evidence indicating that being a professional athlete increases the likelihood of a man sexually assaulting female intimates, acquaintances, or strangers. Still, a growing body of empirical work reveals a relationship between participation in National Collegiate Athletic Association Division I sports and sexual assault. Even so, not all male members of college athletic teams are at equal risk of being sexually abusive. For example, golfers, tennis players, and figure skaters are less likely to victimize women than are basketball and football players.

Many of the same factors that affect fraternities are important with men involved in highly aggressive sports, such as football: the male bonding that leads to the objectification of women, homophobia, the tight vows of secrecy that prevent exposure, and the victim blaming that allows even public cases to be ignored. Another factor that warrants careful attention is the coach. For example, there are coaches who emphasize that the worst thing that a male athlete can do is to develop what they regard to be feminine traits.

As Martin Schwartz and Walter DeKeseredy point out in their 1997 book *Sexual Assault on the College Campus: The Role of Male Peer Support,* the training of a sports team to sacrifice everything to a group goal, and to immediately accept the complete authority of

the leaders, may make some athletes unable to disagree with a group's goal, even if that goal is illegal, dangerous, or immoral. The male bonding in these groups of athletes, who work, live, and play together every day for years, can be very powerful. It starts with the peer group values on athletic teams, values that encourage athletes to treat women as objects of conquest. This group bonding can be so strong that such men are willing to take part in rape, or to observe rape, or at least to take part in a cover-up, because the alternative is to go against the group. It becomes more important to be part of the group than it is to do the right thing. This is why, many argue, so many "good" young men can take part in a gang rape, or stand and watch a woman being held down and raped in a dormitory room while she screams, or just brush off hearing about such an event the next day without even considering taking any action against it.

What makes college athletic teams special is that so many people have a strong vested interest in seeing the charges dropped or criminal behavior covered up. For example, in some cases that go to trial, jurors will acquit athletes rather than ruin the upcoming sports season. Under the best of circumstances, sports researchers argue, athletes feel that they are above the law and that the rules do not apply to them. Too often they are right. To fans, many students, professors, administrators, and some of North America's most influential sports writers, they *are* above the law.

Like most of the empirical and theoretical work on sexual assault on the college campus, the bulk of the research on athletes and sexual violence takes the view that male athletes only become abusive when they enter college. However, a few studies show that high school boys can be as violent as or more violent than college men and be in fact headed off to college looking for mechanisms that will support their violent behaviors and sexist attitudes. Still, at the time of writing this entry, only one study was published in a scientific journal that focused on the relationship between high school sports participation and sexual assaults committed by college men. A survey conducted by Forbes, Adams-Curtis, Pakalka, and White found that college men who participated in aggressive high school sports were more sexually abusive, had more sexist attitudes, were more accepting of rape myths, and were more homophobic than other men. Indeed, this study strongly suggests that many men arrive at college fully prepared to abuse women with no learning required.

Obviously, members of various male athletic teams are at high risk of committing sexual assault. However, given survey research showing that sexual abuse and other forms of woman abuse are widespread on North American college campuses, it is logical to conclude that these behaviors are not unique to athletes who participate in aggressive sports. In fact, a growing body of proabuse male peer support research shows that athletes are just one part of a larger culture that views woman abuse as a normal and legitimate way of interacting with women. Nevertheless, further research on the relationship between sports participation and sexual violence is necessary, including gathering data from larger and more representative samples of college students. Moreover, there is a need for theory construction and testing. Regardless of what new empirical and theoretical directions researchers take, there are many other groups of sexually violent men on campus and elsewhere who warrant significant scholarly, media, and political attention.

Walter S. DeKeseredy

See also Athletes/Athletics; Date and Acquaintance Rape; Male Peer Support, Theory of

Further Readings

Benedict, J. (1997). *Public heroes, private felons: Athletes and crimes against women.* Boston: Northeastern University Press.

Benedict, J. R. (1998). *Athletes and acquaintance rape.* Thousand Oaks, CA: Sage.

Forbes, G. B., Adams-Curtis, L. E., Pakalka, A. H., & White, K. B. (2006). Dating aggression, sexual coercion, and aggression-supporting attitudes among college men as a function of participation in high school sports. *Violence Against Women, 12,* 441–455.

Schwartz, M. D., & DeKeseredy, W. S. (1997). *Sexual assault on the college campus: The role of male peer support.* Thousand Oaks, CA: Sage.

Athletes/Athletics and Violence in Sport

Physical aggression, conflict, and violence have long been inherent elements of sporting endeavors, dating

back to Roman and medieval contests such as gladiatorial sports, chariot races, and jousting. Current anecdotal and empirical evidence suggests a link between participating in aggressive contact sports and an increased risk of using violence both in and outside of sporting events. In high-contact sports, such as rugby or American football, rough physical exchanges are integral to the game and may contribute to a team's likelihood of winning, thereby increasing the appeal of aggressiveness. Other sports can be characterized as rule-bound fighting, such as boxing and wrestling. As inherently competitive undertakings, games and matches often inspire intense rivalry and conflict between athletic opponents that can involve physical intimidation and altercations. Athletes in sports characterized by tacit or overt support for verbal and physical intimidation during sporting contests may be at risk for having these behaviors spill over into other arenas of their lives, such as intimate relationships. The vast majority of research on violence in athletics involves male athletes, and high-contact sports such as American football, ice hockey, basketball, rugby, lacrosse, and wrestling are dominated by and nearly exclusively involve men. Therefore, this discussion will focus on violence among male participants in these sporting categories.

Violence During Sporting Events

In a widely cited attempt to categorize types of violence in sports, Michael Smith identified four levels of sports-related violence. The least extreme level is *brutal body contact,* which is the "legal" contact considered to be inherent in the game, such as tackling in American football or punching in boxing. The second level is *borderline violence,* which is contact that may breach the official rules of the sport, but which is still widely accepted and rarely criminally prosecuted or even penalized during the game itself. Examples might include side-line scuffles or throwing elbows during basketball or soccer. *Quasicriminal violence* is aggression that breaks game rules, tacit codes of conduct, and often criminal laws, and can result in serious injury, such as a vicious late hit or a sideline attack with a hockey stick. Finally, *criminal violence* is severe aggression by athletes during or after sporting events (such as postgame attacks on rival players or coaches) that results in critical injuries or death and often culminates in criminal prosecution.

The prevalence of nonsanctioned aggression during sporting contests is difficult to quantify. Evidence suggests that a majority of coaches and players view instances of verbal intimidation as a widespread problem in sports, and that over one third of coaches feel that athlete violence has reached problematic levels. Across studies, researchers estimate that aggression in the context of sports events constitutes between 10% and 15% of all violence depicted on television.

Athletes' Violence off the Playing Field

Most studies of athletes' aggression outside of sports events examine the behavior of adolescent and college-age competitors. Male participation in high-contact athletics appears to be associated with an increased risk for non-sports-related aggression, such as fighting or hurting friends or peers. Male athletes may also be at increased risk of other nonviolent antisocial behavior, such as vandalism or theft. Further, entry into aggressive sports can be associated with an increase in violent conduct among boys.

Other evidence suggests that mere participation in athletics does not, by itself, increase the likelihood of aggression, but that the characteristics and norms of particular sports teams and/or athletes themselves may ameliorate or exacerbate risk for violence. Athletes who endorse toughness as desirable; who identify with rigid, stereotypic notions of masculinity; who use alcohol excessively; and/or who have engaged in on-field violence are at greater risk of generalized aggression outside of sports events. Further, coaches who emphasize and reward extreme aggression or toughness increase the likelihood of violent behavior among their athletes. Older players and participants on more skilled, select teams are more likely to use or endorse the use of violence. These factors may be of more importance in determining risk for aggression than is membership on an athletic team.

Athletes and Violence Against Women

Extensive attention has been paid to sexual and physical violence against women by male athletes. On an anecdotal level, mass media accounts are replete with stories of professional athletes who have been accused of or charged with physical or sexual assaults against their female partners or acquaintances. Indeed, college athletes are overrepresented among defendants in

sexual assault complaints filed with campus judiciary systems, and participation in "aggressive" sports such as football or wrestling is related to both self-reports of sexually aggressive behavior and to physical aggression with a female partner among some high school and college-age men. Athletic participation is also associated with increased levels of rape myth acceptance and endorsement of interpersonal violence.

Similar to more generalized violence off the playing field, however, the relationship between athletic participation and violence against women may be impacted by additional factors. The connection between athletic team membership and aggression toward women tends to diminish once factors such as attitudes, problem drinking, and perceived male support for aggression have been accounted for. Thus, binge drinking, the degree to which males endorse attributes of "traditional" masculinity (such as toughness, dominance, and sexual prowess), and norms of disrespect for women among peers may be more critical determinants of a male's risk for intimate aggression than whether or not he participates on a particular athletic team.

Theories of Violence and Sport

Although the relationship between sports and violence is likely complex, theoretical explanations for the link tend to fall along two lines. Invoking cultural spillover theory, Gordon Bloom and Michael Smith have suggested that sports can become arenas in which violence is legitimated and rewarded, increasing the likelihood that the use of violence is perceived to be acceptable and will subsequently spill over outside the sports arena into public and private settings. Violence and aggression in sports may be glorified and supported in multiple ways. Excessive roughness or intimidation during a game may increase an athlete's or team's chance of winning, reinforcing the strategic value of violence. Athletes report that extreme toughness is sometimes encouraged by coaches and modeled by teammates, and that status and perceptions of competence may be conferred on team members who are willing to use excessive force or to fight. Fans and the media may also contribute to an athletic atmosphere in which violence becomes normalized and legitimized. Research suggests that, in addition to the action and display of athletic skills, the opportunity to view violent incidents is a top reason that viewers tune into televised sports. Violent incidents during games may get as much or more media air time than the outcome of sporting events. Taken together, these multiple reinforcers for aggressive behavior during competition may increase an athlete's sense of entitlement to the use of force or violence in other contexts.

The second explanation focuses more specifically on the role of masculinity both in athletic participation and in aggression. Sports have been identified as an arena in which boys are socialized into and can demonstrate stereotypical traits associated with masculinity, such as dominance, achievement, toughness, rejection of anything perceived to be feminine, and suppression of emotion. Participating in all-male high-contact sports can serve both to expose boys and men to hypermasculine attitudes and beliefs and to provide them with an acceptable outlet to display traditional masculinity. Although certainly not universal, athletes report that coaching and training may be infused with "masculine" injunctions to "tough it out," as well as sexist or homophobic insults comparing failure to being feminine or gay. Given the longstanding connection between adherence to traditional norms of masculinity and the risk for interpersonal violence, athletic teams that particularly reinforce narrow conceptions of masculinity, and that couple notions of masculinity with violence, may exacerbate risk for aggression among their male players.

Erin A. Casey

See also Athletes/Athletics; Athletes/Athletics and Sexual Violence; Masculinities and Violence

Further Readings

Bloom, G. A., & Smith, M. D. (1996). Hockey violence: A test of the cultural spillover theory. *Sociology of Sport Journal, 13,* 65–78.

Forbes, G. B., Adams-Curtis, L. E., Pakalka, A. H., & White, K. B. (2006). Dating aggression, sexual coercion, and aggression-supporting attitudes among college men as a function of participation in aggressive high school sports. *Violence Against Women, 12,* 441–455.

Smith, M. D. (1983). What is sports violence? A sociolegal perspective. In J. H. Goldstein (Ed.), *Sports violence* (pp. 33–45). New York: Springer.

Young, K. (2000). Sport and violence. In J. Coakley & E. Dunning (Eds.), *Handbook of sports studies* (pp. 382–407). Thousand Oaks, CA: Sage.

Attachment Disorder

The attachment disorder diagnosis has evoked a great deal of controversy in both scientific and clinical circles. While some academics and diagnosticians would contend that the existence of the disorder itself has not even been empirically validated, other clinical groups claim ardently that they can assess and treat the devastating, almost intractable pattern of behaviors they say are indicative of an attachment disorder. The writings of the first camp, composed primarily of academics, are found almost entirely in peer-reviewed academic journals (largely inaccessible to the broader public), while the writings of the second camp, who claim to treat attachment disorders, can be easily found on the Internet, in parenting books, and through parenting support groups. Following is an overview of the conceptual origins of attachment theory, followed by a description of the formal diagnostic criteria for the reactive attachment disorder of infancy and early childhood, a description of therapeutic approaches, and, finally, a summary of the best practices for assessment and treatment.

Attachment Theory: Conceptual and Empirical Origins

John Bowlby was the original pioneer of attachment theory. He proposed that infants are biologically predisposed to stay close to their parent figures to ensure survival. The attachment system was seen as representing a balance between exploration (for growth and development) and proximity seeking (for safety and emotion regulation). Mary Ainsworth and her colleagues identified individual differences in attachment behavior patterns in infants, first through observations, and later with a structured task called the "Strange Situation." According to research, a secure infant will easily communicate to the caregiver a desire for closeness or contact when needed and is then able to go back to exploring the environment. Insecure infants either show little or no desire for closeness, contact, or interaction (insecure-avoidant pattern) or, conversely, display resistant or ambivalent behaviors when under stress (insecure-ambivalent pattern). Both of these insecure patterns can be seen as risk factors for later social development when they occur along with other risk factors. More recently, the disorganized/disoriented infant attachment category was identified. Disorganized infants showed inexplicable and bizarre patterns of behaviors in the presence of their caregivers when under attachment-related stress and did not appear to have an organized strategy for coping with the stress of the situation. Abused infants or infants whose caregivers struggle with unresolved trauma or loss are more likely to be disorganized with respect to attachment. Disorganized attachment in infancy and early childhood is associated with later emotional, relational, and psychological disturbances.

Reactive Attachment Disorder: Diagnostic Criteria

Reactive attachment disorder (RAD) of infancy or early childhood is defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM–IV*) as "markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before five years of age." There is a disinhibited subtype, which is represented by indiscriminant sociability (the child lacks clear attachment behavior to the caregiver, is overly familiar and friendly to strangers, may have boundary disturbances). The other subtype of RAD is characterized by excessively withdrawn, disturbed, hypervigilant, or contradictory responses in place of attachment behaviors. There is a clear presumption that experiences of "pathogenic care" (e.g., abuse, neglect, disruption) are responsible for the social relatedness difficulties. The *DSM–IV* offers little description of other behavioral correlates of RAD. The RAD diagnosis is arguably one of the least investigated and empirically validated diagnoses in the *DSM–IV.*

Features of RAD have been observed in samples of institutionalized young children, as well as in samples of abused and maltreated infants and toddlers. What is less clear is how these children look as they develop into middle childhood and adolescence and how to assess for the presence of attachment disorders in these older age ranges. At this time researchers do not have the empirical evidence needed to validate and operationalize the presence of attachment disorders in older children. Nonetheless, frontline workers who encounter children with attachment difficulties maintain clearly that these significant difficulties in attachment persist over development.

Attachment Therapy and Other Controversial Approaches

Several popular attachment treatment centers in North America have proclaimed that they have a treatment protocol to treat children with attachment disorders; their message is that their treatments will succeed where conventional treatments have failed. Much of the popular literature and many Web sites have originated from these centers. Children referred to in this literature as having an "attachment disorder" are diagnosed as having attachment disorders due to the presence of specific and severe behavioral and interpersonal problems. The difficulty is that there are no studies proving that young children diagnosed with RAD do develop these sets of behavioral disturbances. There is no doubt that a history of very difficult and traumatic early childhood experiences can lead to behavioral and emotional problems, but whether these difficulties are attributable to an attachment disorder rather than something else (e.g., posttraumatic stress disorder, neurological disruptions) remains to be seen.

Many of the treatment centers described above utilize some variant of holding therapy as part of the treatment for attachment disorders. There are several types of holding therapies, but the approach generally involves close physical contact with a therapist, and touch and eye contact are strongly encouraged. Some practices are more intrusive and coercive than others. As summarized by Thomas O'Connor and Charles Zeanah, holding therapies run counter to the central tenets of attachment therapy (which support nonintrusive responsiveness to child cues) and can be risky and even dangerous when used inappropriately and/or with a vulnerable and traumatized child. Other controversial treatments that have been proposed have included paradoxical measures and approaches aimed at promoting unconditional compliance. In the United States there have been several reported deaths of children that are thought to be related to holding therapy and its variants. According to the American Academy of Child and Adolescent Psychiatry, coercive treatments are not recommended for children with attachment disorders.

Best Practices for Assessment and Treatment

Experts agree that the best practice for assessing attachment disorders and disturbances is to create a multimodal and comprehensive assessment protocol. Included in the assessment with a younger child should be a structured observation of attachment behaviors, ideally, using a one-way mirror and a variety of tasks such as a separation-reunion and a challenging task. The observation should be set up such that the child's behavior with a stranger can be observed in contrast with his or her behavior with the caregiver. With an older child or adolescent, social cognitions and attachment representations are largely assessed using narrative and interview methods. In addition to these direct relational assessments, questionnaire and interview methods are recommended to determine the presence of social, emotional, and behavioral concerns across different contexts and from different perspectives. A developmental history interview should include specific questions pertaining to the first 5 years of life; the presence of abuse, neglect, or other attachment-related traumas; and the presence of inhibited or undifferentiated attachment behavior patterns. Zeanah and his colleagues have created and validated a structured interview for assessing these behavior patterns in the young child.

There is some research to establish best practices for treatment when the child is an infant, toddler, or very young child. Generally, dyadic therapy, where the focus of the therapy is on enhancing interactions between caregiver and child, is seen as most appropriate for the treatment of attachment disorders in infancy and early childhood. The caregiver is supported in being a secure base for the troubled child, and responding to the child's attachment needs and signals, even when these are difficult to read and obscured by behaviors and contradictory cues. There is little empirically validated research on the treatment of attachment disorders in middle childhood and adolescence. That said, using interventions aimed at establishing a safe attachment relationship for the child when none exists, intervening in existent disturbed attachment relationships with caregivers, and providing support for stressed caregivers are generally seen as best practices for intervention with this group.

Carey Anne DeOliveira

See also Child Neglect; Child Sexual Abuse; Complex Trauma in Children and Adolescents; Nonoffending Parents of Maltreated Children

Further Readings

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Boris, N., et al. & the American Academy of Child and Adolescent Psychiatry (AACAP). (2005). Practice parameter for the assessment and treatment of children and adolescents with reactive attachment disorder of infancy and early childhood. *Journal of the American Academy of Child and Adolescent Psychiatry, 44*(11), 1206–1219.

Haugaard, J. J., & Hazen, C. (2004). Recognizing and treating uncommon behavioral and emotional disorders in children and adolescents who have been severely maltreated: Reactive attachment disorder. *Child Maltreatment, 9*(2), 154–160.

O'Connor, T. G., & Zeanah, C. H. (2003). Attachment disorders: Assessment strategies and treatment approaches. *Attachment and Human Development, 5*(3), 223–244.

Zeanah, C. H., & Boris, N. W. (2000). Disturbances and disorders of attachment in early childhood. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (2nd ed., pp. 353–368). New York: Guilford Press.

B

Battered Child Syndrome

C. Henry Kempe and his colleagues provided the first comprehensive description of child physical abuse in the seminal 1962 paper titled "The Battered-Child Syndrome." According to Kempe, battered child syndrome (BCS) is the clinical evidence of injuries resulting from nonaccidental trauma in children, usually perpetrated by a parent or caretaker. In general, the explanations given for the injuries are improbable. Victims of BCS are usually very young and frequently exhibit signs of chronic neglect, such as malnutrition. Kempe illuminated the gravity of the problem by assigning physical child abuse a name and providing data on the prevalence, etiology, and consequences of child battery. Subsequently, the trauma resulting from physical child abuse became known as the battered child syndrome.

The abuse that causes BCS is often chronic in nature and directed at children under the age of 3, although the syndrome can be evident after a single incident and in children of any age. The symptoms of BCS vary considerably depending on the severity and method of abuse. Characteristic injuries include bruises, burns, fractures, and head trauma, as well as retinal damage resulting from the child being shaken. Since children are often handled by their arms and legs, injuries to the appendages are prevalent among battered children. Less frequently, children may be deliberately exposed to or made to ingest toxins. Severe abuse can lead to brain damage, disability, and death. Evidence of multiple injuries in various stages of healing is likely indicative of chronic abuse, and is often detected through radiographic investigation.

Regardless of the type of trauma sustained, a hallmark feature of BCS is that the child's injuries are incongruent in nature and severity with the alleged source of the trauma (e.g., a bruise from a "fall" shaped like a hand). A delay in seeking medical attention for the child may also signal maltreatment. Victims of chronic abuse may be malnourished, have poor hygiene, and display a general failure to thrive as a result of ongoing neglect by their parents or caretakers. Allegations of BCS generally elicit adamant denial of any wrongdoing by the perpetrator or others aware of the abuse. Thus, health care workers should pay particular attention to any inconsistencies in the medical history and document any evidence of potential abuse. If no new injuries appear while the child is hospitalized, the diagnosis of BCS may be strengthened. While doctors and other professionals can be instrumental in identifying and preventing BCS, they may also inadvertently act as barriers to intervention through a reluctance to believe that the parent or caretaker would deliberately hurt the child; such denial may prevent them from making the correct diagnosis and effectively intervening. Although traditionally defined in terms of physical symptoms, BCS has also been associated with emotional and behavioral problems in victimized children that may last long after the physical abuse has ended.

Research suggests that people with high impulsivity and poor anger regulation often perpetrate the violent acts that cause BCS during episodes of rage or frustration. The perpetrators tend to be emotionally unstable and often were victims of childhood abuse. Parents

who hurt their children are more likely to be substance abusers, have low intelligence, and possess antisocial or psychopathic traits, relative to nonabusive parents. Children resulting from unwanted pregnancies are at a greater risk of being mistreated than children resulting from planned pregnancies. Research also suggests that BCS may be more common in families of lower socioeconomic status, possibly because of additional parental stress due to a lack of support and resources. It is important to note, however, that BCS impacts families from all socioeconomic backgrounds.

Once BCS is identified, securing the child's safety is of paramount importance. This generally means placing the child in protective care while both the parents and children obtain appropriate psychological and medical treatment. Frequently, criminal charges will be filed against the abuser. Intervention should include addressing any psychological, social, and behavioral factors contributing to the abuse. Success in preventing future abuse largely depends on the abusers' willingness to attend and comply with treatment. Children should be returned to the home only if and when the environment is determined to be safe; extreme caution is warranted given the potentially catastrophic consequences for the child. Providing interventions to people at risk for perpetrating violence, such as those with personal histories of abuse, unstable living situations, and/or substance abuse problems, and those who demonstrate a lack of care for their child, may be helpful in preventing BCS.

Katherine W. Follansbee and Gregory L. Stuart

See also Shaken Baby Syndrome

Further Readings

Kempe, C. H., Denver, F. N., Cincinnati, B. S., Droegemueller, W., & Silver, H. K. (1962). The battered-child syndrome. *Journal of the American Medical Association, 181,* 17–24.

Leventhal, J. M. (2003). Test of time: "The battered-child syndrome" 40 years later. *Clinical Child Psychology and Psychiatry, 8*(4), 543–545.

Battered Woman Syndrome

The scientific evidence supporting testimony about battering and its effects continues to develop, as has the approach to expert testimony that rests upon it. Originally coined by Lenore Walker, *battered woman syndrome* (BWS) is a term used in the legal system. However, it is neither a legal defense nor a psychiatric diagnosis. Although the term *BWS* brought considerable attention to the plight of battered women, a number of factors limit its utility. Testimony about battering and its effects was introduced in the 1970s in a landmark case involving a defendant who was eventually acquitted of killing her husband. Since that time, there has been an explosion of empirically based knowledge and information about the nature of domestic violence and its effects on both adult victims and their children who witness it.

Legal definitions of BWS vary across jurisdiction. When BWS is defined as a subcategory of posttraumatic stress disorder (PTSD), it fails to explain many facets of battered women's strategic and psychological responses to violence. This leaves the judge and jury with less than adequate information on which to base their decisions. Although a substantial body of research indicates that PTSD is common following domestic violence victimization, many abused women exposed to great danger do not exhibit these symptoms.

An explanation for various questions presented to an expert witness relies on evidence concerning the ecological context of the defendant's life, including the abuser's pattern of violence over time, prior strategies used to deal with the violence, the effectiveness of those strategies including others' responses, and available resources. The victim's mental (and physical) state is important, but notably, PTSD is only one aspect of it.

Regina Schuller and her colleagues have shown that mock jurors evaluated the defendant as more psychologically unstable when an expert relied upon BWS rather than social framework testimony, thus enforcing a stereotype of the battered woman that diverges considerably from the perspective of a battered woman as one whose actions are a logical culmination of the circumstances to which she has been exposed. In sum, BWS is not adequate as a framework for understanding a battered victim's actions. Alternatively, social framework analysis focused on the circumstances of battering and its effects roots expert testimony in the continually developing scientific evidence in the field.

Mary Ann Dutton

See also Battered Women; Legal System, Criminal Justice System Responses to Intimate Partner Violence; Posttraumatic Stress Disorder

Further Readings

Dutton, M. A. (1997). Battered women's strategic response to violence: The role of context. In J. L. Edleson & Z. C. Eisikovits (Eds.), *Future interventions with battered women and their families* (pp. 105–124). Thousand Oaks, CA: Sage.

Osthoff, S., & Maguigan, H. (2005). Explaining without pathologizing. In R. Loseke, R. J. Gelles, & M. M. Cavanaugh (Eds.), *Current controversies on family violence* (pp. 225–240). Thousand Oaks, CA: Sage.

Schuller, R., Wells, E., Rzepa, S., & Klippenstine, M. A. (2004). Rethinking battered woman syndrome evidence: The impact of alternative forms of expert testimony on mock jurors' decisions. *Canadian Journal of Behavioural Science, 36*(2), 127–136.

Battered Women

Domestic violence in the United States is a widespread and serious public health problem. The term *battered women* is still in use, but in many academic circles has been largely replaced by the more inclusive terms *intimate partner violence victims* and *intimate partner violence survivors*. This entry explores the definitions of battering as applied to women with an emphasis on heterosexual women; provides some historical perspective on the issue; cites a few of the statistical findings, causes, and effects of battering including effects on children; and ends with a brief comment on response and prevention.

Definitions

The notion of a "battered woman" derives from the criminal violation known as *battery,* or the willful or intentional touching of a person against that person's will by another person, or by an object or substance put in motion by that other person. Other terms that are currently used to refer to such activity include *domestic violence, wife abuse, spousal abuse, family violence,* and *intimate partner violence.* In many cases, the two terms *family violence* and *intimate partner violence* have taken the place of *battery,* and victimized individuals are referred to as *victims* or *survivors* rather than *battered women,* a term that in its emphasis on physical violence fails to entirely capture the various ways in which intimate partners of either gender can be manipulated and abused in heterosexual and homosexual relationships.

In 1979, psychologist Lenore Walker interviewed 1,500 women who were victims of abuse perpetrated by their spouse and noticed that they all described a similar pattern that she called the "Cycle of Violence," which begins with a positive relationship that becomes filled with tension for any variety of reasons that eventuates in a battering incident on the part of the husband in order to exert power and control. After the incident, the man feels guilty and apologizes, but continues to attribute the cause of the violence to his wife's behavior or flaws. In typical cases of what Walker described as *battered woman syndrome* (BWS), the severity of the abuse escalates over time while both partners deny the severity of the abuse and are convinced that each episode is a separate and isolated event. As the abuse escalates, the husband stops apologizing for the behavior and becomes increasingly violent while his partner becomes increasingly depressed, fatalistic, self-blaming, helpless, and hopeless, developing a sense of personal entrapment and rejecting help from others. The preexisting personality of the woman does not appear to be a major factor in the development of BWS.

In the battering relationship, the physical violence may take many forms, including pushing, shoving, slapping, punching, kicking, choking, assault with a weapon, holding, tying down, restraining, or other efforts designed to restrict the woman's freedom, or refusing to help a woman who is sick or injured. However, physical violence in such relationships is usually preceded by various forms of coercion that give way to emotional abuse and sexual abuse as a means of controlling the woman through fear and degradation. These may include the following: stalking; threats of harm to the woman, her friends and family, or her pets or property; physical, social, and financial isolation of the woman from other significant relationships; extreme jealousy and possessiveness; forcing the woman to perform sexual acts against her will; pursuing sexual activity when she is not fully conscious or refuses consent; hurting the woman physically during sex or assaulting her genitals; coercing the woman to have unprotected sex.

Historical Perspectives

The battering of women can only be fully understood within a sociopolitical context that explores the status of women's rights throughout time. Not until the mid- to late 19th century did women acquire significant legal rights in the United States, and it was not until

1920 that women in the United States could even vote. Before women achieved suffrage, married women were largely considered to be a form of marital property, while separated and divorced women were even more vulnerable to the whims of male authority figures. The battering of women, when publicly noticed, was largely attributed to the vagaries of unusually violent men or the pathology of the women involved.

It was not until the feminist movement of the 1960s and 1970s that domestic violence surfaced as an extremely common and significantly destructive social problem, not attributable to individual pathology. As a result of the women's liberation movement, battered women came to be understood as the most extreme victims of the universal and systematic oppression of women that extends far back into recorded history. Consistent with other efforts originating in the 20th century, the battering of women has become a fundamental national and international human rights issue.

As a result, it is only in the last 30 years that the system response to domestic violence has significantly changed. The first responses to victims of battering originated as the grassroots efforts of women to help and support each other through the development of domestic violence shelters and other services, including political and social advocacy. The criminal justice responses to battering, although far from perfect, have included model police protocols, significant changes in prosecution and legal defense, and judicial education. Efforts to train health care professionals, mental health care professionals, childcare workers, child protective services workers, and those in other social services are still in their formative stages.

In an effort to avoid continuing to focus on the presumed pathology of the victim and thereby denying the criminal behavior of the men involved in perpetrating acts of violence, the early originators of the domestic violence movement preferred to avoid interaction with the mental health system. However, in the last decade there has been a growing recognition that people exposed to repetitive violence are likely to suffer from a number of physical, psychological, and social consequences of that violence that must be addressed if the individual is to recover from the battering. Additionally, the impact on children of exposure to battering in the home has become a major focus of intervention and prevention efforts.

Incidence of Battering

Domestic violence is the leading cause of injury to women. Depending on the source, it is estimated that from 25% to 50% of all women in America have experienced domestic violence at some point in their lives. As a result, 4 million women in the United States experience a serious assault by a partner during a 12-month period, while at least 3 women are murdered by their intimate partner every day. Battering may start when women are still quite young. Recent surveys show that 20% of teenagers and young women have already been exposed to some form of dating violence defined as controlling, abusive, and aggressive behavior in a romantic relationship. Twenty-three percent of pregnant women seeking prenatal care are battered. In a survey of pregnant low-income women, 65% of the women experienced either verbal abuse or physical violence during their pregnancies. Thirty-two percent of all women who seek emergency room care for violence-related injuries were injured by an intimate partner. Research has shown that victimized females are 2.5 times more costly to the health care system than women who have never been the victims of abuse. Three-quarters of employed battered women were harassed at work and domestic violence is estimated to cost companies at least $73 million a year in lost productivity. Women who cohabit with same-sex partners can also become victims of battering, although the incidence of violence is substantially lower than in heterosexual relationships.

Causes of Battering

As is the case for all complex social phenomena, there is no one single cause of battering. The first—and perhaps the most important influence—is learning. The vast preponderance of violent acts in our culture are perpetrated by males and acted out against women, children, and other men. In about 95% of the cases of domestic violence, the perpetrator is male, and even in situations where women are violent, the violence tends to be less damaging and not lethal.

The dominant influence on male behavior is social expectation. Children learn the basics about how to relate to other people within the context of their own family. When they witness violence being used as a method for resolving problems, they learn violence as a fundamental intervention with other people. Boys

are expected to both give and take physical violence as part of routine male conditioning. As adults, men are expected to control their violence and the amount of control that is expected has varied over time and historical period, but nonviolence has never been the social norm.

In the large Adverse Childhood Experiences (ACE) study, it was found that the greater the likelihood that children were exposed to intimate partner violence, the greater the likelihood that they were also physically, sexually, or emotionally abused. Among women, the ACE study found a strong graded relationship between the number of adverse experiences they had survived as children and their risk of becoming a battering victim. Among men, however, the study found a strong graded relationship between the number of adverse experiences they survived as children and their risk of subsequently becoming a batterer.

It has been repeatedly substantiated that children who are exposed to violence are far more likely to become violent themselves. Exposure to violence in childhood is a serious risk factor for adolescent and adult violent and criminal behavior. Over many studies, the most consistent risk factor for men becoming abusive to their own female partners is growing up in a home where their mother was beaten by their father.

Although substance abuse does not cause battering, it can play a role in exacerbating battering incidents. One fourth to one half of men who commit acts of domestic violence also have substance abuse problems. Women who abuse alcohol and/or drugs are more likely to be victims of battering, and victims of domestic violence are more likely to receive prescriptions for and become dependent upon tranquilizers, sedatives, stimulants, and painkillers and are more likely to abuse alcohol.

Poverty, homelessness, and racism are all stressors that in and of themselves do not cause violence, but alone and in combination they do put enormous stress upon families. Families that are stressed, isolated, and socially unsupported are more likely to be violent. Many women and children are made homeless as a result of domestic violence when they flee the perpetrator. The system of domestic violence shelters and services was initially created largely by and for White middle-class women. As a result, the issue of systematic oppression based not just on gender but also on race and class has not necessarily informed services for battered women. Women from lower socioeconomic classes have far fewer opportunities to leave abusive partners because they have fewer available resources to support themselves and their children.

Effects of Battering

There are immediate, short-term, and long-term effects of being battered and there are many studies connecting a wide variety of physical, psychological, social, and existential problems with domestic violence. A woman who is battered may live with constant terror and anxiety with fears of imminent doom. To others she may appear passive and lacking in energy, seemingly helpless to take charge of her own life. She may suffer from chronic depression, exhibit suicidal behavior, and develop overt posttraumatic stress disorder. She may turn to the use of drugs and alcohol to afford herself some relief, thus compounding existing problems. She is likely to feel hopeless and powerless to make any significant changes, fearing that anything she does will lead to something worse. She may be unable to relax and have difficulty sleeping. Her sleep may be interrupted by violent nightmares. However, these effects are not manifested by all battered women. Many battered women display resilience and agency and take a variety of steps to protect themselves and their children from further abuse.

The manner in which a woman will be affected by the battering will be determined by a number of interactive factors, including her previous exposure to violence as a child and adolescent; genetic, constitutional, and psychobiological factors; the presence of coexisting physical, psychological, or social problems; the presence of substance abuse; her belief systems as well as the belief systems of her family, ethnic group, or religious affiliation; and the supports that exist within the community.

The Children of Battered Women

Children exposed to domestic violence show many different responses that negatively impact their physical and mental health, their social adjustment, and their school performance. For children, the more severe the violence, the more severe their problems are likely to be. Childhood exposure to violence also has serious consequences for adult physical health as well as mental health and social adjustment. When compared to people who had safe and secure childhoods, people

who had experienced four or more categories of childhood adversity—including witnessing domestic violence—had a 4- to 12-fold increase in health risks for alcoholism, drug abuse, depression, and suicide attempts; a 2- to 4-fold increase in smoking, poor self-rated health, sexual promiscuity, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases, including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated, and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Response and Prevention

It is clear that a problem cannot be solved until it is properly recognized. In the last 30 years, public awareness of battering as a significant social problem has radically increased. Nonetheless, there is still a great deal of work to be done in educating health care and mental health care providers, social service workers, educators, criminal justice officials, and the general public about the reality of domestic violence, including the costs to society of failing to adequately address the problem. Adequate responses require that the community provide sufficient legal, health, mental health, and other community resources to protect victims and ensure that they receive the services that lead to healing and recovery. This includes sufficient resources to treat the physical, emotional, and social consequences of battering in the victim, the child witnesses, and the perpetrators. In order for these resources to be efficiently delivered, research is needed to discover those interventions that are the most effective. Ultimately, although individual suffering must be addressed, the solution to the problem of battering resides in cultural transformation so that intimate violence and all forms of interpersonal violence are no longer considered acceptable.

Sandra L. Bloom

See also Advocacy; Battered Woman Syndrome; Intimate Partner Violence; Legal System, Criminal Justice System Responses to Intimate Partner Violence; National Coalition Against Domestic Violence

Further Readings

Bergen, R. L. K., Edleson, J. L., & Renzetti, C. M. (Eds.). (2004). *Violence against women: Classic papers.* Boston: Allyn & Bacon.

Brewster, S. (2000). *To be an anchor in the storm: A guide for families and friends of abused women.* Seattle, WA: Seal Press.

Brownmiller, S. (1993). *Against our will: Men, women and rape.* New York: Random House.

Buzawa, E. S., & Buzawa, C. G. (2002). *Domestic violence: The criminal justice response.* Thousand Oaks, CA: Sage.

Campbell, J. (1998). *Empowering survivors of abuse: Health care for battered women and their children.* Thousand Oaks, CA: Sage.

Groves, B. M. (2003). *Children who see too much: Lessons from the Child Witness to Violence Project.* Boston: Beacon Press.

Kubany, E. S., McCaig, M. A., & Laconsay, J. R. (2004). *Healing the trauma of domestic violence: A workbook for women.* Oakland, CA: New Harbinger.

Web Sites

National Coalition Against Domestic Violence: http://www.ncadv.org

Battered Women, Economic Independence of

Economic independence refers to one means by which women may escape and survive abusive relationships. It is related to the ways in which money or financial assets may be used as a tool of coercive control by batterers against women. The financial status of women in terms of employment and wages, savings and investments, government subsidies, and the like is often critical to their decisions regarding abusers and abusive relationships. Women with greater financial independence are in a better position to survive, find safety, and provide for themselves and their children during and after abusive relationships. Many women feel coerced into staying in abusive relationships because they are, or have been made to be, financially dependent upon their partners. The following sections discuss the various tenets of economic (in)dependence: the role of financial abuse in battering and women's attempts to leave abusive relationships;

connections among battering, poverty, homelessness, and welfare reform; and the effects of battering on women's employment and employability.

Economic Abuse as a Dynamic of Battering

Woman battering revolves around power and coercive control that batterers exert over their victims in various ways. One of the more common ways in which power and control is accomplished involves isolating a woman from any social outlets that could legitimize and assist her with her victimization. Preventing her from attending family gatherings, meeting with friends, attending church, and/or finding or going to work, through threats, manipulation, harassment, physical force, and/or injury, are common tactics. Moreover, in many abusive relationships, the batterer controls the flow of household money and may be the sole wage earner, placing the woman at his mercy for financial support. This is particularly effective when women are already disadvantaged financially due to disability, age, immigration status, drug/alcohol addiction, or criminal record, and reliant on public subsidies (e.g., welfare, social security disability and/or income). Even in instances where women are working outside of the home, batterers may order them to turn over their paychecks or harass them at work so much that they constantly lose or quit their jobs. Likewise, violence to and destruction of household items, particularly those belonging to the victim, and marital or couple assets are common forms of abuse. Property damage is not only an expression of an abuser's control but also extremely hurtful to a woman's economic standing.

Economic abuse often continues after a woman terminates an abusive relationship as well, when the batterer uses his economic standing to continue harassing and stalking the woman as a form of separation assault. This is particularly effective in the legal system, which can be extremely time consuming and expensive, when restraining order, divorce, and child visitation, custody, and/or support proceedings go on unnecessarily for months or even years because of investigations, continuances, extensions, unnecessary pleadings, and reneging of agreements. Because of their greater economic positioning in comparison to battered women, who are less likely to afford high quality, ongoing legal representation, abusers usually stand a better chance of retaining attorneys who are willing to work on such court proceedings for a long time.

While many battered women do eventually leave their abusers, such decisions are often difficult and risky. Not only may they face their batterers' retaliation, but they are also likely to face the grave concern about how to survive financially. Many are forced to return to their abusers because of economic hardship upon separation. This is most likely the case when a woman has dependent children.

Poverty, Homelessness, and Welfare

Fleeing abusive relationships often translates into poverty and a high probability of homelessness for battered women. Many are forced to rely on welfare subsidies as their only or primary source of income, at least temporarily. In this way, there is a very strong connection among poverty, homelessness, welfare receipt, and battering. Indeed, the majority of poor and homeless women have suffered from battering; financial struggles upon leaving their abusers are paramount in their situations.

However, welfare subsidies have been substantially eroded since the mid-1990s with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Provisions in the law have encouraged recipients to marry, mandated the establishment of paternity in cases where benefits are being used to support children, and placed time limits on receipt of benefits. Such provisions work in opposition to battered women's needs. While PRWORA provides an exemption from the time limits for domestic violence victims, it seems that these exemptions are not regularly made available to women. It appears that many women do not know that they may request them. Moreover, states vary in their policies regarding implementation of the exemptions, such that welfare case workers may not be required or encouraged to offer them to their clients. So while welfare is a primary option for women without alternative means of economic support, it is not always a very desirable one. Comparisons have been made between the regulation, monitoring, and coercive control of batterers and that of the welfare state. In this way, one form of economic dependency is exchanged for another.

Employment

Seeking and maintaining employment can be extremely important for battered women on several

fronts. Earning wages, even if they are taken by an abusive partner, may open doors for women socially, in ways that might allow them access to helpful resources they would not otherwise have. Being employed also allows for the possibility of saving money that may be used upon leaving an abusive situation. For those who are able to maintain control of their wages, the process of leaving is often made more expedient and effective because of the economic independence provided by employment. Even in low-wage jobs, women may emotionally benefit from knowing they are employable, and thus feel more confident about their chances of financial survival upon termination of an abusive relationship. Women in higher-wage jobs may not only have the financial resources to move a far distance from their abusers; they may also, if they are highly educated and marketable, have a better chance of being able to reestablish their careers in another location. Moreover, such women may also be able to afford legal representation comparable to those of their ex-partners and thus increase their standing in postseparation court proceedings.

Regardless of the importance of employment, many battered women are not able to look for or maintain work because of the physical injuries, long-term debilitations, or psychological effects of abuse, including depression and lowered self-esteem. This in turn contributes to women's social isolation, which reinforces their partners' power and control. Retaining employment often comes at the cost of work-related harassment and stalking by the abuser, including but not limited to physical assaults immediately prior to a work shift or during work breaks, constant phone calls or email messages throughout the workday, and destruction of work-related documents. In the most dire of circumstances, women, and sometimes their coworkers, may be stalked and attacked at the workplace.

Only recently has the connection been made between woman battering and workplace violence. Employers have been slow at recognizing the specific needs of battered women in the workplace, often seeing battered women as unreliable workers and as liabilities to the organization rather than as in need of help. These women are hard pressed to meet the demands of their jobs as well as negotiate abusive relationships and the consequences thereof—medical attention, counseling, legal proceedings, and the demands of single parenthood. Employers need to weigh the women's frequent tardiness, absenteeism, sick leave, personal leave, and extended vacation requests against the importance of their maintaining employment. Consequently, battered women may lose their jobs, be demoted, or resign due to injuries or concerns about safety. Their abusers, even when the relationship has ended, are likely to be opposed to, jealous of, and threatened by their employment. Despite the struggles involved with working, battered women who work fare better in establishing some level of financial independence, which is likely to lessen the effectiveness of their abusers' control tactics as well as increase their chances of being able to escape violence and provide for themselves over the long term.

Angela M. Moe

See also Battered Women; Battered Women: Leaving Violent Intimate Relationships; Coercive Control; Financial Abuse, Elderly and Battered Women; Power and Control Wheel

Further Readings

Browne, A., Salomon, A., & Bassuk, S. S. (1999). The impact of recent partner violence on poor women's capacity to maintain work. *Violence Against Women, 5,* 393–426.

Brush, L. D. (2000). Battering, traumatic stress, and welfare-to-work transition. *Violence Against Women, 6,* 1039–1065.

Goodman, L., Dutton, M. A., Vankos, N., & Weinfurt, K. (2005). Women's resources and use of strategies as risk and protective factors for reabuse over time. *Violence Against Women, 11*(3), 311–336.

Lloyd, S. (1997). The effects of domestic violence on women's employment. *Law and Policy, 19,* 139–167.

Moe, A. M., & Bell, M. P. (2004). Abject economics: The effects of battering on women's work and employability. *Violence Against Women, 10*(1), 29–55.

Raphael, J. (1996). *Prisoners of abuse: Domestic violence and welfare receipt.* Chicago: Taylor Institute.

Swanberg, J. E., Logan, T. K., & Macke, C. (2005). Intimate partner violence, employment, and the workplace: Consequences and future directions. *Trauma, Violence and Abuse, 6*(4), 286–312.

Zorza, J. (1991). Woman battering: A major cause of homelessness. *Clearinghouse Review, 25,* 421.

Battered Women: Leaving Violent Intimate Relationships

People often wonder why women stay in violent relationships. Physically violent relationships are often

accompanied by sexual and psychological abuse. Because these forms of abuse erode self-esteem, women lose sight of their own needs over the course of the relationship. However, through various mechanisms (e.g., social support, media that raised awareness, their own children) some abused women come to realize that the violence is not their fault and they do not deserve to be abused. Women find the strength to leave when they are able to love themselves and put themselves first.

Studies have revealed that the reasons women terminate an abusive relationship include concerns of safety for themselves and their children; personal growth, which often involves a cognitive change or turning point; and reaching a personal limit. Friends, family, counselors, and shelters have been named by women as most helpful in ending violent relationships. Many women reported that multiple types of resources were needed before they were finally able to end the relationship.

The women in these studies clearly conveyed that the decision to stay or leave the violent relationship was a highly rational choice that carefully and accurately considered the pros and cons of the situation, particularly the potentially lethal consequences of leaving. Study responses to why women stay in violent relationships clustered into two broad categories: positive and hopeful reasons on the one hand, and negative ones on the other. Positive reasons for staying included love for their partners, commitment to their wedding vows, desire to provide a two-parent home, and hope that their partners could and would change. Negative reasons for staying included lack of financial resources, housing, or childcare; emotional dependence on the abuser; fear of the repercussions of leaving, derived from the abuser's threats to take the children or kill her or the children; and feeling trapped, ashamed, or without hope of any alternatives.

The distinction between the two types of reasons cited above is critical to understanding how women come to assess their readiness to take action. "Why I stay" is a qualitatively different stage of readiness for change than "why I cannot leave." Each has implications for possible interventions.

Women often described the decision to leave the violence as "reaching a breaking point." Their responses depicted a sudden shift in how they saw their partners and themselves. Some mentioned an especially violent incident resulting in severe injuries such as a ruptured eardrum or head injuries. Reevaluating their circumstances, loving themselves, and considering their own needs were mentioned often as important precursors to ending the violence and were points of view that were previously unfamiliar to many of them.

Women also reported the realization that the violence was not going to end or that the violence was going to escalate to a point of lethality as an important decisive factor in their taking action. Finally, children were a powerful motivator for leaving as well, particularly as women became increasingly concerned that their children were being affected by witnessing the violence, mimicking it, or being abused themselves.

Women left the abusive relationship when they resolved the issues that had previously kept them feeling trapped in the relationship or when they reached the "breaking point" noted above. Additionally, the women conveyed that their leaving was greatly assisted when their friends or relatives were available to help them both logistically and emotionally.

Women indicated there were more barriers to than supports for leaving violent relationships. They noted actual criticism or fear of criticism from family and friends, withdrawal of support, violence in the family of origin that led to perceptions of intimate partner violence as the norm, weak laws, unsupportive or punitive legal personnel, and religious teachings as barriers to leaving. Lawyers, police officers, and judges were often cited as unsympathetic and harmful to women trying to leave. African American women mentioned not trusting female friends to help. Rural Caucasian women mentioned the abuser's family as supporting the violence through denial, rationalization, or active encouragement.

African American women were much more inclined to seek support from their church or family, and for them, the role of prayer and religion was especially important. They never mentioned medical care or social service providers as helpful. They had limited or negative experiences with social institutions such as shelters. White women used the legal system much more frequently. They also mentioned shelters, counseling, and legal personnel as supportive of calls for assistance in leaving the abusive relationship. They noted that shelters also share other types of information, for example, the importance of checking a potential partner's police record, the types of legal charges that can be brought, and warning signs to look for in future partners. The range of services offered by shelters seems helpful in women's decisions to leave abusive relationships, and later in helping them rebuild their lives.

Understanding the factors influencing a woman's decision to leave an abusive partner, and the barriers she faces in actually leaving, can provide important guidelines for developing social supports and facilitators for helping women leave abusive relationships.

Lynn M. Short and Pamela M. McMahon

Authors' Note: Since research to date has been done primarily with women, women's voices are reflected herein. African American and White women from urban and rural locations throughout the United States participating in focus groups or interviews in several different studies were the primary resources for this entry. Distinctions are noted only where their views differed.

See also Battered Woman Syndrome; Battered Women; Battered Women, Prevalence

Further Readings

Horton, A. L., & Johnson, B. L. (1993). Profile and strategies of women who have ended abuse. *Families in Society: The Journal of Contemporary Human Services, 74,* 481–492.

Moss, V. A., Pitula, C. R., Campbell, J. C., & Halstead, L. (1997). The experience of terminating an abusive relationship from an Anglo and African American perspective: A qualitative descriptive study. *Issues in Mental Health Nursing, 18,* 433–454.

Short, L. M., McMahon, P. M., Chervin, D. D., Shelley, G. A., Lezin, N., Sloop, K. S., et al. (2000). Survivors' identification of protective factors and early warning signs in intimate partner violence. *Violence Against Women, 6*(3), 273–287.

Ulrich, Y. C. (1991). Women's reasons for leaving abusive spouses. *Health Care for Women International, 12,* 465–473.

Wolf, M. E., Ly, U., Hobart, M. A., & Kernie, M. A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence, 18*(2), 121–129.

Battered Women, Prevalence

Accurate estimation of the prevalence of domestic abuse or intimate partner violence (IPV) has been an issue from the time it was "discovered" in the 1970s and continues to be debated today. Having accurate estimates is important for several reasons, including allocation of societal resources to address the problem and assessment of whether progress is being made to ameliorate IPV. Estimating its incidence (rate during a defined period of time such as the past year) and prevalence (rate of its occurrence ever in one's lifetime) has been challenging due to continuing stigma associated with being battered or abused. This stigma makes it difficult to get accurate reports of just how common it is for women to be abused by a partner. Central to the issue of accurately measuring the extent of woman battering or IPV is how it is defined.

Definitions

Over time, researchers and advocates for battered women have tended to define battering or IPV more comprehensively. Initially, domestic violence tended to be defined as physical aggression or violence by a male partner toward a female partner. But as our understanding of domestic abuse deepened, we learned that women who were physically abused also tended to be emotionally or psychologically abused and often sexually abused as well. Thus, the extent of woman battering or IPV tends to be related in part to how broadly or narrowly it is defined. The more types of abuse that are encompassed in the definition, the higher the estimates will be.

There are other methodological issues that affect measurement of the extent of IPV that include the following:

- Sampling (the size of the group studied and how well it represents the population of people it is supposed to represent in terms of important characteristics such as age, ethnicity, education, and income)
- Data collection methods (e.g., whether people are interviewed in person or by telephone or are asked to complete a paper-and-pencil survey on their own, as well as the exact wording of questions asked; in general, more behaviorally specific questions yield higher and more accurate estimates of abuse)
- Time at risk (the past year versus over the course of a lifetime and whether estimates cover adolescence as well as adulthood or just adulthood)
- Whether threats or attempts at violence are included or only actual acts of violence
- Whether estimates are based on reports from only the female member of the couple or are based on couple agreement (this is important in that women tend to report higher rates of victimization than men report perpetrating)

Prevalence Studies of IPV

Physical Violence

There have been several national prevalence studies of physical abuse, beginning in the 1970s: the National Family Violence Surveys of 1975, 1985, and 1992; the National Violence Against Women Survey (NVAWS) conducted jointly by the National Institute of Justice and Centers for Disease Control and Prevention; the National Crime Victimization Survey (NCVS) conducted by the Bureau of Justice Statistics, which asks about criminal victimization in U.S. households; the National Survey of Families and Households; and a study of IPV conducted as part of the National Alcohol Survey.

As a group these studies yield widely varied prevalence estimates as a result of several methodological differences among them. At the high end, two studies suggest that as few as 8% and as many as 21% of American *couples,* married or cohabiting, had experienced an act of physical violence during the previous year. Regarding *individual* rates, the NVAWS reported a *lifetime* physical assault rate for women of 25%. *Past year* rates of *individual* physical victimization in the NVAWS and NCVS were 1.3% and .9%, respectively. In contrast, two other recent national surveys have reported somewhat higher rates of 1-year female victimization by male partners: 3.4% and 5.4%.

However, these studies concur that acts of less severe violence such as pushing, grabbing, or shoving occur with much greater frequency than more serious acts such as hitting with an object, choking, punching, beating up, or using a weapon. At least half of IPV victims have reported that they were abused on multiple occasions. Female victims of IPV are more likely to be injured; rates of injury are reported to be in the 25% to 50% range. According to the NCVS, about three quarters of intimate partner homicide victims are women.

Rates of IPV do not vary randomly across all women. Virtually all the national studies find similar patterns in who is most at risk of being physically abused or battered by an intimate partner. Those at higher risk tend to be younger, with the peak risk being in the late adolescence to early adulthood range; have less formal education; are poor; are separated, divorced, dating, or cohabiting versus married; live in urban areas; and are American Indian or African American. Regarding sexual orientation, few methodologically strong studies have been conducted. It appears that gay men and lesbians are as likely or more likely to be physically abused by an intimate partner than are heterosexuals.

Trends in Violence Against Women by Intimates

Criminal victimization of women by intimate partners declined between 1992 and 2001 by almost 50%, according to the Bureau of Justice Statistics. In 1993, about 1% of women experienced a nonfatal victimization by an intimate partner, compared to .5% in 2001. In contrast, female homicide by an intimate partner dropped after 1993 by about 21% after a two-decade period of relative stability. The NCVS reported that in 1998 about three quarters of intimate partner murder victims were women, up from about half in 1976.

Emotional Abuse

Emotional abuse (EA) or psychological abuse has not been as well researched as physical or sexual abuse, in part because there is no consensus on how it should be defined. Unlike physical or sexual abuse, definitions of EA often focus more on intent than specific behaviors. EA is defined here as a pattern of (recurrent) behaviors or communications that are intended to harm a woman's well-being. It appears that the most common types experienced are ridicule and other forms of verbal abuse, restriction of freedom, and jealousy. Prevalence of EA is said to be extremely high in intimate relationships, with some studies showing that a majority of those in relationships report acts of emotional or psychological abuse. However, studies of battered women have found EA to be virtually universal in such women, who report it to be extremely harmful to well-being.

Sexual Violence

Women are more likely to be raped or sexually assaulted by an intimate partner, friend, or acquaintance than by a stranger. The NVAWS reported a rate of 7.7% for lifetime rape by an intimate partner, and .2% of women reported being raped by an intimate partner in the previous 12 months. About half of these women reported the sexual assault to have occurred on multiple occasions. In the NVAWS, about a third of rape victims sustained injury.

Marital rape is a serious crime and is as "real" as rape by a stranger; in fact, it is estimated to be the most prevalent type of rape and is at least as harmful

to well-being as stranger rape. Small-scale studies have reported that 9% to 14% of married women have reported rape or attempted rape by their husbands. Most of these sexually assaulted women are also physically and/or emotionally abused by their husbands. Studies of battered women have found that a third to a half reported having been raped by their husbands, oftentimes on more than one occasion.

Rates of Abuse

We are closer to being able to accurately measure the extent of abuse in intimate relationships, although there is still not a consensus on all aspects of the problem, in particular the most effective ways to measure extent of abuse and what should be considered emotional or psychological abuse. There is significant variation in rates of physical violence by male partners across well-designed national studies. However, we can conclude that substantial numbers of women are being abused by intimate partners—physically, emotionally, and sexually. As many as one in five women report having been physically abused by an intimate partner in their lifetimes, and at least 1% to 5% of women are physically assaulted each year. A substantial proportion of these physical and sexual assaults result in injury. Women who are young, poor, from certain ethnic minority groups, poorly educated, separated from their partner, and who live in urban areas are more vulnerable to being abused by a male partner. Although these forms of abuse can occur by themselves, oftentimes they co-occur.

However, recent national data suggest that rates of physical abuse may be dropping, perhaps in response to decades of research, programming, and prevention work to make the public aware of what constitutes abuse, that women do not deserved to be abused, and that assistance is available to help women escape from abusive relationships.

Bonnie E. Carlson

See also Battered Women; Intimate Partner Violence; National Crime Victimization Survey; National Family Violence Surveys; National Violence Against Women Survey

Further Readings

Bennice, J. A., & Resick, P. A. (2003). Marital rape: History, research, and practice. *Trauma, Violence, & Abuse, 4,* 228–246.

Rennison, C. (2003). *Intimate partner violence, 1993–2001* [National Crime Victimization Survey]. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Schaefer, J., Caetano, R., & Clark, C. L. (1998). Rates of intimate partner violence in the United States. *American Journal of Public Health, 88,* 1702–1704.

Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence* (NCJ 181867) [National Violence Against Women Survey]. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Zlotnick, C., Johnson, D. M., & Kohn, R. (2006). Intimate partner violence and long-term psychosocial functioning in a national sample of American women. *Journal of Interpersonal Violence, 13,* 156–166.

Battered Women, Shelters for

See Shelters, Battered Women's

Battered Women and Police Response

See Police, Response to Domestic Violence

Battered Women's Justice Project

The Battered Women's Justice Project (BWJP) is a nonprofit organization focused on improving access to justice for survivors of domestic violence. The overarching goal of the project is to promote systemic change within community organizations and governmental agencies engaged in the civil and criminal justice response to domestic violence in order to hold these institutions accountable for the goals of safety and security for battered women and their families. BWJP has three offices: the Civil Justice Office, the Criminal Justice Office, and the Defense Office.

The three offices of BWJP work both independently and on joint projects. The Civil Justice Office focuses on enhancing battered women's access to legal court options and to legal representation in civil court. The Civil Justice Office staff provides technical assistance to attorneys, advocates, court personnel, policymakers, and battered women, offering state-of-the-art advocacy

and court system approaches, model protocols and practices, and policy information. Typical issues for this office include protection orders, separation violence, divorce, custody, the confidentiality of shelter records and of victim advocate communications, safety planning, welfare, immigration, and the Violence Against Women Act. The Civil Justice Office emphasizes autonomy and women-centered advocacy, as well as the importance of economic justice in securing agency, safety, and restoration for battered women and their children.

The Criminal Justice Office offers training, technical assistance, and consultation on the most promising practices of the criminal justice system in addressing domestic violence. The Criminal Justice staff provides information and analyses on effective policing, prosecuting, sentencing, and monitoring of domestic violence offenders. The Criminal Justice Office has worked extensively on issues pertaining to domestic violence and the military. This office also offers safety audits and training and consultation in cases involving battered women whose abusers are law enforcement officers.

The Defense Office, managed by the National Clearinghouse for the Defense of Battered Women, addresses issues that arise when battered women are charged with crimes. The National Clearinghouse is the only national organization that provides technical assistance, resources, and support to battered women who kill their abusers while defending themselves or their children from life-threatening violence or who are coerced by their abusers into committing a crime. The National Clearinghouse strives to prevent battered women defendants from being revictimized by the criminal justice system and has developed comprehensive resources to support attorneys, expert witnesses, advocates, and others working with battered women charged with crimes.

The three offices often coordinate both formally and informally. A prominent joint effort of the three offices has been the Coalition Advocates and Attorneys Network Meeting, a biannual conference for legal advocates and attorneys from state domestic violence coalitions. Additionally, the partnership of the three offices enables staff to provide comprehensive assistance in the many instances in which battered women and their advocates and attorneys face multiple civil and criminal issues. BWJP is a member of the Domestic Violence Resource Network.

Kimberly A. Tolhurst

See also Battered Women's Movement; Domestic Violence Resource Network; National Clearinghouse for the Defense of Battered Women

Web Sites

Battered Women's Justice Project: http://www.bwjp.org

Battered Women's Movement

The Battered Women's Movement (BWM) is a progressive social change and justice movement organized to eradicate the abuse of women and their children in intimate relationships. The women and men in the BWM are allied with and active in a worldwide movement for social justice and human rights. Many in the BWM are also dedicated to ending other forms of violence against women and are committed to working to end the subordination, poverty, killing, slavery, and inequality of disenfranchised people.

The BWM addresses violence against people in all types of intimate relationships. The BWM acknowledges lesbian battering, the battering of men by male partners, the battering of transgendered people, the abuse of elders by adult children, and the abuse of men by women partners. At the same time, the BWM asserts that domestic violence is rooted in male supremacy. The BWM endorses the principle that violence, abuse, and terrorism in relationships are wrong, that abusers alone are responsible for the violence, and that all abuse must stop. Most in the movement believe that sexism and all other forms of oppression are interlocking and connected and that there is no "hierarchy of oppression."

The BWM developed from several social justice movements. In the United States, it has roots in the labor movement in the 1950s and the civil rights and antiwar movements in the late 1960s and 1970s. The BWM began as an intersection between the women's liberation movement and the courageous actions of individual survivors and their allies who dared to break the silence and speak out about their horrific experiences at the hands of male partners.

Organizing against violence against women took the form of demonstrations, vigils, sit-ins, letter writing campaigns, direct actions, speak-outs, teach-ins, and lawsuits. Battered women's testimony and the advocacy of their allies began to shatter the misconceptions

that were institutionalized in medicine, psychiatry, law enforcement, the media, and human services delivery. A fundamental principle of organizing in the BWM was that the voices and experiences of survivors should guide all the work. Shelter, legal, intervention, prevention, and accountability initiatives should be grounded in the expertise of survivors.

One of the first efforts of the BWM was to stop the "privatization" of domestic violence and abuse, that is, moving public discourse from discussion of domestic violence as a problem arising in the private arena of the family to identification of violence against women as state-sanctioned behavior. The BWM demanded changes in public policy to eliminate the community and social underpinnings of domestic violence.

As the movement developed, the goals generally included promoting safety, self-determination, autonomy, restoration, and healing for survivors and their children; promoting batterers ending their violence and abuse; changing community attitudes and practices that legitimate domestic violence; and advocating and organizing for social justice in order to eliminate the root causes of battering.

In the past 15 years, the BWM has focused more attention on the differential impact of violence on women experiencing multiple oppressions. Attention has increasingly been placed on the intersection of interpersonal violence inflicted on women and both community-sanctioned and state-sponsored violence, particularly for women experiencing multiple oppressions. Women suffering instrumental controls and jeopardy, not just at the hands of abusers, but also from multiple impediments constructed or tolerated by the society in which they are embedded, often find no possibility of escape from domestic violence, no reprieve from poverty, and minimal support from the community. Disenfranchised women may include women of color; Indigenous women (specifically, American Indian and Alaska Native women in the United States, and women of the First Nations in Canada); lesbians, bisexuals, or transgendered individuals; older survivors and women with physical and developmental disabilities; poor, immigrant, refugee, trafficked, or colonized women; women trapped in prostitution; women who are addicted to alcohol or other drugs; women in institutions (e.g., prisons, mental hospitals, boarding schools); women from religious minorities; and women affected by war.

In the United States, the BWM has generated and stimulated the creation of multiple types of organizations. Among the first organi- zations formed to address domestic violence were hotlines, networks of safe homes, and shelters. These organizations, sometimes known as battered women's shelters or domestic violence organizations, became very common. Sometimes these organizations included programs to help individuals stop their abusive behavior. Free-standing organizations designed to help batterers stop being abusive also emerged. Individuals and organizations joined together to form state coalitions and a wide variety of national organizations. Community-based, state, and national organizations sought reform in almost every institution of society. Units of government began to address domestic violence. Extensive reform of the criminal justice and civil legal systems, as well as human services systems, was achieved. Some of these organizations operate from a philosophy that male supremacy and/or privilege and social injustice are the root causes of domestic violence; some do not. Some engage in social change work, including organizing; others do not.

Believing that no reform or law change is self-implementing, the BWM and allies undertook a wide variety of training, collaboration, and partnerships with local, state, and national social and legal systems. Task forces to promote "coordinated community response" to domestic violence were formed in rural communities, small and large urban centers, states, tribes, the military, and the federal government.

Research on domestic violence began. Battered women and advocates early asserted that research institutions should shape research agendas, design, analysis, and policy implications in concert with the BWM. Universities began offering course work on domestic violence, and professional training schools in law, medicine, psychology, and social work began incorporating domestic violence into their curricula. Thousands of articles and books were written about domestic violence and more are being written. Thousands of conferences and trainings have been held. Web sites abound. As of August 2006, a search for "domestic violence" on Google generated 42.5 million references. There were many efforts that predate and exist concurrently with efforts in the United States. Shelters (refuges) in the United Kingdom and Canada predate those in the United States, and it is significant to note that one of the early shelters was

formed in Copenhagen by members of the Danish women's liberation movement. There are currently movements and programs throughout the world that use various models to interrupt and eradicate violence against women in relationships.

Barbara J. Hart

See also Advocacy; Agency/Autonomy of Battered Women; Battered Women; Battered Women's Justice Project; Chiswick Women's Aid; Safe Houses; Shelters, Battered Women's; Women's Aid Federations of the United Kingdom

Further Readings

Janovicek, N. (2007). *No place to go: Local histories of the battered women's shelter movement.* Seattle: University of Washington Press.

Schechter, S. (1982). *Women and male violence: The visions and struggles of the battered women's movement.* Boston: South End Press.

Tierney, K. J. (1982). The battered woman movement and the creation of the wife beating problem. *Social Problems, 29*, 207–220.

Batterers

Batterers are people who inflict violent physical abuse upon a child, spouse, or other person, but the term is relatively new. Batterers are numerous but relatively invisible in American society. Usually, only the most severe batterers come to the attention of authorities. Domestic violence advocates have long argued that batterers' invisibility is one of the sources of batterers' power. Most, but not all, batterers are men. Batterers do not differ in readily observable ways from nonbatterers, but tend to differ from one another. Gender, income, substance abuse, and violence in the family of origin are the factors most often linked to battering, but batterers can never be fully distinguished from the society in which they learned to use physical and nonphysical aggression to dominate others.

The term *batterer* can be applied to a broad range of individuals. A *batterer* is an individual who commits acts of physical violence and domination against an intimate partner or ex-partner. The violence is usually episodic rather than a one-time event. This entry's definition of batterer also includes a person who batters severely on one occasion. In most of those cases, the singularity of the one physical event is surrounded by a milieu of domination and nonphysical abuse, all of which predicts a second battering event in the future. The batterer and his partner may be married or never married, living together or dating, gay or straight, young or old. A batterer may assault a lifelong partner, a first date, or a person from whom he is estranged. Batterers are present throughout our society across all social groups, although groups within our society vary in the prevalence of battering.

This entry adopts the convention of using the pronoun *he* linked to batterers, although *she* can batter too. However, when injury, fear, and goal of the violence are considered, most batterers are men and most victims of batterers are women. In U.S. households, about 85% of intimate partner crimes are committed against women. Adopting the convention here of using *he* to refer to batterers is not meant to imply that women never batter, or that they should be immune to laws against battering.

Battering is against the law in all Western democracies, but has not always been so. The earliest recorded effort to curb batterers was 202 BCE when, at the end of the Punic Wars, Roman societal and family structure changes gave women more property rights, including the right to sue husbands for unjustified beatings. However, this was not the beginning of a movement, as 500 years later, the batterer and emperor Constantine had his wife burned alive when she was of no further use to him. In 1871, Alabama became the first U.S. state to rescind the legal right of men to beat their wives. During feminism's third wave, Erin Prizzey wrote the first dedicated book on battering in 1974, *Scream Quietly or the Neighbors Will Hear,* the title emphasizing the privacy element so necessary to battering. The first intervention programs for batterers began in the late 1970s, modeled on the consciousness-raising groups of the women's movement. In 1980, California became the first state in the United States to mandate treatment for men convicted of domestic violence.

How Widespread Is Battering?

The National Family Violence Survey found that 1 in 8 women reported they had been physically assaulted in the past year, and 1 in 16 had been assaulted more than once. If limited to those who had been severely

assaulted more than once in the past year, the prevalence is 2.2%. While battering using severe assault and on more than one occasion over a 12-month period are restrictive criteria, one can use these figures to estimate that *no less* than 1 in 45 paired adult males in the United States is a batterer according to the definition of repeated, severe violence. Obviously, there are a lot more batterers who use nonphysical forms of control to maintain their dominance.

Do Batterers Differ From Nonbatterers?

Since battering is often a hidden behavior, it would be useful if there were other markers of risk that would help to identify batterers among those who do not batter. An alternate way of conceptualizing battering and batterers is that there are not discrete categories but rather there is a continuum of violence. Inherent in this conceptualization, and a hallmark of the feminist perspective, is the idea that all men are capable of battering. Unfortunately, the feminist perspective does not tell us much about which men will batter. All men have grown up in a patriarchal society, but only some men batter. Other theories of domestic aggression such as social learning theory are combined with the feminist perspective to form a more complete explanation of battering and batterers.

The path to battering is complex and differs for every person. Anger, hostility, depression, relationship dissatisfaction, personality, age, stress, spouse-specific assertiveness, sex-role beliefs, and other individual-level markers have all been examined. However, there is no marker or risk factor that, when present, indicates that the risk bearer is a batterer. Likewise, there is no "smoking gun" that can be clearly identified as the cause of his violence. Battering is larger than the individual. Although individuals carry out the acts, acts of battering are incubated in a social system that has encouraged them, permitted them, and failed to sanction them when they happen.

Researchers have identified a number of risk factors for intimate partner violence (IPV) that cut across several empirical studies. Foremost among these is gender. Most representative samples of U.S. adults have found that the prevalence of IPV perpetrated by men and by women is roughly equivalent. For example, the National Family Violence Survey found that 12.4% of women reported that they had been physically violent to their spouse in the preceding 12 months compared to 11.6% of men. When injury, fear, chronicity, and the context of aggression are considered, it is clear that battering is usually the province of men. For example, in the National Survey of Families and Households, 73% of those reporting injury in an IPV episode were women. To point out that serious IPV is more often perpetrated by men does not suggest that women are not violent, or that there are no women who batter. However, research suggests that most women's violence occurs in the context of violence against them by their male partners. Men's violence is more likely to include sexual abuse, coercive control, and stalking, while women's violence is more likely to be motivated by self-defense and fear.

In addition to gender, three other cross-cutting factors have been found to be important in discussions on batterers and IPV: substance abuse, a history of violence in the family of origin, and low income. Alcohol and drug abuse have long been linked to IPV, but the nature of the relationship is not yet clear. Early studies comparing physically aggressive couples with conflicted and satisfied couples found that chronic alcohol abuse rather than acute measures of quantity and frequency of alcohol use best distinguished between these two groups. More recent studies have suggested that the acute effects of intoxication are also linked to IPV. In one study, IPV was found eight times more likely to occur on a day when the man has used alcohol than on a nondrinking day.

In addition to the acute and chronic effects of alcohol, the frequency with which a man gets drunk is an important predictor of IPV. How often a man gets drunk has been found to be directly related to how often he batters and to the probability he will batter again after he has completed a batterer program. Drunkenness plays a special role in IPV because of its role as an instigator of fear. Drunkenness is the quintessential control tactic because people who are drunk are unpredictable, and people around them who are not drunk are usually alert to the danger and modify their behavior accordingly. When the drunken person is a man with a history of IPV while intoxicated, this fearfulness is an adaptive response. Studies have found that frequency of drunkenness almost quadruples the likelihood that victims will fear their batterer, even after these studies have controlled for the batterer's amount of alcohol used, class, race, marital status, and levels of prior abuse. Drugs other than alcohol also play an important role in battering.

The second cross-cutting risk factor in battering is a history of IPV in the family of origin. Violence in the family of origin can be either observing IPV between parent figures or experiencing violence at the hands of a parent figure. Batterers are much more likely than nonbatterers to have observed violence in their families of origin. The prevalence of parental IPV in the general population is estimated to be 13%, but for men who have been violent with their partner in the past year, the prevalence rate jumps to 35%. However, despite what many believe is a defining characteristic of batterers, only about one in three batterers in treatment report experiencing violence in their families of origin. Even though observing IPV growing up is a risk marker for battering, most batterers have to learn their violent behavior elsewhere. The visual and print media's chronic exaggeration of masculinity is one likely place to learn violence, but sports, clubs, the workplace, education, and religion also contribute.

The third identified risk factor for battering in most studies is some measure of income, employment, or social class. Batterers are more likely than nonbatterers to have low income. The average family income (in 2006 dollars) reported by male respondents in the 1985 National Family Violence Survey who did not batter was $58,371; for men who self-reported battering, income was lower by 16%, at $48,783. Regardless of which data are used, there is a visible link between income and battering.

Do Batterers Differ From One Another?

All of the risk factors discussed previously share two important features: (1) most individuals who have that risk factor do not batter; and (2) for those who do batter, most do not have that risk factor. To the careful observer, batterers often appear as different from one other as from nonbatterers. Observations of variations among batterers have led to attempts to classify or type batterers. With successful classification, additional knowledge may be gained about the dynamics of battering, and subsequently improved interventions may be developed. Studies on batterer types look at differences along three dimensions: (1) *severity* of the violence—batterers who use injury-producing violence may be different from batterers who use only moderate violence; (2) *generality* of their violence—batterers who are violent outside the family may differ from batterers who are violent only in the family; and (3) *psychopathology*—batterers who have co-occurring psychiatric, substance use, or personality disorders may be different from batterers who do not. Most studies have found three somewhat different types of batterers.

The most common type of batterer is the *family-only* batterer. These batterers confine their aggression to their partner or children. Family-only batterers' violence is usually on the lesser end of severity, and they are less likely to have substance use or mental health issues. The second general type is called the *unstable* batterer. With somewhat elevated levels of violence severity, and more proneness to violence outside the family than the family-only type, the most salient feature of unstable batterers is the instability of their mood. Ranging from anxiety and depression problems, some of these batterers have personalities characterized by emotional lability and borderline personality features. Not surprisingly, these batterers are more likely to use alcohol or other drugs to regulate their mood. Some researchers believe that borderline personality organization and insecure attachment constitute an *abusive personality.* The third general type of batterer is *generally violent.* Often more severe in their violent behavior than the family-only or emotionally unstable batterer types, these batterers' violence toward their partners may be an extension of their general violence toward society. In some cases, these batterers may have an antisocial personality orientation.

The threefold typology is the most prominent classification system for batterers, but not the only one. Based on observations that IPV in the general population may differ from the IPV by those arrested and sent to treatment, some scientists distinguish two types of IPV: *intimate terrorism* and *situational couple violence.* Intimate terrorism is severe, chronic, injurious, instrumental, more likely perpetrated by a man, and more likely to come to the attention of the criminal justice system. There is considerable overlap between the concepts of the intimate terrorist, the abusive personality, and the unstable or generally violent batterer. More controversial is the concept of situational couple violence. Less violent and sporadic, situational couple violence is mutual pushing and shoving between partners that does not result in injury, and where neither partner fears being abused. The roles of perpetrator and victim are fluid, and in fact these terms are meaningless. These cases do not usually come to the attention of the criminal justice system.

Other researchers have looked at readiness to change as adding an important dimension to batterer

typology. Since the mid-1980s, practitioners have observed variation in the extent to which batterers accept responsibility for their violence and are prepared to change their behavior. Research on and application of the stage of change model to batterer intervention programs has been under way for over a decade. This model suggests that change is not linear but cyclic, and that people making changes differ in their readiness to change; from the precontemplative or denial stage, they proceed to the contemplative stage, then to preparations for change, then into an active stage of change, and after changes have been made, to engaging in behavior to maintain those changes. While most men entering a batterer program will be in the precontemplative or contemplative stage of change, most programs provide interventions more appropriate for the action stage of change. Even men designated as family-only type batterers, usually thought of as the most change ready and treatable, are often found to have a low readiness to change.

So far, batterer typologies have not been very useful. For one thing, there is evidence that these typologies are not stable over time. For example, over time there may not be a sharp distinction between unstable and generally violent batterers, and men tend to become less "pathological." Despite well over a decade of work on batterer typologies, they remain in the province of academia rather than practice. In part this is a logistical problem. There are few criminal justice or community programs for batterers that have the resources to match batterer characteristics with differential programming, even if such differential programs were shown to be effective. Beyond the possibility of unstable typologies and logistical problems in matching, typologies present other problems. First, most courts and treatment programs do not have the diagnostic capacity, which requires personality and psychopathology assessment, to classify batterers into typologies. Second, the reliability of classification systems has not been established. Third, there are factors such as ethnicity and arrest history that confound typologies. For example, prior conviction for non-IPV crimes would be an important indicator of generally violent batterers. However, low-income African American men are more likely to have been convicted of crimes than middle-class Caucasian men.

Larry W. Bennett

See also Alcohol and Violence; Batterers, Factors Supporting Male Aggression; Batterers, Personality Characteristics of; Batterers, Treatment Approaches and Effectiveness

Further Readings

Dutton, D. G. (2002). *The abusive personality: Violence and control in intimate relationships.* New York: Guilford Press.

Fals-Stewart, W. (2003). The occurrence of partner physical aggression on days of alcohol consumption: A longitudinal diary study. *Journal of Consulting and Clinical Psychology, 71,* 41–52.

Gelles, R. J. (1999). Male offenders: Our understanding from the data. In M. Harway & J. M. O'Neil (Eds.), *What causes men's violence against women?* (pp. 36–48). Thousand Oaks, CA: Sage.

Gondolf, E. W. (1999). Characteristics of court-mandated batterers in four cities. *Violence Against Women, 5,* 1277–1293.

Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin, 116,* 476–497.

Hotaling, G. T., & Sugarman, D. B. (1986). An analysis of risk markers in husband to wife violence: The current state of knowledge. *Violence and Victims, 1,* 101–124.

Hutchinson, I. W. (1999). Alcohol, fear, and woman abuse. *Sex Roles, 40,* 893–920.

Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues, 26,* 322–349.

Kantor, G., & Straus, M. A. (1989). Substance abuse as a precipitant of wife abuse victimizations. *American Journal of Drug and Alcohol Abuse, 15,* 173–189.

Zlotnick, C., Kohn, R., Peterson, J., & Pearlstein, T. (1998). Partner physical victimization in a national sample of American families. *Journal of Interpersonal Violence, 13,* 156–166.

Batterers, Factors Supporting Male Aggression

While a large body of research is devoted to risk factors for, and the impact of, intimate partner violence (IPV) victimization among women, considerably less is known concerning perpetrators of IPV and the risk factors across the life span that may lead them to enact violent behaviors against female partners. This entry presents a brief review of factors across the life span and across social contexts (i.e., individual, family, peer, community/society) that appear to place adolescent and adult men at risk for perpetrating IPV, and also those factors that appear to protect against IPV perpetration.

Individual-Level Factors

Like IPV victimization, perpetration of physical and sexual violence against intimate partners is found across all ages, incomes, and racial/ethnic backgrounds, but research shows that certain groups are at greater risk of IPV perpetration. The highest rate of IPV perpetration is found among men ages 18 to 35. Substance use in adolescence and adulthood is consistently associated with IPV perpetration, and increases the severity of abuse and risk of injury. Depression is a mental health concern consistently found to be more prevalent in men perpetrating IPV than in the general population, but no other mental health issue or personality traits have emerged as consistently, despite numerous studies that have investigated psychopathology among IPV perpetrators. Personal beliefs and attitudes that legitimize violence against women in relationships are also consistently found to be associated with IPV perpetration.

IPV perpetrators often perpetrate other forms of violence, including nonpartner violence. Notably, high rates of child abuse perpetration are consistently demonstrated among men who physically abuse the mothers of those children, and the risk of physical abuse of children is found to rise with the severity and frequency of partner violence. Suicide and suicidal intentions also often co-occur with IPV among men; perpetration of severe IPV has been associated with reported suicide attempts among adolescents, and a review of Massachusetts IPV homicides revealed that almost one third were accompanied by a perpetrator suicide or suicide attempt. Antisocial behaviors and violence (e.g., conduct problems, police contact, aggressive delinquency, and fighting with peers) have been found to be predictive of dating violence among adolescent boys.

Family-of-Origin Factors

The greatest attention regarding sources of risk for IPV perpetration has been devoted to the family of origin. The theory of intergenerational transmission (i.e., exposure to men's partner violence in the home causes later battering behavior) has long been used to explain perpetration, but this single factor is not sufficiently explanatory, nor is it consistently supported by research findings. Rather, mixed evidence has emerged concerning the role of exposure to violence in the family on later IPV perpetration, suggesting the role of other social and developmental factors. Childhood maltreatment is one such predictor of IPV perpetration, and has been found to relate to abuse severity among perpetrators. Additional family-level factors for IPV perpetration include low family cohesion and adaptability, dysfunctional home environment, parental substance use, harsh parental discipline practices, and low parental monitoring.

Considerably less is known concerning protective influences at the family-of-origin level. Perceptions of family connectedness have been associated with lower levels of general violence among adolescents, as well as protective of other high-risk behaviors among adolescents, including suicide attempts and substance use, suggesting its role in protecting against IPV perpetration. However, this remains untested and little is known concerning other family-level factors that may reduce IPV perpetration even in the face of known risk factors.

Relationship Factors

While relationship factors such as marital discord may play a role in IPV, the literature indicates that IPV is not relationship specific (i.e., IPV perpetrators tend to serially abuse women throughout their adulthood). Further, risk for violence is greatest after separation.

Peer Factors

Closely linked with individual attitudes and behaviors regarding IPV is the influence of peer context. Peer approval of IPV contributes to both personal attitudes sanctioning its use and actual IPV perpetration, as does hostile talk about women with peers. The actual behavior of peers also relates to IPV perpetration; peer deviance has been found to contribute to IPV perpetration in late adolescence, and adolescent and college males who report peer IPV perpetration are more likely to perpetrate IPV themselves. The potential protective role of peers regarding IPV perpetration has not been investigated.

Community and Societal Factors

Levels of social context beyond family and peers, including school- and community-level factors, have received comparatively little attention regarding their relation to IPV perpetration.

Exposure to community violence has been linked to perpetration of both community violence and IPV among adolescents. At a broader level of societal influence, exposure to violent media has also been found to

influence perpetration of aggressive behaviors, via posited mechanisms of viewers learning aggressive behaviors and attitudes as well as being desensitized to this violence. A recent longitudinal analysis indicated that childhood violent television exposure predicts both spousal abuse perpetration and general aggressive behavior among adult men. Similarly, exposure to pornography has been found to be associated with sexual aggression, with batterers' use of pornography linked with women's reports of violent sexual acts from such men as well as more severe levels of violence. Community connectedness may be protective against IPV perpetration; recent evidence indicates inverse associations of community connectedness with both IPV homicide and nonlethal IPV.

Michele R. Decker and Jay G. Silverman

See also Batterers; Community Violence, Relationship to Partner Violence; Ecological Models of Violence; Male Peer Support, Theory of; Media and Violence

Further Readings

Brook, J. S., Brook, D. W., & Whiteman, M. (2007). Growing up in a violent society: Longitudinal predictors of violence in Colombian adolescents. *American Journal of Community Psychology, 40*(1–2), 82–95.

Loeber, R., et al. (2005). The prediction of violence and homicide in young men. *Journal of Consulting and Clinical Psychology, 73*(6), 1074–1088.

Batterers, Personality Characteristics of

Men who batter exhibit a variety of personality characteristics, and there is no single personality profile of the batterer. However, their personality characteristics tend to cluster into some distinct groups. This entry discusses these personality clusters and groups, the prevalence of personality disorders in men who batter, risk assessment of and interventions for men who batter, and the controversy surrounding these personality characteristic findings.

Personality Clusters and Groups

Early studies found three personality clusters: (1) schizoidal/borderline, (2) narcissistic/antisocial, and (3) dependent/compulsive. More sophisticated studies that included measures of behaviors, beliefs, and physiological responses, along with personality, found that abusers could be placed into three major groups: (1) *family only:* those with no significant personality problems who tend to be violent only at home; these men seem to be conformists who have difficulty communicating assertively and dealing with stressful situations, and they seem to suppress their emotions more than do other abusers; (2) *antisocial:* those with strong antisocial traits who have a history of severe behavioral problems in childhood and adolescence and abuse of alcohol and other drugs; they tend to be violent inside and outside of the home, and they justify their violence and are adept at tactics of intimidation; and (3) *borderline/dysphoric:* those with borderline traits, who are emotionally "volatile," and exhibit depression and suicidal tendencies; they are the most psychologically abusive, and they have the most difficulty separating from their partners and may stalk and harass them after separation. The above differences in personality traits appear to be linked to distinct types of childhood traumas. The studies found that while the antisocial type was likely to have suffered severe physical abuse at the hands of one or both parents, the borderline type was likely to have experienced loss, rejection, and humiliation.

Research on general personality dimensions supports distinctions between "impulsive" and "instrumental" violence. Impulsive violence appears to fulfill an emotional need, such as in the borderline abuser, whereas instrumental violence is more calculated and aimed at obtaining one's way, as in the antisocial abuser. Both the borderline and antisocial abuser appear "underinhibited," in contrast to the family-only type, who appears to be "overinhibited." Some research has investigated physiological responses in the midst of couples' conflicts and linked them to personality types. One study found a *decrease* in physiological arousal among antisocial men during conflict, even when they seemed very angry. This implied that they knew how to appear intimidating and became more relaxed when their control was working. However, this study has not been replicated. Among the recent trends in research is the exploration of psychopathy, generally considered a more severe subtype of antisocial personality disorder. Psychopathic men seem to have little or no empathy for others and there is evidence that they are the most likely to reassault, even after completing treatment. This research may help in identifying an abuser type who would not

benefit at all from treatment and instead may require prolonged incarceration.

Prevalence

Some studies find that the majority of men who batter have personality disorders, but prevalence rates can vary as a function of the measures and definitions being used. Some researchers suspect that the self-report nature of many personality measures leads to inflated rates. Studies rarely use more reliable, comprehensive clinical assessments that include structured clinical interviews and reports from significant others. It should be noted that *personality* disorders are distinct from *mental* disorders. There is general agreement that men who batter do not have severe mental disorders, in particular mental disorders with an organic origin such as bipolar disorder. Courts do not recognize personality disorders as factors in criminal proceedings, whereas certain mental disorder symptoms may play a role in an offender's ability to distinguish right from wrong and to understand court proceedings.

Risk Assessment and Intervention

Knowing about the personality characteristics of batterers may prove useful in risk assessment and intervention planning. For example, antisocial types are the most severely violent during the relationship and exhibit domineering and threatening behaviors. However, they do not show the strong emotional attachment of the borderline type and have a "dismissive" style of attachment, which makes it easier for them to end relationships. Borderline types, on the other hand, are more likely to emotionally abuse their partners. They seem to be at the highest risk of killing their partners and themselves after separation. Still, it is possible to become complacent about the lethality of borderline types because they often show a strong motivation to get help, express their feelings, and perpetrate relatively low rates of physical abuse.

Some types of treatments or intervention might be more successful for some personality types than others, suggesting that one size does not fit all. One experiment found that men with antisocial personality traits, compared with other men, had lower reassault rates if they completed feminist-cognitive-behavioral groups, whereas those with dependent personality traits had lower reassault rates if they completed process-psychodynamic groups. The feminist-cognitive-behavioral approach uses sex-role resocialization and the cognitive restructuring and stress management methods used in most group programs. The process-psychodynamic approach helps men to reveal and resolve childhood traumas in a safe environment. Group cohesion and leader self-disclosure are emphasized. Some researchers conclude that because the majority of abusers show narcissistic or avoidant traits, they will respond well to the commonly used cognitive-behavioral group treatment approach. Criminal justice interventions may not be very effective with the borderline type who is acting out of intense emotional needs. His "emotional survival" at the time of separation is more important to him than the consequences of arrest and jail.

Controversy

Findings on the personality characteristics of men who batter have been controversial. The findings lead some to conclude that certain personality traits, rather than cultural and social factors, are the sole cause of the violence. However, other views are possible. For example, it is possible to view the characteristics: (a) as correlated with causal factors and not causes in themselves; (b) as necessary but not sufficient causes of violence—individual level factors, such as personality, can be integrated theoretically with family factors, community factors, and sociocultural levels; and (c) as ways to understand the origins and manifestations of different forms of violence. This last view is in line with findings about different trajectories of childhood trauma leading to different forms of violence and personalities. On the other hand, some researchers who refer to an "abusive personality" mean that personality is the most important causal pathway leading from various childhood traumas to domestic violence. As research continues, a clearer picture is likely to develop on the precise role of personality traits in understanding domestic violence.

Daniel G. Saunders

See also Batterers; Batterers, Factors Supporting Male Aggression; Batterers, Treatment Approaches and Effectiveness

Further Readings

Bornstein, R. (2006). The complex relationship between dependency and domestic violence: Converging psychological factors and social forces. *American Psychologist, 61,* 595–606.

Gondolf, E. W. (1999). MCMI-III results for batterer program participants in four cities: Less "pathological" than expected. *Journal of Family Violence, 14,* 1–17.

Hamberger, L. K., & Hastings, J. (1988). Characteristics of male spouse abusers consistent with personality disorders. *Hospital and Community Psychiatry, 39,* 763–770.

Holtzworth-Munroe, A., Meehan, J. C., Herron, K., Rehman, U., & Stuart, G. L. (2000). Testing the Holtzworth-Munroe and Stuart (1994) batterer typology. *Journal of Consulting and Clinical Psychology, 68,* 1000–1019.

Holtzworth-Munroe, A., Meehan, J. C., Herron, K., Rehman, U., & Stuart, G. L. (2003). Do subtypes of maritally violent men continue to differ over time? *Journal of Consulting and Clinical Psychology, 71,* 728–740.

Langhinrichsen-Rohling, J., Huss, M. T., & Ramsey, S. (2000). The clinical utility of batterer typologies. *Journal of Family Violence, 15,* 37–54.

Saunders, D. (1996). Feminist cognitive behavioral and process-psychodynamic treatments for men who batter: Interaction of abuser traits and treatment models. *Violence and Victims, 11,* 393–414.

White, R. J., & Gondolf, E. W. (2000). Implications of personality profiles for batterer treatment. *Journal of Interpersonal Violence, 15,* 467–488.

Batterers, Treatment Approaches and Effectiveness

Batterer intervention programs (BIPs) are one of several types of interventions designed to prevent the onset or continuation of intimate partner violence (IPV). Other interventions include (a) arrest, prosecution, sentencing, and probation of the offender; (b) services for victims of IPV, including counseling, crisis intervention, advocacy, children's programs, and shelter; (c) couples groups; and (d) individual counseling. Couples groups and individual counseling are less often utilized due to concerns about the safety and blaming of victims in couples treatment and concerns about reinforcing the batterer's code of secrecy in individual counseling. Nevertheless, both couples groups and individual treatment are viable interventions for other populations, and their application to batterers, with proper criteria, increases the intervention options for a very diverse group of people.

Although criminal justice actions and services for victims are not usually thought of as interventions for batterers, BIPs are now part of a larger community system of violence prevention in which criminal sanction and victim services are pivotal. Unlike mental health services, BIPs are not designed to be free-standing interventions, but a local node in a community antiviolence network.

BIPs are intended for people (usually men) arrested for domestic violence, for people who would be arrested if their actions were public, or for people who believe their aggressive behavior toward partners or ex-partners is troubling in some way. Men from this latter category of self-referred batterers are often dubbed *wife referrals* by practitioners who doubt the true motivation behind a man's self-referral to a BIP. One of the unintended consequences of BIPs is that a man's participation may support his belief that he is changing his behavior but his partner is not changing hers, therefore increasing his risk for IPV. Research suggests that self-referred batterers are more likely than court-referred batterers to drop out of the BIP and to reoffend.

BIPs usually consist of a short evaluation followed by anywhere from 3 to 12 months of weekly groups. These groups may be educational, treatment oriented, or focused on personal growth, but there are usually elements of all three in a BIP, in varying combinations. BIPs may also include other intervention elements, such as personal counseling, case management, addiction treatment, parent education, mentoring, or programming drawn from cultural and ethnic traditions. BIPs may be focused on partner violence by men or by women, by heterosexuals or by people in same-sex relationships, but groups are usually not mixed by gender or sexual orientation. BIPs are often housed in nonprofit or private agencies, and less frequently in the criminal justice system or in public institutions. The details of conducting batterer intervention programs are readily available in a number of books and papers. Most states and provinces require that BIPs meet standards, and most standards require that the staff of BIPs meet specific educational and training requirements.

The current focus is on group-based, same-sex groups for men. There are two theoretical perspectives that, although seemingly in conflict, are usually combined in practice to form what is called the standard model BIP. The original BIPs emerged from the women's movement of the 1970s and suggested that men's violence against women was socially supported as a means of maintaining male dominance of women. The function of a batterer program drawn from this

tradition is to help men change their minds about male dominance through a process of psycho-education and community activism. The Domestic Abuse Intervention Program in Minnesota is the most widely known of the psycho-educational approaches, and a sizable proportion of BIPs identify their program as a Duluth model. The Duluth "power and control wheel" is ubiquitous in BIPs, regardless of theoretical orientation.

The second perspective on BIPs is based on cognitive-behavioral (CB) treatment principles. In a "CB" group, the emphasis is on learning new skills, including identifying triggers for violence, interrupting the escalation process, managing anger, and substituting prosocial behaviors for controlling behaviors. In practice, Duluth-type programs engage in CB treatment and CB group leaders are often feminists, so the distinction between CB and Duluth-type approaches is fuzzy; in fact, the thoughtful combination of these approaches forms a more complete explanation of battering and batterers. The standard model BIP in the United States at the present time is best characterized as a profeminist CB psycho-educational program.

The typical batterer program accepts both voluntary and court referrals, although since domestic violence is a crime, most programs prefer that men are referred as a condition of their prosecution or probation. Same-sex offender groups are usually the preferred modality because they allow for peer feedback and reduce the isolation and private behavior common to batterers.

Nobody knows how many BIPs there are. At this time, there is no viable national organization of BIPs, nor are BIPs registered at the federal level, so all the information about them must come from state networks or licensing bodies. Despite their growth in the past 20 years, BIPs serve far fewer batterers than programs for battered women serve victims. In Illinois, for example, researchers estimated that approximately 12,000 batterers were in BIPs at some point during 1998, which was less than a third of the number of victims served by Illinois victim service agencies during that same year.

Process, Instrumental, and Outcome Goals

The core issue addressed by this entry is the effectiveness of BIPs. Knowledge about batterer program effectiveness is important because courts now routinely refer men (and some women) convicted of domestic abuse to BIPs, suggesting a certain level of public confidence in the effectiveness of these programs. Is that confidence justified? Another reason to puzzle over BIP effectiveness is that the victims of domestic violence often want to remain in a relationship with their partner, and are looking for help in changing their partner's violent and controlling behavior. Is that help reliable? A batterer's seeking counseling is one of the strongest predictors that a woman will leave a domestic violence shelter and return to her batterer. Consequently, victim advocates and policymakers are justifiably concerned that BIPs not hold out a promise of help that may eventually become a vehicle for injury. A third reason to be concerned about BIPs' effectiveness is that people who work with batterers are interested in outcomes so they can improve the level of program effectiveness. Is the research applicable to practice? For these people, the concern is often less about *whether* batterer programs work than *how* they work, *for whom* do they work best, and *which elements* of the program are most important. A final reason to question BIP effectiveness is that BIPs are increasingly likely to be funded by public dollars. Are these dollars well spent? Would these dollars be better spent on additional services for victims? Or, given the prevalence of substance abuse and mental illness among batterers, should public dollars be directed toward integrated programs for batterers and substance abusers or programs for mentally ill batterers? Researchers are in the early stages of answering these questions. Evaluation of BIPs using well-designed studies is relatively new, and the confidence researchers have in answering these questions is limited.

The first area to be addressed in any review of program effectiveness is: At what are they effective? BIPs have three orientations or sets of goals: (1) victim safety, (2) accountability and justice, and (3) rehabilitation. The achievement of the first goal, victim safety, is usually indicated by nonabusive behavior during and after a BIP. This is the standard indicator of BIP program effectiveness, usually measured by either victim report of IPV or criminal justice records of re-arrest.

Accountability and justice, the second possible goal for batterer programs, is usually a process or formative goal rather than an outcome goal. This goal asks to what extent batterers comply with program referrals, attend groups, and complete their probation requirements. Batterer programs, in their emphasis on accountability, are an extension of the criminal justice system. In the "New York model," a popular accountability-based approach to BIPs, proponents argue that the batterer's

behavior in the program is less important than how the community responds when the batterer is noncompliant or reoffends. For advocates of this approach, the outcome to be measured is at the community level rather than at the individual level.

A final goal for BIPs is rehabilitation of and behavioral changes in the batterer, such as skill building, attitude change, and emotional development. These behavioral changes are viewed as instrumental in creating nonviolent behavior. In lieu of using more difficult measures from victims or the criminal justice system, some programs consider these instrumental variables as legitimate program outcomes. Changes in state or trait anger, misogynist attitudes, situational endorsement of violence, drug and alcohol use, gender-sensitive language, emotional expression, partner-specific assertiveness, social support, or other risk factors for abuse can be documented to measure immediate changes as a result of the program.

Goals for batterers programs can be process oriented (e.g., accountability), instrumental (e.g., attitude), or outcomes (e.g., recidivism). The fact that some of these goals are instrumental or process goals rather than outcome goals does not deter from their importance. A superior BIP evaluation would attend to all three kinds of goals. Understandably, for most evaluations of BIP effectiveness, the primary goal is recidivism: After admission to the BIP, is the batterer re-arrested, or does the batterer's partner report physical or nonphysical abuse since he started the program? As it turns out, the "batterer's partner" is usually a moving target. In a major study of over 800 batterers in four well-established BIPs in Pittsburgh, Dallas, Houston, and Denver, researchers found that 50% of the men in the study were not living with the index victim at the time of admission to the BIP, but 30 months after admission, 20% of these men had new partners, a quarter of whom had already been assaulted.

Complicating Factors

A number of issues complicate the question about whether BIPs are effective. Among these issues are the definition of what constitutes abuse, high rates of attrition from BIPs, cultural mismatching, and co-occurring problems such as substance abuse. One of the advantages of using victim reports to indicate outcome is that the victim can be asked about nonphysical forms of abuse. Nonphysical abuse, unless it involves threats, is legal, and will not come to the attention of law enforcement authorities. Therefore, batterers who recidivate with nonphysical abuse are often not counted as program failures. Some researchers argue that nonphysical abuse and control is a qualitatively different category of behavior from physical abuse, with different risk factors. Nevertheless, much of the content of contemporary batterer intervention programs is focused on learning noncontrolling behavior. A longstanding suspicion of advocates observing BIPs is that men may learn to avoid physical abuse by substituting more economical and legal forms of control such as intimidation and isolation. Consequently, ignoring nonphysical abuse overestimates the effectiveness of batterer programs.

A second complicating factor for examining BIP effectiveness is program completion. On average, 50% of BIP participants never complete the program, regardless of whether or not a court ordered them to participate. Recidivism rates for men who drop out of BIPs are greater than for men who complete the program, so calculating recidivism based on the minority of men who complete the program results in an artificially low rate of recidivism. On the other hand, calculating recidivism based on all men referred to the program, regardless of whether they complete it or not, underestimates the impact of the program because dropouts did not get the full "dose."

The next consideration related to BIP effectiveness is the frequent mismatch between the culture of the program, including the ethnicity of the group leaders, and the culture of the participants. For example, while African American men are overrepresented in BIPs, they do not fare as well in them as do other men. Culturally focused intervention is proposed as a specialized approach for ethnically homogenous batterer groups that focus on cultural issues linked to preventing violence. At present, the effectiveness of culture-focused programs over other forms of batterer treatment has yet to be firmly established, although the same judgment could be made about any approach to batterer treatment. In general, African American and Latino men have the same reassault rate and generate the same level of victim fear as Caucasians, despite not participating in special culturally focused programs. However, there is a significant difference in the dropout rates of these ethnic groups, with African Americans dropping out twice as often as Caucasians. A clinical trial of culturally focused counseling compared to conventional batterer counseling for both racially mixed and all African American groups found no

between-group differences in partner-reported violence at follow-up. However, despite the no-difference finding, that clinical trial also found that men who scored high in cultural identification were more likely to complete the all African American groups. These findings provide support for continuation of cultural-specific programming, particularly for men to whom ethnic identity is important. Culture-focused programs, while not yet superior to other groups in terms of preventing recidivism, may be superior in preventing dropout.

At least half of batterers referred to BIPs through the courts have co-occurring substance abuse or mental illness issues. Some BIPs screen out substance abusers or men with serious mental disorders, but the current standard of practice is that batterers who have co-occurring substance abuse problems should be in a BIP and in substance abuse treatment at roughly the same time, either in separate programs coordinating their services or in an integrated program addressing the issues concurrently. Integrated substance abuse and BIP intervention has been found at follow-up to be more successful than traditional serial or parallel interventions at engaging offenders in treatment, maintaining offenders in treatment, and reducing re-arrest.

Effectiveness Studies

The bottom line for BIPs is whether they prevent future episodes of physical violence as measured by partner report and/or official records. Before considering the findings of quasi-experimental and experimental studies, it is necessary to note that the science of all the studies on BIPs to date is less than satisfactory, so caution must be exercised about the conclusions drawn. Experimental studies are always challenging to conduct in the field, outside of the controls afforded a laboratory setting. BIP experiments are especially challenged in three key areas: random assignment, subject attrition, and difficulty with victim contact. Several of the studies of BIPs also lacked a control group, which makes it impossible to attribute outcomes to the program rather than a number of other potential causes, even when batterers have been randomly assigned to treatment groups. Another issue is that random assignment may break down when officials change the assignment of a batterer from one experimental condition to another. Researchers then have to decide whether to consider the men as belonging to the group to which they were assigned or the group in which they actually participated.

The second problem with BIP experiments is attrition. On average, half of the participants in BIPs do not complete the program, regardless of whether or not they were court ordered to participate. Studies have found that the "dosing" effect of keeping men in programs longer may have a direct effect on outcome, even after such studies have controlled for other differences between dropouts and completers. The number of sessions attended is an important predictor of recidivism, and successful completion of all treatment sessions reduces the likelihood of re-arrest.

The third difficulty of BIP experiments, victim contact, is an issue because of the difficulty in contacting past and current partners of batterers, as well as potential problems for victims as a result of such contact, as noted by Edward Gondolf. Victim contact is the preferred data source for recidivism in BIP research because of the poor reliability of official records compared to the reports of victims. However, victims may be coerced to participate in BIP studies by both their partner and the researcher. Any form of coercion is unethical. Also, victims are very hard to locate, and for a good reason: their safety. Coercion and inability to contact victims make using victim reports a difficult job, and for those reasons, many studies use arrest records. Arrest is a much less sensitive indicator of reoffense than victim report. For example, one study found that the proportion of arrest to victim-reported abuse was 1 in 35; that is, for every reported arrest, there were 35 assaultive actions. A second problem with arrest is figuring out what it means: Is arrest an individual marker of recidivism or a systemic marker of accountability?

Following are brief summaries of six experimental evaluations of BIPs. The studies are presented in the order they were published.

Minneapolis, Minnesota, randomly assigned 283 batterers to one of three programs (self-help vs. educational vs. combined) and one of two program intensities (weekly for 3 months vs. twice weekly for 4 months). A 6-month follow-up with 92 program completers and their partners found no significant differences between models or intensities. The main application of this study supports the contention that length of treatment is not an important consideration in BIPs.

Ontario, Canada, studied 59 men convicted of wife abuse, placed on probation, and randomly assigned either to a 10-week batterer program at a local family

service agency or to probation with no batterer program. Three of the 30 men (10%) assigned to the batterer program reoffended, according to police records, compared to 8 of 26 men (31%) receiving probation only. The Ontario study provides support for the modest effectiveness of short-term BIPs.

Madison, Wisconsin, randomly assigned 218 batterers to cognitive-behavioral or process-psychodynamic group treatments. In a 18- to 54-month follow-up with program completers, there were no differences between the two treatment approaches in arrests or in victim-reported violence or fear of violence. However, men who had higher levels of dependency did better in the process-psychodynamic treatment, and men who had a more antisocial orientation did better in the cognitive-behavioral program. This study, currently being replicated, supports the suggestion that the "one size fits all" approach to BIPs may not be the best approach; matching batterers to program orientation may lead to a better fit.

Brooklyn, New York, reports the findings of a study of 376 men convicted of misdemeanor domestic violence and randomly assigned to 26 weeks of a Duluth model BIP, 8 weeks of a Duluth model BIP, or community service. At 12-month follow-up, men in the longer BIP were less likely to reoffend than men in the shorter BIP or men in the control condition, although partner report differences were not significant. A key finding of this study is its support for the value of longer-term programs over shorter-term programs.

San Diego, California, compared outcomes for U.S. Navy batterers randomly assigned to a 1-year cognitive-behavioral BIP, a 1-year couples group, a rigorous monitoring program similar to assertive probation work, or a safety planning condition approximating a control group. Men with substance abuse problems or mental disorders were excluded from the study. At 1-year follow-up, there were no differences in reoffense between the four groups. Unfortunately, the research protocol for this experiment not only excluded substance abusers and men with mental disorders but, due to the navy sample, also excluded men with prior criminal records, unmarried men, and unemployed men (i.e., most of the men who are seen in typical BIPs). While questionable as an indicator of normal batterers program effectiveness, the navy study serves as a useful indicator of the effects of assertive community intervention. The overall recidivism rate was 30% by spouse report and 4% by arrest. These figures compare very favorably with those of other interventions. We can conclude from the navy experiment that communities that take a proactive response to domestic violence—assertive probation work, sanctions for noncompliance, victim safety monitoring, and BIPs—are more likely to reduce the incidence of repeat violence.

Broward County, Florida, randomly assigned 404 male defendants convicted of misdemeanor domestic violence to either probation and 6 months of a Duluth model BIP or probation only. At 12-month follow-up, there were no differences between the BIP participants and regular probationers on measures of attitudes toward women, beliefs about wife beating, attitudes toward treating domestic violence as a crime, beliefs about the female partner's responsibility for the violence, or estimated chance of hitting the partner in the next year, and official reports of recidivism. This study suggests that the hope of changing attitudes in BIPs may be misplaced. Another key finding of the Broward experiment is further support for the *stake in conformity* hypothesis: The men most likely to reoffend are those who have the least to lose, as measured by education, marital status, home ownership, employment, income, and length of residency.

In summary, the experimental studies of BIPs do not clearly answer the questions that have been posed about the programs' effectiveness. In addition to the San Diego navy study, there is emerging evidence that coordinated community efforts in which the batterer program plays an integral role in violence prevention are more effective than situations in which the batterer program is viewed as the singular intervention for men who batter. The advantage of longer-term interventions over shorter-term interventions has not been clearly established, despite the trend for longer BIPs. Nor has the advantage of one program type over another program type been established. Men who are more vested in society do better in BIPs than men who are at society's margins. The most concerning finding so far is that BIPs do not appear to have a clear edge over arrest and probation.

The Multisite Study

With support from the Centers for Disease Control and Prevention, researchers studied 840 batterers and their partners in four cities (Pittsburgh, Denver,

Houston, and Dallas) every 3 months for up to 4 years. Ignoring random assignment in favor of in-depth description and victim-sensitive follow-up, the research team interviewed not only initial but also subsequent partners; used funnel interviewing to increase response sensitivity; considered multiple outcomes, including a quality of life inventory for victims; analyzed numerous intervening variables such as shelter and counseling; used process measures such as program participation; collected counselor ratings; studied ethnic diversity; and conducted qualitative interviews with both batterers and victims. This study represents the most complete information about BIPs and batterer intervention systems that researchers have to date.

The researchers concluded that batterer intervention systems have a moderate effect on future violence. At 4 years after BIP intake, 11% of the men had been re-arrested for domestic violence, but according to partner report, 46% had been violent at least once. However, for participants whose partners were interviewed 4 years after the BIP intake, nearly 90% had been violence free in the past year, and three quarters of the men had not been violent at all, per partner report, for over 2½ years. These findings are supported by qualitative interviews with victims, with 85% of female partners saying they felt safe. One of the most striking findings of this study is that more than half (24%) of the 46% reoffense rate occurred during the first 6 months after intake, *the time during which the man was still in the batterer program.* This suggests that BIPs are not the short-term deterrent that some thought they might be, but may have a more far-reaching impact. The researchers also found that a small group of men, about one in five, reassault continually, including while they are in the BIP, and never desist. BIPs apparently have little effect on this group of dedicated offenders.

The best predictors of reassault in any follow-up period were drunkenness during that period and the woman's prediction of her own safety and probability of reassault. Both of these predictors are dynamic and change over time, suggesting that BIPs should pay at least as much attention to changes in the ba tterer while he is in the program rather than relying on static predictors at intake such as personality, mental illness, or substance abuse diagnosis. Static predictors of reassault were prior arrest for crimes other than domestic violence, severe psychopathology, and severe levels of physical abuse. These predictors, coupled with the finding that one in five men in the program were constant and undeterred offenders, suggest that there is a subset of batterers in BIPs who should not be there or, alternately, that the standard model of BIPs does not impact this subset of offenders.

Meta-Analytic Studies

Multisite studies provide a richer perspective on BIPs than the experimental studies described earlier. Nevertheless, the multisite study is quasi-experimental and, lacking random assignment, is limited in the conclusions that can be drawn from it. Meta-analysis provides an additional perspective, combining the results of all BIP studies to look for an *effect size* by program type. An effect size is an estimate of the effect of participating in a program versus not participating in a program. Two recent meta-analyses have digested the results of 24 studies on BIP effectiveness using victim report and arrest data.

The first meta-analysis of 22 BIP studies found that without treatment, the proportion of batterers who reoffend was 21% based on police reports and 35% based on victim reports. The effect size for both police and partner reports was 0.18, a small but statistically significant effect. Effects were larger for studies using quasi-experimental designs (.23 and .34) than those using experimental designs (.12 and .09). No significant differences were found between Duluth-type programs and cognitive-behavioral treatment, and the researchers pointed out that the actual differences between these two approaches are minimal. The researchers concluded that a woman is 5% less likely to be battered by a man who was arrested, sanctioned, and attended a BIP than a man who was simply arrested and sanctioned, a figure that corresponds to approximately 42,000 women a year in the United States. The 5% improvement rate for participants in BIPs was compared with other meta-analyses' findings, such as 16% improvement for treatment of aggressive adolescents and 12% for correctional treatment of adult prisoners.

The second meta-analysis was more restrictive in requirements for the analysis, including only 10 studies with a total of 19 BIP outcomes. Of the 19 outcomes, 13 were positive, but only 4 of the 13 outcomes were above the 0.5 level where the effect is considered to be of a moderate size. Like most meta-analyses, the researchers found that effect sizes from experimental studies were smaller than the effect sizes of quasi-experimental studies. They also found that studies using victim report had virtually no effect.

Current Issues

Batterer intervention programs are growing in number but still lack the necessary scientific support to be clearly established as the intervention of choice in all cases. BIPs are usually identified either as a form of cognitive-behavioral treatment or as profeminist psychoeducation, but in practice BIPs do not differ that much from one other. Regardless of orientation, BIPs look to reduce violence against partners, teach new skills, and help men be more accountable for their behavior. In empirical studies, BIPs have a small, but statistically significant effect. As BIPs improve their response to attrition, cultural issues, and co-occurring disorders, they will become a better fit for participants. BIPs are a necessary but not sufficient response to intimate partner violence.

Larry W. Bennett

See also Batterers; Duluth Model; Intimate Partner Violence; Recidivism

Further Readings

Aldarondo, E., & Mederos, F. (2002). *Programs for men who batter.* Kingston, NJ: Civic Research Institute.

Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23,* 1023–1053.

Edleson, J. L., & Tolman, R. M. (1992). *Intervention for men who batter: An ecological approach.* Newbury Park, CA: Sage.

Feder, L., & Wilson, D. B. (2005). A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior? *Journal of Experimental Criminology, 1,* 239–262.

Gondolf, E. W. (2002). *Batterer intervention systems: Issues, outcomes, and recommendations.* Thousand Oaks, CA: Sage.

Healey, K., Smith, C., & O'Sullivan, C. (1998). *Batterer intervention: Program approaches and criminal justice strategies.* Washington, DC: U.S. Department of Justice.

O'Leary, K. D., Heyman, R. E., & Neidig, P. H. (1999). Treatment of wife abuse: A comparison of gender-specific and conjoint approaches. *Behavior Therapy, 30,* 475–505.

Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model.* New York: Springer.

Stordeur, R. A., & Stille, R. (1989). *Ending men's violence against their partners.* Newbury Park, CA: Sage.

Bestiality

Bestiality is defined as sexual interaction between a human and an animal. Bestiality (sometimes referred to as *zoophilia* if the human perpetrator is emotionally attached to the animal) ranges from a human's fondling the genitals or anal area of an animal to sexually penetrative acts, for example, a human male penetrating the vagina or anus of a mammal. Pets and farm animals constitute the most common victims of bestiality. The practice of bestiality has occurred throughout recorded history and depictions of bestiality have been found in prehistoric artwork. Some forms of bestiality result in no injury to the animal, while other forms may result in severe injury to or the death of an animal (making bestiality an animal welfare concern). In some jurisdictions, bestiality is considered a crime. Since the practice of bestiality may be symptomatic of a paraphilia, bestiality can become a human mental health issue. Currently, there is debate over whether preferential bestiality (preferring animals as sex partners over humans) should be classified as a human sexual orientation.

Little is known about the etiology of bestiality or its developmental course. Most of the research on this topic is derived from surveys of self-selected individuals who practice bestiality and who consider it an acceptable or a desirable practice. One checklist of children's sexual behaviors asks about children touching animals' genital or anal areas, and caregivers of children who have been sexually abused more frequently report this behavior than caregivers of nonabused children. Both juvenile and adult sex offenders as well as serial sexual homicide perpetrators admit to bestiality more often than do nonoffenders.

Since bestiality is usually perpetrated covertly and secretively, it is difficult to study objectively, especially when children are the perpetrators. Research that does exist uses the questionnaire method, asking about current behavior or past acts of bestiality, but this research focuses on adult samples.

Bestiality is sometimes coerced. For example, an adult sex abuser may require a child to engage in sex acts with animals or a batterer may force his female partner to have sex with the family pet. Bestiality is a theme in print and video pornography and can be found on numerous Web sites. The effects of exposure to bestiality (live performances or depicted acts) have not been studied.

Debates over the acceptability of bestiality often focus on the issue of consent. Given human power over animals and animals' lack of verbal abilities, consent is difficult to establish even in cases where the animal appears to enjoy sexual interactions with humans. These debates often draw parallels between animal victims of sexual abuse and victims who are children or incapacitated adults.

Effective mental health treatments for bestiality are not specifically noted in the literature, but they may be modeled on interventions for other paraphilias.

Frank R. Ascione

See also Animal Abuse and Child Maltreatment Occurrence; Animal/Pet Abuse

Further Readings

Beetz, A. M., & Podberscek, A. L. (Eds.). (2005). *Bestiality and zoophilia: Sexual relations with animals.* West Lafayette, IN: Purdue University Press.

Betrayal Trauma

Betrayal trauma is a trauma perpetrated by a person or institution on whom the victim must depend. It involves the violation of the trust within caregiving relationships. Examples include child abuse perpetrated by relatives, teachers, or religious leaders; intimate partner violence; abusive treatment in employment settings; and political oppression. Betrayal trauma has specific psychological and cognitive consequences. A common response is dissociation, a mental process in which individuals separate themselves from conscious awareness of their present situations. Dissociation is linked to memory impairment for trauma. Betrayal trauma theory accounts for the deficits in awareness and memory for mistreatment that psychologists have observed in victims of interpersonal trauma. The terms *betrayal trauma* and *betrayal trauma theory* were first introduced by psychologist Jennifer Freyd in 1991. Since that time, at least seven research studies have demonstrated that individuals who experience betrayal trauma are more likely to report a period of amnesia for their trauma, as compared to individuals who experienced other forms of trauma such as accidents. Other investigations have demonstrated variations in experiences of betrayal trauma according to gender and age, and the impact of betrayal trauma on various aspects of physical and mental health.

Betrayal trauma theory addresses how individuals may separate instances of violation from their memory and conscious awareness in order to preserve a necessary relationship. Individuals do not need to recognize their treatment as a betrayal to experience betrayal trauma. *Betrayal blindness* is the term used to describe the deficits in awareness or memory observed in survivors of betrayal. A large body of research demonstrates that some individuals who experience memory impairment for trauma experiences later recall the trauma they endured, and there does not appear to be a link between memory accuracy and memory persistence. Although initially adaptive, dissociation and memory impairment can lead to individuals' being revictimized or becoming perpetrators themselves.

Research examining memory persistence for abuse demonstrates greater levels of memory impairment for trauma perpetrated by caregivers than for trauma perpetrated by other individuals or for noninterpersonal trauma. In addition, laboratory experiments show that individuals with higher levels of dissociation exhibit deficits in selective attention tasks, but show increased skills on divided attention tasks, as compared with people with low levels of dissociation. In particular, individuals with high levels of dissociation are less likely to remember trauma-related words, which suggests that they may be particularly adept at disregarding threatening information. Individuals with high levels of dissociation are significantly more likely to report trauma experiences in general, and betrayal trauma instances in particular, than are people with low levels of dissociation.

Child Abuse and Betrayal Trauma

Physical, sexual, or emotional abuse during childhood represents a form of betrayal trauma that often has serious negative consequences. Child abuse occurs at the same time that children are developing physically and mentally, forming attachments to their parents, and learning how to manage their emotions and relate to others. Child abuse disrupts all of these processes, and these disturbances often endure well into adulthood. For instance, rates of depression in children, adolescents, and adults are considerably higher among those who have experienced childhood abuse than among

individuals who have not experienced childhood abuse. This form of betrayal trauma also is likely to occur repeatedly and in an inescapable environment.

Children who are being abused face an impossible mental and emotional conflict: They must receive care from the very adults who are hurting them. Betrayal trauma theory explains that in order to survive in such circumstances, children attempt to disregard the abusive treatment they receive. Even after they leave their homes of origin, survivors of childhood abuse may still remain unaware of their abusive treatment in order to sustain necessary relationships or to preserve an image of a positive family experience.

Other Features of Betrayal Trauma

There are several other issues related to the experience of betrayal trauma and its effects. Age of onset, severity, chronicity, and whether the perpetrator is a parent are all factors that predict levels of dissociation and delayed memories of abuse. Gender also plays a role in betrayal trauma. Women experience more betrayal traumas than men over the course of their lives, whereas men experience more nonbetrayal traumas. Female victims of child sexual abuse are more likely to experience abuse at younger ages, and to be abused by family members, than are male victims of child sexual abuse. Men are substantially more likely than women to be perpetrators of betrayal trauma. Finally, betrayal trauma is more strongly associated with physical health impairments than are other forms of trauma.

Broader Implications

Because individuals unintentionally create dissociation and/or memory impairment in order to escape their realities, these processes may later be challenging to identify and change. Furthermore, larger dynamics in society can contribute to betrayal blindness and prevent victims from confronting the betrayals they have experienced and their lasting effects. For instance, perpetrators, their families, or larger cultures may insist that victims keep silent, or may not believe victims who disclose betrayal. In addition, individuals, institutions, and larger societies may deny the prevalence of trauma and the reality of its effects in order to protect themselves from this disturbing information. Victims are likely to benefit from psychological treatment from therapists or counselors who have training in treating survivors of trauma, and societies are likely to improve from increased research, prevention, intervention, and discourse regarding different forms of trauma and their effects.

Rachel Evelyn Goldsmith

See also Dissociation; Psychological/Emotional Abuse; Sexual Abuse

Further Readings

Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse.* Cambridge, MA: Harvard University Press.

Freyd, J. J. (2005). *What is a betrayal trauma? What is betrayal trauma theory?* Retrieved August 12, 2006, from http://dynamic.uoregon.edu/~jjf/defineBT.html

Freyd, J. J., DePrince, A., & Zurbriggen, E. (2001). Self-reported memory for abuse depends on victim-perpetrator relationship. *Journal of Trauma and Dissociation, 2,* 5–16.

Goldberg, L. R., & Freyd, J. J. (2006). Self-reports of potentially traumatic experiences in an adult community sample: Gender differences and test-retest stabilities of the items in a Brief Betrayal Trauma Survey. *Journal of Trauma & Dissociation, 7,* 39–63.

Goldsmith, R. E., Barlow, M. R., & Freyd, J. J. (2004). Knowing and not knowing about trauma: Implications for psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 41,* 448–463.

Biochemical Factors in Predicting Violence

Our brains monitor our experiences through chemical reactions that lead to memories, feelings, thoughts, and other cognitive processes; thus, brain chemistry is particularly sensitive to environmental inputs and is altered accordingly. Experiences, such as learning and social interactions, trigger emotional reactions, and the chemistry of those feelings is translated into our behavioral responses. Aggressive or violent behavior is associated with the chemistry of our emotions where behavioral responses are exaggerated, inappropriate, or out of context given the social circumstances. In these cases, the individual's ability to properly evaluate the situation and regulate his or her emotional responses becomes impaired. Many who are violent are easily provoked, misinterpret the social

interaction or stimulus, and overreact; it is as if survival mechanisms have gone awry. In other cases, internal stimulation is insufficient and only extreme behaviors can provide what is physically perceived to be adequate stimulation to the brain.

Neurotransmitters

Studies of biochemical mechanisms underlying violent behavior focus on the role of central neurotransmitter systems in regulating impulse control and activity levels, or arousal of the nervous system. Neurotransmitters are chemical messengers that convey "information" in the form of an electrically charged signal from neuron to neuron, and from brain structure to brain structure. In general, neurotransmitters regulate emotion, mood, hunger, thirst, sleep, and a host of other behavioral and psychological processes. The neurotransmitters dopamine, serotonin, and norepinephrine have been strongly and consistently associated with aggressive behaviors, even in the absence of a disorder.

Dopamine

The dopamine system has been implicated in displays of aggressive or violent behavior. When the dopamine system is activated, novelty seeking and self-stimulation behaviors increase. When this system goes awry, however, behavior may be activated in the absence of a reward, a threat, or some other appropriate stimulus. This "approach system" can produce dangerous asocial and disruptive behavior when it is activated in the absence of an appropriate social setting or provocation. The overproduction of dopamine has been associated with psychotic behavior, and has been linked to antisocial behavior and violence. Antipsychotic drugs that decrease dopamine levels tend to decrease fighting behaviors.

Serotonin

An abnormally low level of serotonergic activity is another significant player in influencing impulsive-aggressive behavior. Lesions that switch off areas of the brain that are dense with serotonin connections produce rage and attack behaviors. Scores of studies have found several indicators of lowered serotonin activity in studies of juveniles and adults characterized as violent or impulsive, in contrast to those who are not. Further refinements to these investigations, however, show that serotonin is more specifically responsible for regulating impulse control than aggressive behavior. The implications are that when serotonin activity levels are relatively low, the tendency or predisposition to behave in certain ways (e.g., violently) that may be related to certain personality traits (e.g., a negative or hostile mood) is less likely to be inhibited.

Norepinephrine (Noradrenaline)

Norepinephrine (NE) is of particular interest due to its involvement in stress responses, emotions, attention, and arousal. It plays a primary role in the so-called fight-or-flight response by causing the release of stress hormones from the adrenal glands, and exciting the central and peripheral nervous systems. NE activates the fight-or-flight response by stimulating various brain structures, from the frontal cortex, to the limbic system (controlling emotions and survival functions), to the brainstem.

Significant changes in NE have been documented during preparation for, execution of, and recovery from activities that involve states of high arousal, including violent behavior. Drugs that increase NE activity are known to worsen violence in patients who are already agitated, and, conversely, because NE activity levels are suppressed by medications that are used in the treatment of violence, there are clear indications that NE's role in violence is significant.

Monoamine Oxidase

Monoamine oxidase (MAO) is an enzyme responsible for the deactivation of several neurotransmitters (e.g., dopamine, serotonin, and NE). Unusually high or low levels are believed to adversely affect social behaviors. Low MAO activity results in excessive levels of dopamine and NE, which are believed to contribute to aggression, loss of self-control, and inappropriate motivations to behave. Because MAO concentrations are particularly high in areas of the brain involved in complex thinking processes, affect and mood state, impulse control, and aggressiveness, the relationship between irregularities in its activity and possible effects on social and emotional behaviors is understandable.

For over two decades, irregularities in MAO levels have been linked with antisocial behaviors, particularly those involving psychopathy, aggression and

violent behavior, sensation-seeking behavior, impulsivity, and excessive alcohol use.

Hormones

Hormones are chemicals released by glands that travel to various parts of the brain and body to exert their effects. Hormones of interest can be categorized as either "sex" or "stress" hormones; they regulate sex drive, reproductive functions, aggression, territoriality, sexual differentiation, responses to environmental stimuli, and energy levels.

Sex Hormones

The most studied hormones in relation to aggression are testosterone and other male hormones, called androgens. Studies of people with a disorder caused by exposure to high levels of androgens in prenatal and early postnatal periods (congenital adrenal hyperplasia) provide evidence for testosterone's role in aggression, in that these people are unusually aggressive. Studies have consistently found evidence for elevated testosterone levels in both male and female violent offenders relative to males and females in control groups, suggesting a role for testosterone in criminal violence and aggressive dominance.

Importantly, behaviors associated with elevated testosterone levels are substantially context dependent. In other words, high levels of testosterone are not always associated with aggression, which also depends on the person's social circumstances and characteristics. Also, these hormones not only influence dominance and aggressive behavior, but they also increase their activity *in response* to behaving that way.

There is also some evidence for the role of irregularities in sex hormone levels in female antisocial behavior. High levels of testosterone have been found among violent female inmates and delinquents relative to those considered nonviolent. Also, females exposed to high levels of androgen in the prenatal and early postnatal periods have significantly higher aggression scores than those in control groups. Unusually high testosterone levels in females may contribute to the increased incidence of a masculine appearance among female offenders and may function to reinforce aggressive tendencies under certain environmental conditions. Interestingly, giving androgens to females who are not involved in criminal behavior has been clearly associated with an increase in aggression proneness.

Stress Hormones

Certain hormones are released in response to signals from the brain and glands involved in the fight-or-flight mechanism. These hormones are sensitive to both psychosocial stressors and novel situations; thus, they are called stress hormones (e.g., ACTH, cortisol, prolactin). In general, studies report increased cortisol activity in individuals with unusually heightened reactions to challenging situations, and an increased incidence in conduct disordered behavior. These findings suggest that some people, as a result of predisposition or social experiences, have greater biological sensitivity to stress. On the other hand, low cortisol responses to stressful stimuli may reflect low levels of nervous system arousal, which characterizes people who are psychopathic, are aggressive, and/or have posttraumatic stress disorder. Consistent with that possibility is research showing low concentrations of cortisol in aggressive youth and violent adult offenders who lack anxiety. If biological responses to stressful stimuli do not occur, then the individual may be relatively insensitive to stress and may behave inappropriately.

Recent scientific advances have identified biochemical factors most consistently related to violence, although much additional work needs to be done to show cause and effect. Nevertheless, what is known is that a constellation of these factors interact in a fluid manner to influence behavior, and their effects are constantly changing as a function of age and developmental stage within a constantly changing environmental and social context.

Diana Fishbein

See also Batterers, Factors Supporting Male Aggression; Neuropsychological Factors in Impulsive Aggression and Violent Behavior; Psychophysiological Factors in Predicting Violence

Further Readings

Coccaro, E., & Murphy, D. L. (1991). *Serotonin in major psychiatric disorders.* Washington, DC: American Psychiatric Press.

Dabbs, J. M., & Hargrove, M. F. (1997). Age, testosterone, and behavior among female prison inmates. *Psychosomatic Medicine, 59,* 477–480.

Ellis, L. (1992). Monoamine oxidase and criminality: Identifying an apparent biological marker for antisocial behavior. *Journal of Research in Crime and Delinquency, 28,* 227–251.

Magnusson, D. (1988). *Individual development from an interactional perspective: A longitudinal study.* Hillsdale, NJ: Lawrence Erlbaum.

Muhlbauer, H. D. (1994). Human aggression and the role of central serotonin. *Pharmacopsychiatry, 18,* 218–221.

Niehoff, D. (1999). *The biology of violence.* New York: Free Press.

Rubinow, D. R., & Schmidt, P. J. (1996). Androgens, brain, and behavior. *American Journal of Psychiatry, 153,* 974–984.

Virkkunen, M., & Linnoila, M. (1993). Serotonin in personality disorders with habitual violence and impulsivity. In S. Hodgins (Ed.), *Mental disorder and crime* (pp. 227–243). Newbury Park, CA: Sage.

Body Integrity Identity Disorder

See Acrotomophilia

Borderline Personality Disorder

Borderline personality disorder is considered a personality disorder, which by definition consists of enduring and inflexible patterns of behavior that cause significant distress and impairment socially, occupationally, or personally. Borderline personality disorder is considered one of the most serious of the personality disorders and was historically considered the borderline between the milder mental problems (neuroses) and the more severe mental disorders (psychoses). Characteristics of borderline personality disorder include emotional instability with wide mood swings, instability in relationships, self-injurious behaviors, identity disturbance, impulsivity, and inappropriate and intense anger. This disorder has been stigmatized historically by mental health professionals, who have often considered those with the disorder manipulative, difficult to treat, resistant to treatment, or hopeless. Individuals with borderline personality disorder may require long-term therapy and may have a difficult relationship with the therapist.

Trauma

While a history of childhood abuse or other trauma has long been associated with borderline personality disorder, more recently this strong relationship has received heightened attention. Borderline personality disorder is frequently associated with childhood histories of serious sexual and/or physical abuse, extremely chaotic home environments, or both. Research on the brain has added to the understanding of borderline personality disorder. When trauma occurs in younger children, a number of different events occur in the brain, some of which lead to heightened emotional expression and hyperreactivity to abuse events. Over time, individuals react with these heightened responses to lesser and lesser stimuli, until eventually these heightened responses become generalized to stimuli not associated with the trauma. This response to trauma may be related to some of the symptoms of borderline personality disorder.

Complex Posttraumatic Stress Disorder

The most recent conceptualization of borderline personality disorder for survivors of childhood abuse is as a posttraumatic response to trauma. Complex posttraumatic stress disorder (PTSD), a recently defined diagnosis, subsumes some of the traits of PTSD and borderline personality disorder. Individuals with this disorder are likely to experience long-term emotional and relationship instability; suicidal ideation; posttraumatic symptoms such as avoidance, hyperarousal, and intrusive symptoms; and other traits associated with borderline personality disorder. Individuals with the disorder may experience remission from these severe symptoms with appropriate trauma-focused treatment. Thus, leading trauma professionals and researchers who are working to understand the brain's responses to trauma strongly recommend this more hopeful conceptualization for traumatized individuals with symptoms previously associated with borderline personality disorder.

Rebecca M. Bolen

See also Adult Survivors of Childhood Abuse; Complex Trauma in Children and Adolescents; Self-Injury; Self-Trauma Model

Further Readings

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text rev.). Washington, DC: American Psychiatric Association.

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged repeated trauma. *Journal of Traumatic Stress, 5,* 377–391.

Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and use-dependent development of the brain: How "states" become "traits." *Infant Mental Health Journal, 16,* 271–291.

Zanarini, M. C. (2000). Childhood experiences associated with the development of borderline personality disorder. *Psychiatric Clinics of North America, 23,* 89–101.

Brief Child Abuse Potential Inventory

The Brief Child Abuse Potential Inventory (BCAP) is a 33-item measure of adult risk for maltreatment of a child. Perhaps the most important characteristic of the BCAP is that it measures risk factors associated with child maltreatment, such as emotional distress, rigidity, and social isolation, rather than asking about abusive behaviors directly. This makes it less vulnerable to socially desirable responding, and more acceptable in a variety of settings. The BCAP was developed by Steven J. Ondersma, Mark Chaffin, Sharon Mullins, and James LeBreton in 2005 to address the need for a shorter, simplified version of the 160-item Child Abuse Potential Inventory (CAP). All BCAP items are drawn from the CAP.

The BCAP was created using a development sample of $n = 1470$, and was cross-validated using an additional sample of $n = 713$. Items were selected to maximize (a) CAP variance accounted for; (b) prediction of future child protective services reports; (c) item invariance across gender, age, and ethnicity; (d) factor stability; and (e) readability and acceptability. The final measure included 33 items, 24 of which constituted the abuse risk scale and 9 of which constituted the validity scale (6 lie scale items and 3 random response items). On cross-validation, scores from the 24-item risk scale demonstrated an internal consistency estimate of .89, a stable 7-factor structure, and substantial correlations with the CAP abuse risk score ($r = .96$). The CAP risk cut-off was predicted with 93% sensitivity and 93% specificity (area under the ROC curve = .98), and the BCAP and CAP demonstrated similar patterns of external correlates.

Subsequent examination of the BCAP, utilizing a case-control design in an urban setting, has found further support for the validity of the risk scale: preliminary analyses indicate that the BCAP risk scale accurately discriminated 72.5% of a sample of at-risk ($n = 100$) and control ($n = 100$) parents. Of note, the BCAP risk scale discriminated better when applied to all protocols, rather than just to those who provided "valid" protocols according to the BCAP lie and random responding scale. More research regarding the validity and utility of these scales is needed.

The CAP is a copyrighted and proprietary measure; the BCAP is thus not available for separate purchase and cannot be disseminated independently. Those wishing to use the BCAP should purchase copies from Psytec of the full version of the CAP equivalent to the number of brief versions they would like to administer.

Steven J. Ondersma

Further Readings

Child Abuse Potential Inventory items constituting the Brief Child Abuse Potential Inventory and scoring instructions are available from Steven J. Ondersma at s.ondersma@wayne.edu

Milner, J. S. (1986). *The Child Abuse Potential Inventory manual* (2nd ed.). DeKalb, IL: Psytec.

Ondersma, S. J., Chaffin, M., Mullins, S. M., & LeBreton, J. M. (2005). The Brief Child Abuse Potential Inventory: Development and validation. *Journal of Clinical Child and Adolescent Psychology, 34,* 301–311.

Bullying

Bullying is a form of repetitive and aggressive behavior that is intended to create a feeling of fear and intimidation in the victim and to harm the physical and/or mental well-being of the victim. Typically, there is a power difference between the bully and the victim, which allows the bully to engage in the behavior with little fear of retribution from the victim. Bullying behaviors include physical assaults, physical intimidation, psychological intimidation, name calling, teasing, social isolation, and exclusion. More specifically, these behaviors can be classified into two types of bullying: direct and indirect bullying. *Direct*

bullying denotes the physical attacks and threats perpetrated against the victim by the bully, while *indirect bullying* refers to the deliberate and repetitive social isolation and exclusion of the victim from the peer group. Victims of bullying can experience both types of bullying, or can be a target of either direct or indirect bullying.

Prior to the 1970s, there was very little interest in bullying behavior among researchers studying interpersonal violence. The work of Dan Olweus was responsible for generating interest in bullying behavior through his groundbreaking research on bullies and the victims in Scandinavian schools. Olweus was instrumental in shaping the definition of bullying to focus on the repetitive and deliberate nature of the behavior, the distinction between direct and indirect bullying, and the status inequality between the bully and the victim. Currently, the Revised Olweus Bully/Victim Questionnaire is the template that other researchers rely on in order to measure bullying behavior through self-report surveys.

Research on bullying among school-age children has been conducted in a variety of countries, including China, Canada, England, Finland, Ireland, Italy, Japan, Norway, Portugal, and Spain. While bullying behavior appears to be an international problem, the research suggests that the prevalence and intensity of bullying is greater in the United States than in other countries. This finding is probably linked to the overall pattern of higher rates of criminal and violent behavior in the United States.

Estimates of bullying behavior vary based on the sample utilized in the research and how bullying was measured by the survey. The National Crime Victimization Survey (NCVS) developed the School Crime Supplement (SCS) to collect data on criminal victimization, bullying, and other school-related issues. The SCS is administered from January to June every other year to a nationally representative sample of U.S. residents ages 12 through 18. According to the 2001 SCS, 8% of students reported experiencing direct bullying by their peers and 11% of students stated they experienced indirect bullying in the 6 months prior to being interviewed.

Demographic Patterns

While the estimates of the extent of the bullying problem vary, a clearer picture begins to emerge in terms of demographic and psychological profile of bullies and their victims. Boys are more likely to engage in and be victims of bullying behavior than girls. In addition, boys and girls rely on different bullying techniques to torment their victims. Boys are more likely to engage in direct forms of bullying such as physical aggression and threats, whereas girls are more likely to rely on indirect bullying techniques such as name calling and gossiping. In terms of age, bullying is inversely related to the age of the victim. As the age increases, the likelihood of being a victim of bullying decreases. While the research suggests that the age of the bully is inversely related to behavior, it also indicates that the bully might be moving toward criminal behavior instead of ceasing the antisocial behavior. Lastly, race appears to be related to bullying behavior. White students are more likely to experience bullying by their peers than either Black or Hispanic students. Like other forms of interpersonal violence, bullying tends to be intraracial.

Psychological Characteristics of the Victim

The psychological profile of bullying victims suggests that they suffer from low self-esteem, lack self-confidence, and have insufficient social skills. Due to their low self-esteem and lack of self-confidence, victims tend not to report the bullying behavior and are dependent on their peers to either report the behavior or intervene on their behalf with the bully. Therefore, the lack of social skills is a critical contributing factor in the bullying process. Victims of bullying are described by their peers as shy and socially awkward. In addition, the victims of bullying are less likely to report having a "best friend" and are more likely to report spending free time alone. Bullying victims who are successful in terminating the victimization typically rely on their friends and social network to intervene on their behalf. Victims with a limited social network will have a hard time getting the bully to cease his or her behavior. The psychological consequence of being a victim is persistent fear, reduced self-esteem, and higher levels of anxiety.

Psychological Characteristics of the Bullies

The psychological profile of the bullies suggests that like their victims, the bullies suffer from low self-esteem.

In addition, the research suggests that bullies tend to be angry, impulsive, and depressed, and possess a belief structure that supports the use of aggression to resolve problems. Bullies report being unhappy at school and have an overall negative opinion of school. Their peers reported that bullies were likely to start fights and be a disruptive influence in school.

Therefore, bullies relied on aggression to solve school-based problems and to establish their position in the school hierarchy. The long-term consequence of bullying is a pattern of antisocial behavior, which includes delinquency, gang membership, spousal abuse, and adult criminal behavior.

Peer Responses to Bullying

The ability of the bullies to torment their peers in school is linked to two factors: first, the school officials and other responsible adults are unaware of the pervasiveness of the problem, and second, the student witnesses are unsure how to handle the situation. The school officials are unaware of the severity of the bullying problem due to the fact that students fail to report the behavior to the school officials. One reason for the underreporting of bullying behavior by the students is the student's perception that the school is not responding effectively to the problem. For example, a study of middle school students in the United States found that the majority believed the teachers did nothing to stop bullying behavior. Therefore, students felt that reporting bullying would not correct the problem, but instead might generate reprisals or other negative consequences for the students. The failure by students to report the bullying behavior hinders the school's ability to effectively respond and creates the student's perception of the school as ineffective, which leads to a circular problem.

In addition to their failure to report the bullying, the student witnesses do not intervene on behalf of the victims of bullying. Instead, students respond either by acting as passive bystanders or by acting in a manner to support the bullying behavior. Research from Canada, Finland, and the United States has indicated that the majority of students would do nothing to stop bullying and would watch it take place.

Ann Marie Popp

See also Child Aggression as Predictor of Youth and Adult Violence; Child Exposure to Violence, Role of Schools; School-Based Violence Prevention Programs; School Violence

Further Readings

Bosworth, K., Espelage, D. L., & Simon, T. R. (1999). Factors associated with bullying behavior in middle school students. *Journal of Early Adolescence, 19,* 341–362.

Devoe, J. F., & Keffenberger, S. (2005). *Student reports of bullying: Results from the 2001 School Crime Supplement to the National Crime Victimization Survey* (NCES 2005-310). Washington, DC: Government Printing Office.

Elsea, M., Menesini, E., Morita, Y., O'Moore, M., Mora-Merchan, J. A., Pereira, B., et al. (2004). Friendship and loneliness among bullies and victims: Data from seven countries. *Aggressive Behavior, 30,* 71–83.

Holmes, S. R., & Brandenburg Ayres, S. J. (1998). Bullying behavior in school: A predictor of later gang involvement. *Journal of Gang Research, 5,* 1–6.

Olweus, D. (1978). *Aggression in schools: Bullies and whipping boys.* Washington, DC: Hemisphere Press.

Olweus, D. (2001). Peer harassment: A critical analysis and some important issues. In J. Juvonen & S. Graham (Eds.), *Peer harassment in school: The plight of the vulnerable and victimized* (pp. 3–20). New York: Guilford Press.

Unnever, J. D., & Cornell, D. G. (2003). The culture of bullying in middle school. *Journal of School Violence, 2,* 5–27.

C

Campus Violence

College campuses had long been thought to be safe from crimes such as sexual assault and relationship violence. Such interpersonal violence simply was not on the radar of college administrators and criminal justice personnel because of underreporting to police and the private nature of these crimes. However, the myth of the "university as safe haven" quickly changed as the rape and domestic violence awareness movements gained momentum on college campuses in the 1970s and 1980s. Research, too, has added to the increased awareness of the prevalence of this violence. As research methods have become both more sophisticated and more sensitive, researchers have confirmed what advocacy groups suspected: There is a high prevalence of sexual assault, relationship violence, and stalking on campus.

The response to this violence has been witnessed at many levels. First, there has been a general increase in awareness of how a campus environment can complicate the experience of interpersonal violence. Second, the federal government has instituted grant programs aimed at the reduction of violence on campus, and has also passed laws requiring the public disclosure of crimes on campus. Third, some universities have adopted policies, protocols, and programming with the goals of discouraging campus violence and appropriately dealing with it when it does occur.

The Campus Environment and Interpersonal Violence

University students who are victims of interpersonal violence have the same responses as nonstudents who are victimized: They feel confused, hurt, and angry. They fear their perpetrator and have trouble trusting others. They can suffer from nightmares, insomnia, an inability to concentrate, and posttraumatic stress disorder. They sometimes blame themselves. They experience physical or emotional repercussions that can include sexually transmitted diseases, pregnancy, depression, and difficulty having a "normal" sex life or intimate relationship. For college students, the effects of violence may cause them to be unable to study, fall behind in or fail courses, or even drop out of school.

These reactions to interpersonal violence are common, but their severity and how they combine to affect each individual are different from person to person. On a college campus, there exist multiple unique variables that can affect a victim's response, including a shared social group, shared living quarters, financial dependence on parents, the pervasive presence of alcohol, and institutional factors.

Shared Social Group

An overwhelming majority of sexual assaults, and of course, all dating and relationship violence, occur between two people who know each other. In a campus environment, the victim and perpetrator often will share the same group of friends. Additionally, many students on campus who experience interpersonal violence share a cocurricular activity in a student group (such as band, dance, athletics, or a Pan-Hellenic group) with their perpetrator. This common network of friends and support people complicates a victim's decision whether to report the crime to police or even to tell any of her or his friends about the experience. Victims fear that they will not be believed and that

they will be "dropped" by their group of friends if they accuse someone within that group of hurting them. Attending college away from their hometown and traditional support network can exacerbate this problem even further.

If they previously had a close relationship with the perpetrator, victims are often concerned that they will "ruin the perpetrator's life" if they tell anyone, especially the police. Many victims do not want to force their friends to take sides, and they fear that this is what would happen if their experience became public. When victims share a cocurricular activity with their perpetrator they are often forced to face that perpetrator every day as they pursue their interest in that group or activity. This can impact a victim's ability to classify her or his experience as "violence," because the offensive act was committed by someone that not only the victim but also many of her or his friends have interactions with on a regular basis. A shared social group is one of the many reasons why victims of interpersonal violence on campus have an astonishingly low rate of reporting the crimes against them to the police.

Shared Living Quarters

Some victims of interpersonal violence on campus share a residence hall or other living quarters with their perpetrator. This can increase their danger, fear, and confusion about the violence. If the student is a victim of relationship violence, all of the dangers associated with cohabiting with the abuser apply. More unique to colleges is the likelihood that victims of sexual assault will share living space with their perpetrator. In both cases, the victim may have concerns about seeing the perpetrator in the dining hall, the stairway, or the lounge area. Shared living quarters can increase a victim's feeling of vulnerability and can have real implications for the safety of victims of campus violence.

Financial Dependence on Parents

Most, though certainly not all, undergraduate students are financially dependent on their parents. For many students, this includes subscribing to their parents' health insurance. If students need to access medical care due to a sexual assault or injury resulting from a violent relationship, they may have concerns about a parent finding out about what happened. They may view their victimization as a failure on their own part and be concerned that they may anger, disappoint, or be blamed by their parents. For this reason, some victims of interpersonal violence on campus do not seek medical attention nor, for cases of sexual assault, do they seek to have an evidentiary exam performed. Again, the unique circumstances of campus violence negatively affect the likelihood of reporting and prosecution of interpersonal violence.

The Pervasive Presence of Alcohol

Excessive alcohol consumption is generally considered a risk factor for perpetrating sexual assault and relationship violence. It can also be a risk factor for becoming a victim of sexual assault. Alcohol is often used by perpetrators to (a) render their victims more vulnerable through intoxication and (b) excuse their own behavior. Although many college students do not drink and, of those who do, most do not abuse alcohol, it remains true that alcohol is a complicating factor in a significant portion of campus violence.

Institutional Factors

Universities have an interest in appearing to be safe. They must recruit students, please parents, and win donations. However, the reality of campus violence can lead potential stakeholders to question the safety of the campus. Some universities unintentionally discourage reporting and help-seeking by victims. For example, they may distribute materials about self-defense and other risk-reduction measures without balancing them with a message to perpetrators regarding their sole responsibility for committing the crime. Such materials can influence victims to blame themselves because they did not stop the crime from happening, and victims who blame themselves are much less likely to make a report. In an effort to show a concern for safety, some universities have also invested in "blue lights" and safety call boxes, which does not address the fact that most sexual assaults occur in the home of either the victim or perpetrator.

Federal Law

There have been a number of federal laws enacted in the past 20 years that impact campus crime. In 1990, Congress passed the Student Right to Know and Campus Security Act, which requires schools to disclose information about crime on and around campus on an annual basis. This act was amended and renamed the Jeanne Clery Disclosure of Campus Security

Policy and Campus Crime Statistics Act in 1998. The impetus for this change was the 1986 rape and murder of Lehigh University student Jeanne Clery, and the law is commonly referred to as "The Clery Act."

The Campus Sexual Assault Victims' Bill of Rights was adopted in 1992. This law requires that universities inform victims of counseling resources and disciplinary and criminal justice options. In 1994, the Violence Against Women Act mandated the study of campus victimization and the Bureau of Justice Statistics added new questions about student victimization to the National Crime Victimization Survey. The Campus Sex Crimes Prevention Act, which requires the collection and disclosure of information about students and employees who are registered sex offenders, was passed in 2002. Finally, although Title IX is most often regarded as the law that mandates equal access to participation in athletics for girls and women, its equal protection clause also includes the right to pursue education without harassment (including assault) based on gender.

In 1999, the Office on Violence Against Women awarded the first of its Grants to Reduce Violence Against Women on Campus. This program has granted up to $10 million each year to various universities across the country to partner with community victim assistance and criminal justice agencies in an effort to prevent and respond to violence on and around campus.

University Policy, Protocol, and Programming

Many universities have responded to the growing awareness of interpersonal violence on campus by adopting policies, protocols, and programming aimed at reducing these crimes. Various universities have adopted specific policies against sexual assault, relationship violence, and/or stalking. Some have partnered with local victim assistance and criminal justice agencies to coordinate a response to campus violence, while other, usually larger universities, have developed their own centers or departments to respond to these crimes. Universities have their own disciplinary process that can be used to hold perpetrators accountable. Adjudication at the university level is separate from any pursuit of criminal charges.

Some universities have also developed educational programs, which are often facilitated by students for students. The goals of this peer-led model often include raising awareness about sexual assault, relationship violence, and stalking; educating students about the definitions of these crimes and the university's policies and protocols regarding these crimes; and suggesting how to deal with a friend who may disclose that she or he has experienced this type of crime. A handful of schools also pursue a model wherein the program facilitators seek to reduce the likelihood that a potential perpetrator might commit such a crime. This model focuses on the cultural climate that tolerates interpersonal violence and calls for men and women to work together to challenge this culture.

Roberta E. Gibbons

See also Dating Violence/Courtship Violence; Rape/Sexual Assault; Stalking

Further Readings

Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000). *The sexual victimization of college women.* Washington, DC: U.S. Department of Justice, National Criminal Justice Reference Service.

Kajane, H. M., Fisher, B. S., & Cullen, F. T. (2005). *Sexual assault on campus: What colleges and universities are doing about it.* Washington, DC: U.S. Department of Justice, National Criminal Justice Reference Service.

Kilmartin, C. (2001). *Sexual assault in context: Teaching college men about gender.* Holmes Beach, FL: Learning Publications.

Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology, 55,* 64–170.

Romeo, F. F. (2001). A recommendation for campus anti-stalking policy and procedures handbook. *College Student Journal, 35*(4), 514–516.

Schewe, P. A. (2002). *Preventing violence in relationships: Interventions across the lifespan.* Washington, DC: American Psychological Association.

Schwartz, M. D., & Dekeseredy, W. (1997). *Sexual assault on the college campus: The role of male peer support.* Thousand Oaks, CA: Sage.

Canadian National Survey

Health and Welfare Canada sponsors the Canadian National Survey (CNS). This survey was the first nationally representative survey of Canadian university and college undergraduates about male-to-female

abuse in heterosexual dating relationships. Using a broad definition and a variety of measures, principal investigators Walter DeKeseredy and Katharine Kelly designed the CNS to estimate the incidence, prevalence, sources, and consequences of intentional psychological, physical, and sexual abuse against college and university women.

Background

The CNS, fielded in the fall of 1992, was designed to measure the nature and extent of dating abuse among college or university heterosexual dating couples in Canada. The CNS measured physical and psychological abuse based on modified questions from the Conflict Tactics Scale (CTS). Further, it collected data on sexual assault using measures from a modified Sexual Experiences Survey (SES). Demographic information from respondents was also obtained.

Undergraduates were selected using a stratified, multistage sample design. The sampling frame included colleges enrolling more than 100 students, and universities enrolling 500 or more students. Of the 48 original institutions selected, 2 chose not to participate, and 17 professors also refused to participate. Once replacements for these refusals were included, individual student participation was high—99% of individuals in the 95 undergraduate classrooms participated in this voluntary, anonymous survey. The final sample consisted of 1,835 females and 1,307 males.

Estimates

CNS data collected over time reveal that, in general, males report committing less abuse than females report experiencing. The data show that while in high school, 50% of females surveyed were emotionally hurt by their partners, 9% were physically hurt, 8% were threatened with physical force to engage in sexual activity, and 15% were physically forced to engage in sexual acts. While at a college or university, 28% of females were physically abused, and 79% were psychologically abused in the preceding year. DeKeseredy and Martin Schwartz concluded that a significant number of Canadian females are victims of sexual abuse by their dating partners while at a college or university.

CNS findings also suggest that a considerable amount of female-to-male violence is motivated by self-defense. CNS data analysis identifies individuals at risk for dating abuse, including males who adhere to familial patriarchy, males who associate with friends who legitimate violence against women, males who are exposed to pornography, and those involved in a greater number of serious relationships. Other at-risk individuals include men and women who drink or use drugs frequently with their dating partners.

Advantages and Disadvantages

The CNS offers advantages to previous woman abuse surveys in Canada. It was the first nationally representative sample of college and university students in Canada. Further, it utilizes multiple measures to quantify intentional physical, psychological, and sexual abuse. And the CNS enables both prevalence and incidence estimates of dating abuse.

Obtaining a large enough sample of victims to perform reliable subgroup comparisons is a problem with CNS data, as it is with the data from many victim surveys. For example, reliable comparisons among racial/ethnic groups are not possible. A second limitation of the survey data is that the CNS uses the modified versions of the CTS and the SES, so many limitations attributed to these measures also apply to the CNS. In addition, CNS findings are not generalizable to the general population of dating females, as college and university students differ from the general population in several ways (e.g., income, race/ethnicity).

Callie Marie Rennison

See also Assault; Dating Violence/Courtship Violence; Intimate Partner Violence; Rape/Sexual Assault; School Violence

Further Readings

DeKeseredy, W. S., & Schwartz, M. D. (1998). *Woman abuse on campus: Results from the Canadian National Survey.* Thousand Oaks, CA: Sage.

Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology, 55,* 162–170.

Straus, M., & Gelles, R. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family, 48,* 465–479.

Capital Punishment

Capital punishment refers to the intentional killing of a person by a state or federal body of government as a penalty against that person for a crime committed against society. The United States is included in a group of less than 90 countries worldwide that continue to execute persons for ordinary crimes (as opposed to crimes such as treason or genocide). Within the international community, the United States is admonished by many of its allies and challenged under international treaties for continuing to implement the death penalty. Whereas countries such as Australia, England, Canada, and Israel have abolished capital punishment, the United States is joined by nations primarily found in the Middle East, Northern Africa, and Asia, which currently retain the death penalty. Thus, while the rest of the Western industrialized world has largely abolished this punishment, capital punishment in the United States remains an accepted punishment for specific crimes of interpersonal violence, treason, and malevolent acts against the government. Currently, 38 states and the federal government allow the death penalty.

Public Opinion Trends

The first U.S. public opinion polls on the topic of the death penalty began in 1936 following the high-profile execution of the convicted killer of Charles Lindbergh's baby. At that time, 61% of Americans favored the death penalty. This percentage continued to climb until the early 1950s, when support for capital punishment began to ebb. This decline culminated in 1966 when support levels reached an all-time low of 42%. Support gradually increased then decreased again slightly before *Furman v. Georgia* (1972), the landmark U.S. Supreme Court decision that created a national moratorium on executions. Post-*Furman,* support rose from 57% in late 1972 and peaked at a support rate of 80% in the mid-1990s. In recent years, death penalty support has decreased markedly, with 64% of Americans in a 2005 survey saying that they generally supported capital punishment.

These lower levels of support are due to growing public misgivings as reflected in jury verdicts, the actions of the courts and legislatures, and scientific opinion polls. Many Americans are concerned about new DNA testing that has exonerated condemned people, evidence of discrimination and inequality based on race or social status, and the continued possibility of executing innocent people unjustly sentenced to death. When given the choice of life without parole, public opinion for capital punishment drops dramatically. A May 2004 Gallup Poll found that approximately 50% of Americans supported the death penalty and 46% favored life without parole. Recent high-profile killers, such as Dennis Rader (BTK Serial Killer), Gary Ridgway (Green River Serial Killer), and Eric Rudolph (Olympic bomber in Atlanta), were given life sentences without parole. It is estimated that life sentences have doubled in the last 10 years, and legislation to provide "truth in sentencing" has been enacted in response to public demand. However, a majority of Americans continue to support the death penalty as the ultimate punishment for heinous acts against society, especially for cases of terrorism, child rape and murder, and serial killers.

Special Offender Populations and Capital Punishment

There have been several very important U.S. Supreme Court cases in recent years that have resulted in significant changes in the numbers and composition of death row inmates. First, and arguably receiving the most attention at home and abroad, in 2005 the Court held in *Roper v. Simmons* that the imposition of the death penalty on juveniles offended societal standards of decency. This controversial ruling immediately resulted in the commutation of more than 150 sentences of people on death row to life sentences because the crimes were committed when these people were under the age of 18. This decision was heralded by anti–death penalty groups and international human rights advocates who had condemned the United States for being one of the few countries to still execute juveniles. In contrast, some victims' rights groups criticized the holding as unjust, since some of these offenders as youngsters had committed brutal acts of violence against their victims and were unremorseful. These groups cited the fact that juries had found guilt and imposed the death penalty based on legal statutes and aggravating factors, regardless of the offenders' age.

Another major death penalty decision from the U.S. Supreme Court was handed down in 2002 and involved mentally retarded offenders. In *Atkins v. Virginia,* the Court held that mentally retarded offenders could not be executed for their crimes because

they lacked the mental capacity to fully understand what they had done or why they were being executed. The court cited the great number of death-eligible states that had passed legislation to this effect as proof of societal consensus that such executions offended our evolving standards of decency. While this case was also viewed as a significant victory within the anti–death penalty movement, there are still great discrepancies across state jurisdictions as to what constitutes mental retardation. Thus, some scholars have argued that some murderers who are mentally disabled may still be executed as a result of the vagueness and inconsistency between jurisdictions.

In relation to the mentally ill, the Supreme Court has been explicit in stating that mentally incompetent murderers may not be held criminally liable for their crimes unless they can be restored to competency. In 1986, in *Ford v. Wainwright,* the Court held that there was no deterrent value in executing the mentally ill since the punishment would not deter a person lacking sound mind and body. Moreover, the Court held that the execution of a mentally ill person offended the collective conscience of society because the offender could not appreciate the reasons for the punishment or the finality of his or her own death. Thus, offenders must be held competent or brought back to mental competency prior to a death warrant being carried out.

Recent Trends in the Death Penalty

The death row population increased dramatically after 1976 when the Supreme Court, in *Gregg v. Georgia,* lifted the de jure moratorium on the death penalty. The population increased steadily between 1976 and 2001, with a peak average of 300 death sentences mandated annually in the late 1990s. Since 2001, the death row population has decreased each year. Part of this decline can be explained by the moratorium on executions in Illinois instituted by former governor George Ryan (167 cases), the ban on the execution of mentally retarded offenders per *Atkins v. Virginia* in 2002, and the commutation of sentences of offenders who committed capital crimes as juveniles per *Roper v. Simmons* in 2005 (71 cases).

In 1999, over 3,600 offenders were in prisons across the United States awaiting a death sentence, and 98 people were executed. By 2004, the death row population had decreased to 3,471 offenders and only 59 death warrants were carried out. When compared to 1999, executions in 2004 were down 40% and new death sentences averaged less than 50%, with fewer than 130 offenders sentenced to death that year. At the end of 2005, an estimated 3,381 offenders remained housed on death rows across the United States, and approximately 125 new death sentences were imposed.

Since the reinstatement of the death penalty in 1976, the vast majority of executions have been carried out in Southern states, with 85% of all death sentences carried out in this region of the country. Beginning in 1976 and by mid-2006, Texas had the most executions with 364, followed by Virginia with 95, and then Florida with 60. California has the largest death row population, with 649 people, followed by Texas and Florida, with 409 and 388, respectively. In keeping with prior trends, of the 60 people executed in 2005, 73% had killed White victims. In contrast, no Whites were executed in the United States in 2005 for the murder of a Black person. Critics of the death penalty have pointed to the racial disparity in such statistics as a major problem in the implementation of the death penalty and have called for a moratorium until the issue of discrimination within the criminal justice system can be further addressed.

The Future of Capital Punishment

On December 2, 2005, Kenneth Boyd was executed by the state of North Carolina for the 1988 murder of his estranged wife and his father-in-law as his two sons watched. This death sentence marked the 1000th execution since the reinstatement of capital punishment in 1976. While the death penalty remains strongly favored by many Americans, especially for high-profile crimes against children or for mass killings, there is a momentum nationally that is reducing the number of death sentences and increasing skepticism about capital punishment.

The Innocence Project at the Benjamin N. Cardozo School of Law at Yeshiva University attempts to free wrongfully convicted offenders based on postconviction DNA evidence and testing. By the close of 2005, 122 inmates had been released from death row after forensic evidence and advanced testing exonerated them. These cases have helped fuel the debate in the United States about whether the death penalty should continue to be implemented. When these concerns are combined with the astronomical costs for capital trials, calls from religious organizations to abolish the death penalty, and reports of a "brutalization effect" after state-mandated executions (whereby murder

rates increase after a death sentence is carried out), some academics and political commentators have argued that capital punishment may one day become extinct within the American criminal justice system. Yet the abolition of this punishment in still quite uncertain in the wake of the terrorist attacks of September 11, 2001, and of high-profile cases such as child abductions and rapes by sexual predators that evoke a definitively punitive response from the public. Clearly, the death penalty will continue to be a controversial and polarizing topic across political, religious, and criminological circles in our society for years to come.

Denise Paquette Boots

See also Human Rights; Mass Murder; Serial Murder/Serial Killers; Sex Offenders

Further Readings

Acker, J. R., Bohm, R. M., & Lanier, C. S. (2003). *America's experiment with capital punishment: Reflections on the past, present, and future of the ultimate penal sanction.* Durham, NC: Carolina Academic Press.

Atkins v. Virginia (2002). 536 U.S. 304.

Bohm, R. M. (1999). *Deathquest: An introduction to the theory and practice of capital punishment in the United States.* Cincinnati, OH: Anderson.

Coyne, R., & Entzeroth, L. (2001). *Capital punishment and the judicial process.* Durham, NC: Carolina Academic Press.

Death Penalty Information Center. (2005). *The death penalty in 2005: Year end report.* Retrieved March 31, 2006, from http://www.deathpenaltyinfo.org/YearEnd05.pdf

Del Carmen, R. V., Vollum, S., Cheeseman, K., Frantzen, D., & San Miguel, C. (2005). *The death penalty: Constitutional issues, commentaries, and case briefs.* Cincinnati, OH: LexisNexis.

Ford v. Wainwright (1986). 477 U.S. 399.

Furman v. Georgia (1972). 408 U.S. 238.

Gregg v. Georgia (1976). 428 U.S. 153.

Mandery, E. J. (2005). *Capital punishment: A balanced examination.* Boston: Jones & Bartlett.

Roper v. Simmons (2005). 543 U.S. 541.

Caregivers and Violence

Trust is the foundation for relationships between caregivers and the individuals they support. Most caregivers who provide support for persons with disabilities, older people, and children provide services in an atmosphere of mutual respect. However, there can be violence in this caregiving relationship, and most people with disabilities who experience domestic violence are abused by direct caregivers. Violence in a caregiving relationship is often perpetrated by the caregiver; it can also be directed against the caregiver by the person receiving care.

There are both formal and informal caregivers. Formal caregivers are those who are typically paid to provide a defined service in home, community, or institutional settings (e.g., nursing homes, group homes, state institutions). Some types of care they provide include medical care (e.g., medication management), home health services (e.g., bathing, dressing, eating), community-based support services (e.g., supported employment, recreation, shopping), transportation, and respite care. Informal caregivers are friends and family members who are not paid (although some do get paid under some circumstances) to provide care and/or support. These caregivers provide many of the same types of services as formal caregivers.

Risk Factors for People Who Utilize Caregiver Services

People who utilize caregiver services may have a high level of vulnerability for abuse for several reasons. Individuals who receive caregiving are often dependent on their caregivers for basic needs, including particularly personal activities, such as bathing, dressing, or toileting. This dependency may prevent a person from recognizing or reporting abuse. In circumstances involving informal care, a person requiring caregiving may also feel guilty, thus overlooking instances of violence and feeling such violence is deserved. Further, the person receiving services might believe that he or she has no other means to receive care and fear that reporting violence would result in either institutionalization or increased violence from the caregiver. People who utilize formal caregiving services may interact with multiple caregivers and may not see the same caregiver twice, thus never building a relationship of trust with the caregiver. This person may also fear increased violence and worry about losing his or her care provider agency if he or she complains. In both instances, the caregiver may control the means of reporting violence by limiting the person's access to telephones or other means of communication.

Caregiver Perpetrators

There are numerous factors associated with the perpetration of violence by caregivers to people in their care. These factors vary depending on whether the support services are provided by formal or informal caregivers. While most professional caregivers provide excellent services and support, there are some work-related issues that may increase the potential for abuse. Formal caregivers are frequently underpaid, receive little training, receive no direct supervision, and are provided little employment support. For caregivers working with individuals in their homes or in community settings, there can be intense isolation. The job duties of formal caregivers can be highly stressful. Agencies that employ caregivers experience high rates of staff turnover and have high vacancy rates, resulting in higher levels of stress in caregivers. Because of the shortage of staff in these caregiver roles, some agencies do not screen their potential employees well and risk hiring those with violent backgrounds.

Informal caregivers may also experience high levels of stress, but perhaps in different ways. Family members and friends provide caregiving support to loved ones in addition to their jobs and other life activities, sometimes resulting in exhaustion, depression, and lack of time to provide appropriate care and support. Family members typically carry significant financial burdens associated with caregiving, and many families do not have access to respite or other supportive services. However, caregiver burden is not by itself a cause of violence, and most instances of caregiver abuse are not the result primarily of caregiver burden.

Interventions for preventing caregiver perpetrated violence may differ for formal and informal caregivers. Strategies for decreasing violence by formal caregivers may include better employee screening, better pay, more direct supervision, increased training, activities to decrease isolation in providing care, and the increased professionalism of these workers. Strategies to reduce violence by informal caregivers include respite care, family caregiving support groups, behavior management training, case management services, family counseling, and domestic violence awareness education.

Caregivers Experiencing Violence

Some people with disabilities or others receiving care may have challenging behaviors that may be a result of their disabilities or other limitations. This is often termed *aggression* instead of *violence* to avoid labeling people with disabilities. However, this does not minimize the impact of the aggressive behaviors on the caregivers. Violence against caregivers happens to both formal and informal caregivers. Examples of aggressive behavior in caregiving situations may include biting, kicking, flailing, hitting, pushing, spitting, and throwing objects. Aggressive behaviors can escalate and result in serious injuries that prevent the caregiver from being able to continue in a caregiving role.

Strategies to reduce violence and aggression by people who receive services vary by individual. Typical strategies center on positive behavior supports, an approach focused on assessing the root cause of the behavior and problem solving a strengths-based solution toward eliminating the violence. An example may be changing the way the person is touched while receiving help with dressing, or providing the person with tools for communicating so that he or she does not use aggression to tell the caregiver that something is wrong.

Traci LaLiberte and Elizabeth Lightfoot

See also Elder Abuse; Family Violence, Co-Occurrence of Forms; Home Visitation Services; Violence Against People With Disabilities

Further Readings

Abramson, W., Emanuel, E., Gaylord, V., & Hayden, M. (Eds.). (2000). *Impact: Feature issue on violence against women with developmental or other disabilities, 13*(3). Retrieved from http://ici.umn.edu/products/impact/133/

National Center on Elder Abuse. (2002). *Preventing elder abuse by family caregivers.* Retrieved from http://www.elderabusecenter.org/pdf/family/caregiver.pdf

U.S. Department of Labor, Occupational Health and Safety Administration (OSHA). (2004). *Guidelines for preventing workplace violence for health care and social service workers.* Retrieved from http://www.osha.gov/Publications/osha3148.pdf

Castration

Castration is the surgical removal of the testes through an incision in the scrotum; the penis is not removed. Castration has been suggested—and has been used—as a treatment for sex offenders, such as pedophiles. The testes are the major source of testosterone production in

men, and testosterone is a hormone that plays a significant role in the male sex drive. Thus, the argument in favor of castration is that by reducing sexual desire, castration lowers the motivation of some sex offenders to offend, making it a useful treatment for those individuals who have tremendous difficulty resisting their sexual impulses even when punished or treated with intensive counseling. Studies that have compared recidivism among surgically castrated sex offenders with recidivism among sex offenders who have not been castrated show that the former have recidivism rates ranging from 1.3% to 5.8%, while the latter's recidivism rate may be as high as 52%.

Testosterone production may also be reduced using drugs, instead of surgery, in a treatment called chemical castration. The most common drugs used for this purpose are Depo-Provera and Depo-Lupron. Both are injected intramuscularly, usually once a week. As of 2006, eight states, including Texas (where surgical castration is also permitted), Florida, and California, allow chemical castration for sex offenders. In fact, in Florida it is a mandatory part of the sentence for certain repeat sex offenders. Nevertheless, there is disagreement over the effectiveness of castration for preventing recidivism in sex offenders as well as concern over the side effects of the drugs used for this purpose. For one thing, it is not clear what specific sex offenders may be helped by castration. Most of the studies have focused on only one type of offender, the pedophile, but there are many other sex offenders, such as the serial rapist of adult women, who have not been extensively studied in castration research. Critics of castration also point out that while it does significantly lower sexual drive, it does not completely eliminate sexual arousal or sexual function. Some of the side effects of the drugs used for chemical castration are weight gain, hypertension, mild lethargy, cold sweats, nightmares, hot flashes, and muscle aches. While there is no evidence to date that these drugs increase men's risk of cancer, the long-term effects of the drugs are still not known.

Claire M. Renzetti

See also Paraphilia; Pedophilia; Sex Offenders

Further Readings

Berlin, F. S. (2000). The etiology and treatment of sexual offending. In D. H. Fishbein (Ed.), *The science, treatment, and prevention of antisocial behaviors* (pp. 21-1–21-15). Kingston, NJ: Civic Research Institute.

Freund, K. (1980). Therapeutic sex drive reduction. *Acta Psychiatrica Scandinavia, 287,* 1–39.

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) is one of the 13 operating divisions of the Department of Health and Human Services, the principal agency in the U.S. government for providing human services and protecting the health and safety of all Americans. Founded in 1946 to control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. Today, CDC is globally recognized for conducting research and investigations and for its action-oriented approach. CDC applies research and findings to improve people's lives and responds to health emergencies worldwide.

With a mission of promoting health and quality of life by preventing and controlling disease, injury, and disability, CDC works with partners to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.

Committed to achieving true improvements in people's health, CDC has defined specific health impact goals to prioritize and focus its work and investments and measure progress:

Healthy People in Every Stage of Life. All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

Healthy People in Healthy Places. The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.

People Prepared for Emerging Health Threats. People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.

Healthy People in a Healthy World. People around the world will live safer, healthier, and longer lives through health promotion, health protection, and health diplomacy.

To achieve the agency's health protection goals, CDC has defined six strategies to guide decisions and priorities: health impact focus; customer-centricity; public health research; leadership; global health impact; and accountability.

Realizing these goals in preventing violence CDC's National Center for Injury Prevention and Control, Division of Violence Prevention, focuses research, surveillance, communications, and programs to address priorities including the prevention of child maltreatment, intimate partner and sexual violence, youth violence, and suicide. CDC's violence prevention activities are guided by four key principles: (1) an emphasis on primary prevention, (2) a commitment to advancing the science of prevention, (3) a focus on translating scientific advances into practical application through effective programs and policy, and (4) a commitment to building on the efforts of others by addressing gaps or needs.

As the sentinel for the health of people in the United States and throughout the world, CDC strives to protect people's health and safety, provide reliable health information, and improve health through strong partnerships. By engaging with others, CDC works to achieve a vision of a better world, with safer, healthier people.

Corinne Meltzer Graffunder

See also Child Abuse Prevention; Health Consequences of Child Maltreatment; Intimate Partner Violence; Prevention Programs, Adolescent Dating Violence; Prevention Programs, Child Maltreatment; Prevention Programs, Interpersonal Violence; Prevention Programs, Youth Violence; Rape/Sexual Assault; Youth Violence

Web Sites

Centers for Disease Control and Prevention: http://www.cdc.gov

Child Abductions, Family

Family abduction is defined as the taking or keeping of a child by a family member in violation of a custody order, a decree, or other legitimate custodial rights, where the taking or keeping involves some element of concealment, flight, or intent to deprive a lawful custodian indefinitely of custodial privileges.

Family abducted children are both a subcategory of missing children and part of a larger type of crime and child welfare problem. Since it is possible for a child to be unlawfully removed from custody by a family member, with the child's whereabouts known, not all family abducted children are missing. For example, a child may be abducted by a noncustodial father, taken to the father's home in a different country, and kept at an address well known to the custodial mother. Even though the father refuses to return the child, the abducted child is not missing because the custodial mother knows where the child is. The most recent national incidence estimates available are 1999 estimates, according to which 203,900 children were victims of a family abduction, and 57% of these children qualified as missing.

Overall, family abducted children accounted for 9% of all missing children, and 7% of those reported to authorities as missing. Although the police were contacted regarding 60% of all family abducted children, not all of these contacts were for the purpose of locating the child. Fifty percent of the contacts were to recover the child from a known location, 42% (56,500 children) were to locate the child, 6% were for another reason, and no information was available for the remaining 2%.

The data show that family abduction is one of the few victimization perils that younger children experience to a greater extent than older children, with 44% of family abducted children under age 6, compared to 35% ages 6 to 11, and 21% ages 12 and older. Most children abducted by a family member were abducted by their father (53%), with their abductor in lawful circumstances immediately prior to the abduction (63%), and gone less than 1 month (70%). Of these, 46% were returned in less than 1 week. Only 6% of children abducted by a family member had not yet been returned at the time of data collection; however, all of these children had been located.

In addition to locating and returning family abducted children, agencies seeking to help these children must address the conflicts that produce and prolong the abduction of children by family members. The fact that the data show that fully 40% of family abductions were not reported to the police underscores the importance of agencies that can provide a response to threatened and actual family abductions

over and above the important location and recovery function performed by law enforcement. Prevention efforts should focus on younger children, especially those who do not live with both biological parents. Programs that specifically promote child well-being and those that address child safety issues generally may be appropriate forums in which to raise awareness about family abduction.

Heather Hammer

See also Child Abductions, Nonfamily; Children Missing Involuntarily or for Benign Reasons; Runaway and Thrownaway Children

Further Readings

Hammer, H., Finkelhor, D., & Sedlak, A. J. (2002). *Family abducted children: National estimates and characteristics.* Office of Juvenile Justice and Delinquency Prevention Bulletin Series. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Child Abductions, Nonfamily

Although media attention tends to focus on the most sensational and tragic child kidnappings, *child abduction* is legally defined as a child being held involuntarily for a modest amount of time or moved even a short distance. In an attempt to address the variation in the severity of nonfamily abductions, the Second National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children (NISMART-2) distinguished stereotypical kidnapping as a subcategory of nonfamily abduction.

A stereotypical kidnapping is an abduction perpetrated by a stranger or slight acquaintance and involving a child who was transported 50 or more miles, detained overnight, held for ransom or with the intent to keep the child permanently, or killed. According to the most recent national incidence estimates available, the NISMART-2 estimates for 1999, 115 children were victims of a stereotypical kidnapping nationwide, and these children account for only 19% of the 58,200 children who were identified as victims of a nonfamily abduction based on the legal definition. Among the children identified as victims of nonfamily abduction, 57% qualified as missing, and 21% were reported to authorities as missing.

Overall, nonfamily abducted children accounted for only 3% of all missing children and 2% of those reported missing to law enforcement. Although police were contacted regarding 47% of all nonfamily abducted children, less than half (44%) of these contacts were to locate a missing child; 21% were to recover a child from a known location, and 35% were for other reasons including the reporting of another related crime such as a sexual assault.

Teenage girls were by far the most frequent victims of both stereotypical kidnappings and nonfamily abductions, and nearly half of all victims were sexually assaulted by the perpetrator. Contrary to the widely held belief that strangers pose the greatest danger, less than half (45%) of all nonfamily abduction victims were abducted by a stranger or slight acquaintance. Thirty-eight percent were abducted by a friend or long-term acquaintance, and an additional 18% were abducted by neighbors, caretakers or babysitters, and others.

Whereas 99% of all nonfamily abducted children were returned home alive, the outcomes change dramatically when one looks only at the subgroup of stereotypical kidnapped children. Sadly, only 57% of these children were returned home alive, and among those returned, 32% were injured. Forty percent of the stereotypical kidnapping victims were killed, and an additional 4% were neither returned nor located.

Strategies for prevention and intervention need to recognize that acquaintances play a greater role than strangers do in abductions that occur outside the family. If parents and law enforcement assume that abductions are only or mostly committed by strangers, they may fail to provide appropriate prevention information to young people.

Heather Hammer

See also Child Abductions, Family; Children Missing Involuntarily or for Benign Reasons; Runaway and Thrownaway Children

Further Readings

Finkelhor, D., Hammer, H., & Sedlak, A. J. (2002). *Nonfamily abducted children: National estimates and characteristics.* Office of Juvenile Justice and Delinquency Prevention Bulletin Series. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Child Abuse and Disabilities

There are three ways that child abuse intersects with disability. These include children with disabilities who are maltreated, children who are maltreated and sustain injuries resulting in disability, and parents with disabilities who maltreat their children. Each area requires unique child abuse prevention and intervention strategies.

Children with disabilities are identified as having higher rates of maltreatment than children without disabilities. They are also more likely to be involved in Child Protective Services (CPS) and placed outside of their home. These higher rates of identification may be due to increased vulnerability, increased family stress due to lack of supportive services, added financial responsibilities and attitudinal barriers, and increased detection rates because of these children's involvement in other service systems. Child abuse prevention for children with disabilities includes respite care and parenting skill training for parents and personal care assistance and personal safety education for children. When children with disabilities are placed out of the home, foster parents and providers must be knowledgeable about caring for children with disabilities.

A child's disability may also be caused by abuse or neglect. As a result of intentional or unintentional acts of violence or neglect, children may acquire physical, mental/emotional, and/or cognitive conditions. Examples of such resulting conditions include shaken baby syndrome, posttraumatic stress disorder, and failure to thrive syndrome. CPS workers must be aware of the need for postmaltreatment assessments geared toward identifying acquired disabilities. Many acquired disabilities may be hidden and are initially undetected, resulting in inadequate care.

More adults with disabilities are having children, yet they have inadequate support to raise their children. When parents with disabilities maltreat their children, it is often in the form of neglect or failure to protect their children from other adults. In some instances parents with disabilities have children who also have disabilities. In these cases the parents need additional support and education about parenting their child to prevent maltreatment. Additionally, CPS workers must seek appropriate assessments of parental functioning and safety before making child removal and permanency decisions. Child abuse prevention in these families includes specialized in-home parenting classes, ongoing supports for parents, parent mentors, and creative placement options such as family foster care and open adoptions.

The intersection between disabilities and CPS needs continued attention via research, collaboration, and cross-training. Although CPS workers need not become disability experts, they do need to become competent in providing services for children with disabilities. They must know when to refer people with disabilities for assessments and services and must be able to collaborate with disability professionals and advocates. In addition CPS workers need to understand their responsibility to provide accessible services. Some CPS systems have formal relationships with disability services, and some even have specialty disability workers within the CPS system.

Traci LaLiberte and Elizabeth Lightfoot

See also Child Abuse Prevention; Child Protective Services; Violence Against People With Disabilities

Further Readings

CAN-Do! (2005, March). Retrieved April 28, 2006, from http://disability-abuse.com/

Gaylor, V., LaLiberte, T., Lightfoot, E., & Hewitt, A. (Eds.). (2006). Feature issue on children with disabilities in the child welfare system. *IMPACT, 19*(1).

Child Abuse in Immigrant Families

Immigrant families vary by ethnicity, social class, country of origin, education, immigration circumstances and status, language, religion, employment, and a host of other factors. The greater the difference between the culture of origin and the new environment, the longer lasting the culture shock from immigrating is apt to be, distorting almost every aspect of daily life and complicating efforts to obtain an accurate assessment of parenting. Immigrant families who are undocumented also live in constant fear of deportation, and refugees must cope with the aftereffects of the trauma they have suffered.

Migration has an isolating effect on many families, cutting them off from their traditional sources of support and exposing them to discrimination. Although teachers and school counselors can be key players in

the prevention and detection of child abuse, children may refuse to confide in them if they perceive the schools as alien or even hostile.

There is no reason to assume higher rates of child abuse among immigrant than native-born families. However, immigrant families may be at increased risk of reports to child protection authorities due to their visibility, a tendency to punish misbehaviors in public rather than in private, misunderstandings with professionals, and parenting norms that conflict with those of the dominant culture. The more educated and acculturated a family is, the closer its child rearing norms are likely to be to those of the mainstream culture.

Immigrant parents often do not know what is expected of them but are still punished by the child protective system when they fail to comply with unwritten cultural expectations. Language and cultural barriers make it difficult for immigrant families to access resources, take advantage of services, and comply with treatment plans. Cultural competency training can help professionals in the field learn to reach out to immigrant families more effectively.

Caring immigrant parents sometimes avoid mainstream health care and opt for their traditional medicine, in the belief that this is the best way to heal their children or protect them from illness. Jurisdictions vary in how they handle instances where the family's traditional medicine has failed to improve the child's condition or has harmed the child.

Immigrant families caught in the child welfare system often fail to comprehend the system that has taken over their lives; such a system may not exist in their home countries. The problems for immigrant families in the child welfare system are exacerbated by a serious shortage of interpreters and translated material at government and private agencies. In most circumstances immigrant families have the legal right to services in their preferred language or interpreters.

The literature on child maltreatment in immigrant families is becoming increasingly fine-tuned and specific, with suggestions for working with people from particular immigrant groups, handling language difference, and collaborating with community-based agencies. Research on issues and problems concerning child abuse and immigrant families is still underdeveloped and marred by serious problems in delimiting and defining the sample, choosing concepts with cross-cultural relevance, and translating instruments.

Lisa A. Fontes

See also Child Abuse Prevention; Culturally Sensitive Intervention; Legal System and Child Protection

Further Readings

Fontes, L. A. (2005). Working with immigrant families affected by child maltreatment. In L. A. Fontes, *Child abuse and culture: Working with diverse families* (pp. 30–58). New York: Guilford Press.

Maiter, S., Alaggia, R., & Trocmé, N. (2004). Perceptions of child maltreatment by parents from the Indian subcontinent: Challenging myths about culturally based abusive parenting practices. *Child Maltreatment, 9,* 309–324.

Child Abuse Prevention

Child abuse prevention services have three primary goals: to reduce the overall incidence of abuse and neglect; to minimize the chance that abused children will be revictimized; and to "break the cycle" of abuse by providing victims therapeutic services to overcome the negative consequences of maltreatment. Efforts to do this can be provided on a universal basis (offered to all parents or all children); targeted basis (offered only to those who present one or more risk factors associated with an elevated risk for maltreatment); or indicated basis (offered to those who have already been abused in the hopes of preventing subsequent maltreatment and remediating the negative effects of abuse).

Evolution of Prevention Services

Over the past 30 years, efforts to prevent child maltreatment in the United States have moved through three stages—public recognition of the problem, experimentation with a wide range of prevention programs that address one or more risk factors, and the evolution of systems designed to better integrate these diverse efforts.

Programmatic efforts to prevent child abuse and neglect have followed two distinct paths—interventions targeting reductions in physical abuse and neglect (including emotional neglect and attachment disorders) and interventions targeting reductions in child sexual abuse. Programs in the first group began with an emphasis on parental knowledge or parental behavior as the "cause" of maltreatment with services

designed to address the cause (e.g., parent education workshops). Such programs have evolved in concert with the ecological paradigm to address the broader context in which the parent–child relationship develops. It is common for today's prevention programs to focus on parental support networks, health care access, and parent–child interaction patterns, in addition to the more traditional emphasis on parental behavior or knowledge. Further, these programs tend to focus on new parents, offering assistance when a child is born or a woman is pregnant. Subsequent prevention services are then added to this universal base in response to the specific emerging needs presented by the growing child or the evolving parent–child relationship.

In contrast to these efforts, the target population for sexual abuse prevention has been potential victims, not potential perpetrators. Three factors contributed to this pattern: the social discomfort surrounding sexuality; the difficulty in developing voluntary treatment options for offenders; and the absence of clear risk factors identifying potential perpetrators or victims. Strategies within this framework include a number of educational-based efforts, provided on a universal basis, to children on the distinction between good, bad, and questionable touching and the concept of body ownership or the rights of children to control who touches their bodies and where they are touched. As children mature, these classes cover a broader range of concepts such as appropriate dating behavior, gender stereotypes, and nonaggressive conflict resolution strategies. These educational programs also offer children and youth service options or referrals if they have been abused or are involved in an abusive peer relationship.

Today, the concept of prevention is moving away from the notion of a single response agency or targeted intervention and more toward a communitywide system of shared responsibility and mutual support. The goal of altering both the individual and context provides a programmatic and policy response more reflective of the ecological theory often cited as the most appropriate in explaining the etiology of child maltreatment.

Evidence of Success

Program evaluations and meta-analytic studies of child abuse prevention programs present a fairly positive picture. Early home visitation strategies, for example, are effective at reducing the likelihood that children will be reported as victims of child abuse and neglect or that they will need treatment for physical injuries or accidents. When the pool of relevant indicators is extended to include proximal indicators of a reduction in abuse potential or an increase in core protective factors, a number of additional strategies surface as promising. Interventions to enhance parental knowledge and skills, such as parent support groups, and strategies to protect children through child assault prevention programs also show positive results. It is important to note, however, that with this second group of strategies, a reduction in risk behaviors or change in attitude by the participants may enhance family functioning yet have little impact on aggregate rates of physical abuse and neglect.

Research Implications

Improving the quality and efficacy of prevention services requires new research in several areas. First, greater clarity is needed regarding the most accurate and appropriate way to measure prevention of child maltreatment. If maltreatment reports continue to be used as an indicator of prevention effectiveness, greater consistency is needed in how such reports are documented, including more careful identification and tracking of the type of maltreatment involved, the actual perpetrator, and the relative severity of the mistreatment.

Second, longitudinal research studies are needed that track the extent to which initial progress on various proximate outcomes is sufficiently robust to reduce subsequent maltreatment or involvement with child protective services. To the extent that prevention programs embrace the public health model and ecological theories of maltreatment, targeted outcomes for such interventions will include a dual focus on both risk and protective factors. Understanding how changes in various risk and protective factors can reduce subsequent maltreatment is essential for building better theory and enhancing program and policy effectiveness.

Finally, greater care needs to be taken to ensure that evaluative information is continuously collected and fed back into the decision-making process. Strengthening our knowledge base requires more consistent and rigorous attention to such issues as the characteristics of the target population, the rate at which programs successfully enroll and retain their population, the content of the services provided families, and the nature of the participant–provider relationship.

Deborah Daro

See also Prevention Programs, Child Maltreatment; Prevention Programs, Community Mobilization; School-Based Violence Prevention Programs

Further Readings

Daro, D., & Cohn-Donnelly, A. (2002). Charting the waves of prevention: Two steps forward, one step back. *Child Abuse & Neglect, 26,* 731–742.

Daro, D., & Cohn-Donnelly, A. (2002). Child abuse prevention: Accomplishments and challenges. In J. Myers, L. Berliner, J. Briere, T. Hendrix, C. Jenny, & T. Reid (Eds.), *APSAC handbook on child maltreatment* (2nd ed., pp. 431–448). Thousand Oaks, CA: Sage.

Child Abuse Prevention and Treatment Act

The Child Abuse Prevention and Treatment Act (CAPTA) is the key federal statute that addresses child abuse and neglect. It is administered by the Children's Bureau, an office in the Administration for Children and Family, U.S. Department of Health and Human Services. It provides funding for states and territories to support public child protection agencies and prevention activities in communities.

Originally enacted in 1974, the statute (P.L. 93-247), was the culmination of a period of growing recognition of the prevalence of child abuse and neglect and the demand for federal action. A key stimulant to the public's awareness was the publication in 1961 in the *Journal of the American Medical Association* of a widely cited article on the battered child syndrome. Written by a physician, C. Henry Kempe, the article highlighted the negative consequences of abuse for child development and increased pressure in the medical field to champion this issue. Pressure grew in the states to take responsibility for abused children and between 1963 and 1967 every state and the District of Columbia passed some form of child abuse law, usually establishing reporting requirements for medical and service providers. By the early 1970s there were growing demands for action at the federal level. Congressional hearings brought strong attention to the issue. The hearings that led to the drafting and enactment of CAPTA were held by the Subcommittee on Children and Youth, under the leadership of Senator Walter Mondale, of the Committee on Labor and Public Welfare.

Key features of the original statute authorized funding of $85 million for 3 years to be spent over 4 years. At least 50% of the appropriated funding was to be spent on discretionary demonstration programs, at least 5% but no more than 20% for grants to states, and no more than $1 million on an in-house advisory board. The statute also defined child abuse, established requirements for state reporting laws and other requirements states had to meet to be eligible to receive these funds, and established a National Center on Child Abuse and Neglect within the Department of Health and Welfare. Since enactment, CAPTA has been amended numerous times.

The three main sections of CAPTA are Grants to States, Child Abuse Discretionary Activities, and Community-Based Child Abuse Prevention. Under the state grants program, states have wide authority to use funds for a broad range of activities in improving child protection services, including intake screening, case management, data systems, training, and collaboration with other systems. States must certify that they have in place a variety of protections and system requirements. A new program was added in 2003 to assist states in the investigation and prosecution of child abuse and neglect. The purpose of the Community-Based Prevention Program, as noted in Section 201 of CAPTA, is "to support community-based efforts to develop, operate, expand, enhance, and, where appropriate to network, initiatives aimed at the prevention of child abuse and neglect, and to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect."

CAPTA was reauthorized in 2003 (as P.L. 108-36) and requires reauthorization again by September 30, 2008. CAPTA programs were funded in the fiscal year 2006 budget at $95.2 million.

Gerald B. "Jerry" Silverman

See also Child Abuse Prevention; Office on Child Abuse and Neglect

Web Sites

Child Welfare Information Gateway: http://www.childwelfare.gov/

Child Aggression as Predictor of Youth and Adult Violence

Aggression in children is a problem that garners a disproportionate amount of attention in the media and throughout society, especially when considering news accounts of school shootings and youth violence. While chronic violent offending is relatively rare in youth, and the majority of juvenile offenders desist from criminal activities in their early to mid-20s, boys, gang members, and youth of color continue to both engage and become victims of violent and antisocial behaviors in alarming numbers. Determining how child aggression develops and what the outcomes of such behaviors are is a critical topic for parents, educators, criminal justice personnel, and psychologists and psychiatrists dealing with childhood aggression in communities, classrooms, and neighborhoods. Child aggression refers to attitudes, temperament, or acts in youth under the age of 18 years old that are recognized as antisocial or problem behaviors.

The Development of Serious Offending Behaviors in Children

Patterns of serious offending commonly first emerge during the critical stage of human development known for impulsive, irrational, and immature behaviors—adolescence. The turbulence of adolescence provides a perfect opportunity to challenge one's boundaries, and the chance to display irrational, immature actions or thoughts may lead some youngsters down pathways toward aggressive, violent, and/or antisocial behaviors. For a few of these youth, this violence trajectory will continue into adulthood. Troubled youth in the criminal justice system have often reported various familial and psychopathological problems that have been linked to delinquency and adult offending. Recent longitudinal studies have also shown that youngsters in early and middle childhood frequently exhibited multiple problem behaviors across various domains that began at young ages. A commonality in many of these troubled youth, especially those seen in the criminal justice system, is that they express aggressive tendencies.

Childhood and Adolescent Psychiatric Disorders Associated With Violence

Youth with oppositional defiant disorder (ODD), conduct disorder (CD), and attention deficit-hyperactivity disorder (ADHD) have been shown in some scholarly studies to be at greater risk of aggressive or violent behaviors as adolescents or adults. ODD and CD are common disruptive disorders within the period of childhood or adolescence. These disorders are frequently diagnosed together with ADHD in youngsters with severe behavioral problems. Whereas ODD includes less serious behaviors such as defiance, anger, or annoyance of classmates or authority figures, CD involves more serious symptoms such as law-breaking behaviors (property destruction or status offenses such as curfew violations), theft, and acting aggressively toward people or animals. Youth may outgrow ODD or continue on and progress to CD at very young ages. CD is also the precursor to the more serious personality disorder in adulthood known as antisocial personality disorder (APD). Children with early onset and persistence of symptoms have been found to have poorer lifetime prognoses and to have better chances of continuance of antisocial behaviors into adulthood.

ADHD is the leading psychiatric disorder in American children, with current U.S. estimates of 10 million people having this illness. ADHD has two primary types, inattentive and hyperactive, and outcomes for children with this form of mental health disorder may vary widely depending on the severity and type of symptoms. Whereas inattentive aspects of ADHD have been found to be associated with poor academic outcomes, the impulsivity-hyperactive type has been more commonly linked with poor life course outcomes such as aggression and violence. Youth identified as ADHD have difficulty concentrating, paying attention, following instructions, and may be impulsive. This impulsivity element for hyperactive ADHD children has been linked with increased risk of aggressive behaviors over the life course and is the major focus of research looking at the link between ADHD and violence. However, it should be noted that studies investigating the relationship between these childhood disorders and later violence have produced conflicted findings depending on the sample sizes, populations, study design, and specific measurements or scales used.

In addition to these disorders common in childhood and adolescence, several other forms of mental illness have been shown to be associated with violence propensity that commonly have an onset prior to age 18. These include mood disorders such as major depressive disorder (MDD) and dysthymia, and substance use disorders (SUDs) typically involving alcohol and illicit drug use.

Research has linked mood disorders such as MDD and dysthymia with interpersonal violence, but the research on depression has been somewhat recent with regard to children and adolescents. Some studies have reported that depressed persons are most at risk of hurting themselves, especially depressed females who tend to internalize their problems. However, some scholars have argued that males with the disorder may have a form of "hidden depression" that explains their violent acts. The reason for their violent behaviors, depressive symptoms, may be easily overlooked in light of their antisocial actions. As males are prone to externalizing behaviors (or acting out), it is possible that depressive symptoms may be disguised by aggression and thus treated more as a disruptive disorder than as a mood disorder.

Finally, SUDs have the strongest link of all the psychiatric disorders with interpersonal violence. For young people, experimenting with alcohol and drugs is seen as a right of passage into adulthood, with a large majority of youngsters admitting substance use or abuse prior to leaving high school. There are dangers in using and abusing such substances, however. A large body of research indicates that comorbidity of other forms of mental health disorders and SUDs in youngsters increases the risk of aggressive behaviors. Some illicit drugs actually cause psychotic symptoms, while others have been found to make permanent chemical and physiological changes in the brain. Alcohol is one of the most common denominators in violent encounters between people, with up to half of all serious violent crimes having alcohol involved.

Together, research focusing on ODD, CD, ADHD, mood disorders, and SUDs offers promising insight into the etiology of childhood aggression as a predictor of later serious offending behaviors in adolescents and adults. Such endeavors have important public policy relevance as we develop more effective preventions, interventions, and treatments geared at helping identify young, chronic offenders before they commit seriously violent crimes against other persons.

Denise Paquette Boots

See also Children and Adolescents Who Kill; Psychiatric Illness and Violence Propensity

Further Readings

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text rev.). Washington, DC: Author.

Connor, D. F. (2002). *Aggression and antisocial behavior in children and adolescents: Research and treatment.* New York: Guilford Press.

Loeber, R., & Farrington, D. P. (Eds.). (1998). *Serious and violent juvenile offenders: Risk factors and successful interventions.* Thousand Oaks, CA: Sage.

Quinsey, V. L., Skilling, T. A., Lalumiere, M. L., & Craig, W. M. (2004). *Juvenile delinquency: Understanding the origins of individual differences.* Washington, DC: American Psychological Association.

Child Death Review Teams

Child deaths from preventable or intentional causes have been the impetus for child death review teams (committees) worldwide. In the United States alone, an estimated 1,400 children died as a result of abuse or neglect in 2002. The majority of these children were under the age of 4. Child death reviews provide information on the underlying dynamics of child abuse and neglect cases, thereby offering the best opportunity for developing prevention interventions. By reviewing cases, the team endeavors to identify gaps or breakdowns in systems providing service to the child and family. Child death reviews can also be effective in reducing the incidence of accidental deaths involving children, and many of the reviews in the United States have now widened to include preventable deaths not caused by physical abuse or neglect. A death is considered preventable if an individual or the community could have done something that would have changed the circumstances that led to the death. Child death reviews have helped to inform policy and legislation in areas such as child physical abuse and neglect, shaken baby syndrome, abandoned infants, sudden infant death syndrome (SIDS), daycare licensing, child car seats, graduated driver's licensing, suicide prevention, smoke detectors, and fire-retardant clothing.

Background

Child death review teams date back to the late 1970s when Los Angeles, California; North Carolina; and Oregon created teams to better identify and respond to child fatalities related to abuse and neglect. For these communities and others, the awareness that the statistics they had available about child deaths offered little in the way of understanding the risk factors or circumstances that led to the death, or what could be done to

prevent a death, prompted initiatives for improvement. In addition, the growing concern about the accuracy of SIDS findings led to an awareness of the need to understand how deaths were being investigated and whether services provided to children and families were adequately focused on child safety. The first review teams uncovered important indicators of maltreatment in cases that had been ruled as accidental or unintentional deaths. In 1990, a Missouri study concluded that child deaths due to maltreatment were grossly underreported and, as a result, this state became the first to enact a law requiring multidisciplinary review of child deaths involving children under the age of 15. Since that time, teams have developed in 50 states in the United States as well as nine Canadian provinces, parts of New Zealand, Australia, and South Africa. The scope of the reviews has broadened, from identifying and focusing on fatalities that are a result of maltreatment to understanding all causes of death and recommending improvements in all areas of child health and safety. Addressing system failures, particularly in abuse and neglect fatalities, is still a critical function of child death review teams.

Major Components of Child Death Reviews

Purpose and Goals

Child death reviews examine the circumstances surrounding child deaths to ensure that (a) there is accurate and unified reporting; (b) there is improved agency response to child deaths from the child protective sector; (c) there are improved criminal investigations and prosecutions; (d) there are improvements to other community services, including better communication between service sectors and better coordination of services; (e) the barriers to services are identified; (f) there are improvements to legislation or policies that protect children; and (g) there is increased public awareness of the issues related to child deaths.

Models

Each jurisdiction has its own model for reviewing deaths. Common elements of these models typically include the following: (a) having both state (or provincial) and local teams that review individual cases; (b) having a set protocol for identifying cases to be reviewed; (c) reviewing all available records, including medical records, coroner reports, police records, child protection files and any internal agency death reviews conducted, and other sources as deemed relevant to the case; (d) having protocols for confidentiality; (e) having computerized databases for gathering and analyzing information; (f) holding child death investigation and child death review meetings; and (g) providing annual reports on state or provincial findings. Most jurisdictions have the review team's mandate written into law or government regulations.

Types of Deaths Reviewed

Each jurisdiction has its own set of criteria for flagging child death cases for review, depending on the size of the jurisdiction and the available resources. All reviews include child death as a result of homicide, suicide, neglect, or cases in which the death is unexplained. Additionally, some jurisdictions target a review of all deaths in which child protection services have been involved within a year prior to the death. Many of the reviews consider deaths of children under the age of 18; however, some only review the deaths of younger children.

Composition of the Review Team

Typically the case review team is a multidisciplinary one that includes medical examiners and health care professionals, law enforcement and prosecuting lawyers, and child protection experts. Some teams also include representatives from schools, mental health agencies, and crisis services.

Future Considerations

National studies conducted in both Canada and the United States have identified concerns with respect to child death review processes lacking uniformity across states or provinces. This lack of uniformity makes it impossible to compare programs in terms of effectiveness in preventing deaths or to identify trends and patterns of child deaths at a national level. These studies have identified the need for a national protocol for reviewing child deaths that would include (a) determining standard eligibility criteria for cases being reviewed; (b) developing criteria for gathering records and information and using standard data collection forms; (c) developing standard criteria for conducting reviews, including the composition of the review team,

the purpose and scope of the reviews, the funding of review processes, and the development of standards criteria for determining whether a death will be deemed intentional, accidental, or due to abuse or neglect; and (d) annual reporting that identifies trends or patterns of child deaths at a national level. In addition, the integration of other review processes, such as domestic violence fatality reviews, could serve to strengthen prevention efforts for children given the overlap of child abuse and domestic violence.

Peter G. Jaffe and Maureen Reid

See also Child Physical Abuse; Domestic Violence Fatality Review

Further Readings

British Columbia Coroners Service Child Death Review. (2005). *Annual report.* Victoria, BC: Ministry of Public Safety & Solicitor General.

Durfee, M., Durfee, D., & West, M. (2002). Child fatality review: An international movement. *Child Abuse & Neglect, 26,* 619–636.

State Child Death Review Council. (2005). *Child deaths in California.* Sacramento: Attorney General of California.

Child Exposure to Domestic Violence Scale

The ways in which exposure to adult domestic violence has been measured have varied greatly from study to study, thereby prohibiting a direct comparison across studies. Most previous studies are based on parents' or other key adult informants' reports using adapted versions of established measures such as the Conflict Tactics Scales. Yet children's reports of their own experiences often differ from those of their parents. This situation points to a need for measures that gather child self-reports of exposure to violence.

Few child self-report tools have been developed. The Child Exposure to Domestic Violence (CEDV) Scale is a 42-item self-administered scale for children ages 10 to 16 years. It has been shown to be both a reliable measure and one that reflects face, content, and convergent validity. The first of three sections of the CEDV Scale includes a series of questions that specifically target the types of exposure to domestic violence a child may have experienced. Children are asked to rate 10 different items focused on types of adult domestic violence to which they may have been exposed. Each question is answered using a 4-point Likert-type scale, with the choices being *never, sometimes, often,* and *almost always.* A second part of this first section requires a child to indicate how he or she knew of the violence occurring at home. If a child responds "never" to a particular question he or she moves onto the next question. However, if the child's response indicates exposure to such violence, the child is led by an arrow to an additional set of options that ask how he or she was exposed, including five choices: "I saw the outcome (like someone was hurt, something was broken, or the police came)," "I heard about it afterwards," "I heard it while it was happening," "I saw it from far away while it was happening," and "I saw it and was near while it was happening." After checking all applicable exposures the child is then instructed to move to the next item.

The second section of the CEDV Scale asks a series of 23 questions using the same 4-point Likert-type scale. The child is asked here to rate how often he or she intervened in violent events and about other risk factors present in his or her life. The third and final section of the CEDV Scale consists of nine questions asked to gather demographic information, including gender, age, race and ethnicity, current living situation, and family composition, and concludes with a question about favorite hobbies so as to end on a lighter note.

Jeffrey L. Edleson

See also Child Exposure to Intimate Partner Violence; Conflict Tactics Scales; Risk Assessment Instruments, Child Maltreatment

Further Readings

Edleson, J. L., Ellerton, A. L., Seagren, E. A., Schmidt, S. O., Kirchberg, S. L., & Ambrose, A. T. (2007). Assessing child exposure to adult domestic violence. *Children and Youth Services Review, 29,* 961–971.

Mohr, W. K., & Tulman, W. K. (2000). Children exposed to violence: Measurement considerations within an ecological framework. *Advances in Nursing Science, 23,* 59–68.

Web Sites

Child Exposure to Domestic Violence Scale: http://www.mincava.umn.edu/cedv

Child Exposure to Intimate Partner Violence

Public policymakers, practitioners, and researchers have only recently begun to understand that not only adults but also children may be affected by exposure to violence, and these professionals are now responding with new initiatives in several domains. Children are exposed to violence in many ways on a daily basis. Major research and some policy and practice responses have been developed in the following four areas of child exposure to (1) war zones, (2) media violence, (3) school and community violence, and (4) intimate partner violence. Several other entries in this encyclopedia expand on these first three forms of exposure. This entry focuses on children's exposure to intimate partner violence, including how intimate partner violence exposure is defined, what the impact of such exposure is on children, and what protective and risk factors play a role in the degree to which children are affected.

Defining Intimate Partner Violence Exposure

There are a number of issues that Ernest Jouriles and his colleagues suggest should be considered when defining child exposure to adult domestic violence. First, the types of domestic violence to which children are exposed may be defined narrowly as only physically violent incidents or more broadly as including additional forms of abuse such as verbal and emotional abuse. Second, even within the narrower band of physical violence, there is controversy about whether adult domestic violence should be defined as only severe acts of violence such as beatings, a broader group of behaviors such as slaps and shoves and psychological maltreatment, or a pattern of physically abusive acts, as suggested by Susan Osthoff. Finally, despite documented differences in the nature of male-to-female and female-to-male domestic violence, should one and not the other be included in a definition when considering children's exposure to such events?

Settling on the definition of domestic violence does not settle still other definitional questions that arise. For example, how is exposure itself defined? Is it only direct visual observation of the incident? Should definitions also include hearing the incident, experiencing the events prior to and after the event, or other aspects of exposure?

Research on Intimate Partner Violence Exposure

It has been conservatively estimated that from 10% to 20% of American children are exposed to adult domestic violence every year. National surveys in this country and others also indicate that it is highly likely that the severity, frequency, and chronicity of violence each child experiences vary greatly.

Recent meta-analyses—statistical analyses that synthesize and average effects across studies—have shown that children exposed to domestic violence exhibit significantly more problems than children not so exposed. Researchers have the most information on behavioral and emotional functioning of children exposed to domestic violence. Generally, studies using the Child Behavior Checklist, developed by Thomas Achenbach and Craig Edelbrock, and similar measures have found that children exposed to domestic violence, when compared to nonexposed children, exhibit more aggressive and antisocial (often called *externalized* behaviors) as well as fearful and inhibited behaviors (*internalized* behaviors), show lower social competence, and have poorer academic performance. A recent meta-analysis also found that exposed children scored similarly on emotional health measures to children who were physically abused or who were both physically abused and exposed to adult domestic violence.

Another all too likely effect is a child's own increased use of violence. Social learning theory would suggest that children who are exposed to violence may also learn to use it. Several researchers have examined this link between exposure to violence and subsequent use of violence. For example, some studies have found that recent exposure to violence in the home is significantly associated with a child's violent behavior in the community. Others have suggested that children's exposure to adult domestic violence may generate attitudes justifying their own use of violence, and some studies of juvenile offenders have found that believing that aggression would enhance one's self-image significantly predicted violent offending.

A few studies have also examined longer-term problems reported retrospectively by adults or indicated in archival records. For example, a study of undergraduate students found that exposure to domestic violence

as a child was associated with adult reports of depression, trauma-related symptoms, and low self-esteem among women and trauma-related symptoms alone among men. The researchers found that after accounting for the effects of being abused as a child, adult reports of their childhood exposure to domestic violence still accounted for a significant degree of their problems as adults.

Protective Factors in Children's Lives

Most people would be convinced by now that children exposed to adult domestic violence would all show evidence of greater problems than nonexposed children. In fact, the picture is not so clear. There is a growing research literature on children's resilience in the face of traumatic events. The surprise in these research findings is that many children exposed to traumatic events show no greater problems than nonexposed peers, leading Ann Masten to label such widespread resilience "ordinary magic."

Most studies of exposed children compare *groups of children* who were either exposed or not exposed to adult domestic violence. Study results report *group trends* and may or may not indicate an *individual* child's experience. Sandra Graham-Bermann, a leading researcher in this area, points out that consistent with the general trauma literature many children exposed to domestic violence show no greater problems than children not so exposed, and several studies support this claim. This does not mean that exposure is a positive experience for any child, just that some children seem to have other strengths or protective factors that buffer them from the most negative effects of exposure.

How does one explain these great variations among exposed children? Some of these children may have had greater protective social supports available to them. There are likely a number of protective assets and risk factors that affect the degree to which each child is influenced by violence exposures.

Ann Masten and her colleagues have suggested that as assets in a child's environment increase, the problems he or she experiences may actually decrease. Protective adults, including the child's mother, relatives, neighbors and teachers, older siblings, and friends, may all play protective roles in a child's life. The child's larger social environment may also play a protective role if extended family members or members of church, sports, or social clubs with which the child is affiliated act to support or aid the child during stressful periods. Harm children experience may also be moderated by how a child interprets or copes with the violence and other risks in his or her environment.

Risk Factors in Children's Lives

One risk factor that leads to variation in children's experiences is the great variation in *severity, frequency, and chronicity of violence.* Research has clearly documented the great variation of violence across families. It is likely that every child will be exposed to different levels of violence over time. Even siblings in the same household may be exposed to differing degrees of violence depending on how much time they spend at home. Increases in violence exposure may pose greater risks for children while decreases may lessen these risks.

A number of additional factors seem to play a role in children's exposure and interact with each other creating unique outcomes for different children. For example, many children exposed to domestic violence are also exposed to other adverse experiences. A study by Vincent Felitti, Robert Anda, and their colleagues found that increasing exposure to adult domestic violence in a child's life was associated with increasing levels of other "adverse childhood experiences" such as exposure to substance abuse, mental illness, incarcerated family members, and other forms of abuse or neglect. This finding points to the complexity of exposed children's lives. Problems associated with exposure have also been found to vary based on the *gender* and *age* of a child but *not* based on his or her race or ethnicity. The longer the period of time since exposure to a violent event also appears to be associated with lessening problems. Finally, *parenting* has also been identified as a key factor affecting how a child experiences exposure.

What little research there is on violent men shows that they have a direct impact on the parenting practices of women. For example, a study by George Holden and his colleagues found that battered mothers, when compared to other mothers, more often altered their parenting practices in the presence of the abusive male. Mothers reported that this change in parenting was made to minimize the men's irritability. A recent study of mothers and their children who were residing in shelters revealed that an abusive male's relationship to a child directly affected the child's

well-being. Violence perpetrated by a biological father or stepfather has been found to have a greater impact on a child than the violence of nonfather figures, such as partners or ex-partners of the mother who played a minimal role in the child's life.

Conclusion

Our understanding of how children are exposed to intimate partner violence, what impact these exposures have, and how we can help children heal is slowly expanding. It is clear that children are exposed in varying ways and our responses to them should be equally varied.

Jeffrey L. Edleson

See also Child Exposure to Violence, in Media; Child Exposure to Violence, Role of Schools; Child Neglect; Community Violence, Effects on Children and Youth; Complex Trauma in Children and Adolescents; Cycle of Violence; Failure to Protect; Intergenerational Transmission of Violence; Media and Violence; Risk Assessment

Further Readings

Feerick, M. M., & Silverman, G. B. (Eds.). (2006). *Children exposed to violence.* Baltimore, MD: Brookes.

Graham-Bermann, S. A., & Edleson, J. L. (2001). *Domestic violence in the lives of children: The future of research, intervention and social policy.* Washington, DC: American Psychological Association.

Trickett, P. K., & Schellenbach, C. J. (Eds.). (1998). *Violence against children in the family and the community.* Washington, DC: American Psychological Association.

Child Exposure to Violence, in Media

The heart of the matter of child exposure to violence in media is threefold: (1) children are massively exposed to media from very early childhood; (2) a large fraction of mass media content contains violence; and (3) media directed toward older children and adolescents may be particularly violent, while media (particularly television) directed toward younger children, some argue, may contain "risky" violence.

Children in the 21st century increasingly inhabit a media-saturated environment, one that more than ever allows them to choose, without mediation, an extraordinarily wide array of content. Much of this content is violent. While neither positive nor harmful effects may be postulated from exposure to such content, that the media environment is a violent one is beyond dispute; moreover, a robust body of literature suggests that media violence, and particularly the sorts of violence presented in prime time television and theatrical film, is a predictor of aggression and attitudes associated with aggression.

Child Exposure to Media

Media, particularly screen media (television, computers, videogames), are virtually ubiquitous in 21st-century households. Researchers estimate that among U.S. households with children, television penetration exceeds 98%, while 80% of such households have computers, and nearly half have videogame consoles (in families of older children, this rises to 83%). Studies by the Kaiser Family Foundation show that children under age 6 and 8- to 18-year-olds are becoming increasingly media saturated, as new media technologies become layered atop one another in the home. Moreover, almost all television households are now multiset households, and even young children may have televisions in their bedrooms—18% of those under age 2, 39% of 3- to 4-year-olds, and more than two thirds of 8- to 18-year-olds. Though older children begin to supplant some of the time they devote to television to using other media, particularly computers, TV remains the dominant, consensus family medium. Two indicia of the degree of media saturation are that nearly a third of all children under age 6 live in homes where a television is on nearly all day (among kids under age 6, 1 hour and 57 minutes per day is spent using all screen media, just under 1 hour listening to music, and 40 minutes reading or being read to) and that children ages 8 to 18 average 8 hours and 33 minutes exposed to all media; allowing for "multitasking" exposure to more than one medium at a time, 8- to 18-year-olds average 6 hours, 21 minutes per day using mass media (of this, 43 minutes are spent on print media; 1 hour, 2 minutes on computers; 3 hours, 4 minutes on television; 49 minutes on videogames; and 1 hour, 11 minutes on movies on DVD or video). Among this group, half say a TV is usually on in the home, even if no one is watching.

While large majorities of parents of young children say they have rules about media use, newer media and in-bedroom televisions are frequently beyond the close scrutiny of parents. Among 8- to 18-year-olds, slightly fewer than half report any family rules governing TV watching and, of these, only an eighth report rules about which shows a child may or may not watch.

Violent Content in Media

Mass media content of course varies widely in the presence, degree, nature, and context of its violent content. Content specifically targeted to very young children contains relatively little violent content, but content targeted to older children and adolescents may in fact be more violent than that intended for adult audiences. As many content analyses have shown, screen media—television, videogames, and theatrical film—generally manifest relatively high instances of violence.

The most comprehensive analysis of television content ever undertaken, the National Television Violence Study, reported that over three TV seasons on 23 network, independent, basic cable, and premium cable channels, about 60% of all programming contained some violence, with more than half of programs depicting violence in realistic settings, and almost three quarters of violent scenes showing no remorse or penalty for commission of violent acts. The study's authors concluded that the depiction of televised violence was pervasive, glamorized, sanitized, and trivialized. Violent depictions were most prevalent on premium cable, dominated by reruns of theatrical films (90% of which contain violent content), followed by independent stations, then broadcast networks, then basic cable (public TV channels have next to none). While violence was somewhat more prevalent during prime time, when young children were less likely to be in the audience, the difference was strong only on broadcast television; on cable, daytime TV was almost as violent as prime time TV.

As noted above, parental enforcement of rules for television viewing is most likely to concern the amount of time children watch TV. Rules regulating content are less prevalent; one survey found that about a quarter of parents use TV ratings "often" to make decisions about acceptable programs, and just 7% have used the V-chip.

Large majorities of the most popular videogames and theatrical films contain content that is violent, much of it *also* glamorized, sanitized, and trivialized. In both media, industry self-regulatory ratings systems are designed to keep the most violent content away from young audiences. Such systems are variably enforced, and some research has pointed to a "forbidden fruit" effect, wherein, at least for older children, a more "mature" rating may serve to attract audiences while a "G" rating may repel them.

The Risks of Exposure to Violent Content

Older children and adolescents may be disproportionately exposed to violent media content. Programmers use violent content to attract this audience based on purchase and ratings data that indicate preferences for this content in shows watched, motion pictures attended, and videogames purchased, and economic analysis suggests these content preferences are more pronounced for adolescents and young adults than for older adults. Preferences for violent content are believed to reflect young people's seeking excitement, adventure, and risk.

While younger viewers of screen media, particularly television, are less exposed to violence than older children, researchers for the National Television Violence Study employed a cognitive developmental theory to suggest that the cartoon fantasy and slapstick humor violence to which they are exposed places them at risk, since young children are unable to distinguish fantasy from reality or to make adultlike inferences about motives and consequences. In addition, the media-effects research literature has shown that violence coupled with humor, endemic to cartoon violence, is linked with learning of aggressive behavior.

D. Charles Whitney and Michael Robb

See also Video Games, Violence Exposure in

Further Readings

Hamilton, J. T. (1998). *Channeling violence: The economic market for violent television programming.* Princeton, NJ: Princeton University Press.

National Television Violence Study. (1998). *National Television Violence Study* (Vol. 3). Thousand Oaks, CA: Sage.

Rideout, V., & Hamel, E. (2006). *The media family.* Retrieved from http://www.kff.org/entmedia/upload/7500.pdf

Roberts, D., Foehr, U., & Rideout, V. (2005). *Generation M: Media in the lives of 8–18 year-olds.* Retrieved from http://www.kff.org/entmedia/upload/Generation-M-Media-in-the-Lives-of-8-18-Year-olds-Report.pdf

Wartella, E., & Robb, M. (2007). Young children, new media. *Journal of Children and Media, 1,* 35–44.

Child Exposure to Violence, in War Zones

Daily images from war zones around the world illustrate the degree to which children are direct victims of war violence and exposed to the victimization of others, both in their families and in their communities.

How Many Children Are Affected

Paramijit Joshi and her colleagues suggest that measuring child exposure in war zones is very difficult. Citing UN reports, they suggest that in one decade from the mid-1980s to the mid-1990s, over 2 million children were killed in wars, 4 million were injured, and another 10 million were traumatized

How Children Are Exposed to War

Joshi and her colleagues also suggest that children experience a series of consequences from war exposure, including (a) loss of loved ones, (b) family stress and change, (c) dislocation, (d) living with distressed adults, (e) loss of traditional communities, (f) lack of educational opportunities, (g) poor physical and community environments, and (h) being socialized to use and approve of violence.

James Garbarino and his colleagues have researched this issue in a number of locations around the globe and identified four themes similar to those identified by Joshi and colleagues. First, children face many increased risks in war zones. These include dislocation, increased poverty, multiple losses, and much more. Garbarino and his colleagues suggest, in line with other resilience researchers, that efforts be made to reduce risks and also shore up both children's own abilities to cope and the social networks of family, friends, and neighbors who surround them. The second theme these researchers identify concerns not the children but the adults who care for them. War zones present adults—both in families and in communities—with great challenges in caring for their children. Adult caregivers also require support during times of war to enable them to in turn act in supportive ways for the children in their lives. The third and fourth themes concern the meaning children give to their situations. Ideology appears to motivate children in war zones. For example, if a positive and constructive framework for assigning meaning to war experiences can be created within children (for example, pitching in to help rebuild rather than destroy), Garbarino and his colleagues suggest that children may be less inclined to join in the violence around them. Related to this is the fourth and final theme of finding alternatives to violent revenge. The best revenge for children may be becoming constructive members of their community in response to the violence swirling around them.

Jeffrey L. Edleson

See also Child Exposure to Violence, in Media; Child Exposure to Violence, Role of Schools; Child Neglect; Community Violence, Effects on Children and Youth; Complex Trauma in Children and Adolescents; Cycle of Violence; Failure to Protect; Intergenerational Transmission of Violence; Media and Violence; Risk Assessment

Further Readings

Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). *Children in danger: Coping with the consequences of community violence.* San Francisco: Jossey-Bass.

Joshi, P. T., O'Donnell, D. A., Cullins, L. M., & Lewin, S. M. (2006). Children exposed to war and terrorism. In M. M. Feerick & G. B. Silverman (Eds.), *Children exposed to violence* (pp. 53–84). Baltimore, MD: Brookes.

Child Exposure to Violence, Role of Schools

The first societal responses to domestic violence were the creation of shelters for abused women and training other professionals in the justice system to treat this violence as a crime. After more services became available for victims and perpetrators, an increasing focus became the children living with violence. Awareness of the plight of children and development of services

grew to the point that expectations began to be placed on schools as an ideal location for early intervention and prevention programs. Since educators have almost universal access to children, schools are seen as a foundation for preventing domestic violence.

The school's role can be defined under the concepts of early identification, intervention, and prevention. Early identification of children living with violence is possible by raising teachers' awareness of the impact of domestic violence on children and potential symptoms that may be seen within a school setting. Many children suffer from emotional and behavioral problems related to exposure to violence. These children may experience specific problems related to school attendance, adjustment, and achievement.

Teacher professional development regarding the impact of domestic violence on students at different ages may result in these students being identified and offered assistance. Critical skills for educators have to include handling disclosures of violence from students. Students may disclose directly by what they recount or indirectly in their play, drawings, attitudes, and/or behavior. In some cases, parents may make a disclosure during a parent–teacher meeting and seek understanding about their children's problems or assistance from school staff for referrals to other professionals. The assistance may involve counselors within the school system or community service providers. Some school districts have partnerships with domestic violence agencies and provide in-school groups or education programs.

One emerging issue that is the source of considerable debate is the appropriateness of referrals to the child protection system from schools in cases of domestic violence. School districts have developed a wide variety of policies and practices for handling disclosure and determining the extent to which mandatory reporting is triggered by incidents of children disclosing domestic violence in their home.

A more recent development in the field is the creation of school programs and curricula that address domestic violence at every grade. These developments include programs on social skills, interpersonal problem solving, gender stereotypes and equality, healthy relationships in adolescence, and dating violence. These programs are intended to be universal programs directed at all students rather than just those students experiencing domestic violence. The thinking behind these programs is that every student can benefit from this knowledge irrespective of any potential future role as a victim or perpetrator. This knowledge may assist these students in the future, as well as their friends, family members, coworkers, and neighbors, in the event they have to confront domestic violence in their environment. Ultimately, these programs may promote the shift in societal attitudes and behavior that no longer tolerates this behavior.

Peter G. Jaffe and Linda Baker

See also Child Exposure to Intimate Partner Violence; School-Based Violence Prevention Programs

Further Readings

Baker, L., Jaffe, P., Carter, S., & Ashbourne, L. (2002). *Children exposed to domestic violence: A teacher's handbook to increase understanding and improve community responses.* London, ON: Centre for Children & Families in the Justice System.

Jaffe, P., Wolfe, D. A., Crooks, C., Hughes, R., & Baker, L. (2004). The fourth R: Developing healthy relationships through school-based interventions. In P. Jaffe, L. Baker, & A. Cunningham (Eds.), *Protecting children from domestic violence: Strategies for community intervention* (pp. 200–218). New York: Guilford Press.

Rosenbluth, B., & Bradford Garcia, R. (2004). *Expect Respect curriculum.* Austin, TX: SafePlace.

Wolfe, D. A., Jaffe, P., & Crooks, C. (2006). *Adolescent risk behaviors: Why teens experiment and strategies to keep them safe.* New Haven, CT: Yale University Press.

Child Fatalities

According to data from the National Center for Health Statistics, approximately 53,854 children from birth to age 19 died in the United States in 2002, a rate of 66.5 per 100,000 children. The cause of child deaths can vary from those considered "natural" (e.g., congenital anomalies, respiratory disease, sudden infant death syndrome) to those identified as "unintentional" (e.g., motor vehicle accident, drowning, fires) or "intentional" (e.g., homicides, suffocation, poisoning). Intentional child fatalities as well as many incidents involving unintentional death are considered forms of child maltreatment, as each year a significant number of child deaths are due to acts of either child physical abuse or child neglect. The prevalence of child fatalities due to various forms of child maltreatment in the

United States is presented in this entry, along with a discussion of what can be done to prevent child deaths.

Prevalence of Child Fatalities Due to Child Abuse and Neglect

The National Child Abuse and Neglect Data System (NCANDS), which produces an annual report on child maltreatment in the United States, estimates that in 2002 approximately 1,400 children died in the United States as a result of abuse and neglect. The overall rate of child fatalities for these children, from birth to 17 years old, was 2 child deaths per 100,000 children. Of these 1,400 child deaths, approximately one third resulted from child physical abuse. Physical abuse–related child deaths often result from head injury, drowning, or asphyxiation. Another 38% of child victims died as a result of child neglect (i.e., caretakers failed to provide for the children's basic needs, such as medical care or adequate supervision). Child deaths from child neglect frequently involve hazards associated with unsafe or unsupervised environments, including scald burns, plastic bag suffocation, house fires, and hypothermia. A significant percentage of child deaths are due to some combination of physical abuse and neglect, as approximately 29% of children died as a result of multiple forms of maltreatment in 2002.

The large majority (76%) of 2002 child fatalities due to child abuse and neglect were children under the age of 4 years, with 41% under the age of 1 year at the time of their deaths. Boys were at greater risk than girls, with fatality rates of 2.4 and 1.8, respectively, per 100,000 children. In terms of who was responsible for the child's death, in more than 80% of cases, the perpetrators were the child's parents, most frequently the child's mother. Additional perpetrators included other relatives (7%), unmarried partners (3%), or other individuals in the child's life, such as daycare providers, foster parents, school employees, and others (6%).

Misclassified Homicide

The number of child fatalities documented by NCANDS is certainly cause for concern, but even more alarming is the fact that such statistics are likely underestimates of the actual number of children who die at the hands of their parents. These numbers do not reflect, for example, child deaths due to maltreatment reported to other authorities, such as law enforcement agencies, hospitals, or coroners. Also excluded are homicide cases that are misclassified as accidents or medical conditions.

One example of a misclassified homicide that is sometimes masked by a medical diagnosis is sudden infant death syndrome (SIDS). SIDS is defined as the sudden unexpected and unexplained death of an infant, often occurring during sleep. SIDS is essentially a default diagnosis that describes a child who inexplicably stops breathing. Because so little is known about the condition, it is sometimes difficult to distinguish between SIDS and homicide. There is evidence that some cases attributed to SIDS are actually the result of asphyxia or deliberate smothering by a parent or caretaker.

The relationship between SIDS and child maltreatment has been somewhat controversial because there is significant disagreement concerning how frequently misdiagnoses occur. Research on the topic has uncovered several indicators that might help distinguish between SIDS and homicide, such as recurring life-threatening incidents that are poorly explained and typically witnessed by only a single caregiver, evidence of physical maltreatment, a family history of previous involvement with child protective services, and a death scene that suggests neglect. In addition, most states now require autopsies for all inexplicable infant deaths, as well as an examination of the scene of death and medical history of the child. Although in the overwhelming majority of deaths of this nature some type of medical condition or accidental suffocation is likely the cause of death, sometimes inexplicable deaths are the result of child abuse or neglect.

Child Death Review Teams

Within the past 30 years, there has been increased interest in understanding the causes of child fatalities in an effort to reduce preventable deaths in children. The establishment of child death review teams both nationally and internationally has been instrumental in this effort. The common mission of such teams is to prevent child fatalities by identifying appropriate system changes and increasing awareness about the causes of child death. Child death review began in the late 1970s in Los Angeles where the first team was formed by the Inter-Agency Council on Child Abuse and Neglect. Today, there are hundreds of child death review teams across the United States, Canada, and Australia.

Child death review teams are typically composed of community professionals that represent multiple

agencies. Teams typically include representatives from a variety of disciplines, such as physicians, child welfare workers, lawyers, social workers, and mental health professionals. Although the functions of these teams vary, most evaluate cases in which a child has died (a) to identify the prevalence of deaths from child maltreatment, (b) to improve the policies and procedures of child protective services to prevent future child deaths, (c) to protect siblings of children whose causes of death are unexplained, and (d) to increase professional and public awareness of child death due to child abuse and neglect.

The American Academy of Pediatrics published a policy statement outlining recommendations for the investigation and review of unexpected deaths. One recommendation addresses the need to create state laws to establish child death review teams, and specifies that the child death review process should involve multiple groups and agencies. The policy statement also suggests that autopsies be required in all questionable deaths of children younger than 18 years. The academy also recommends that death scene investigators have special training in child abuse, child development, and SIDS. Other recommendations include the involvement of pediatricians, both as members of child death review teams and as advocates for proper investigation, and death certification in cases of child fatality. Finally, the academy recommended that data from child death review teams be used to develop initiatives to prevent child death.

Cindy Miller-Perrin

See also Child Neglect; Child Physical Abuse

Further Readings

American Academy of Pediatrics, Committees on Child Abuse and Neglect and Community Health Services. (1999). Investigation and review of unexpected infant and child deaths. *Pediatrics, 104,* 1158–1159.

Block, R. W. (2002). Child fatalities. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 293–301). Thousand Oaks, CA: Sage.

Durfee, M., Durfee, D. T., & West, M. P. (2002). Child fatality review: An international movement. *Child Abuse & Neglect, 26,* 619–636.

National Center for Child Death Review. (2002). *United States child mortality, 2002*. Retrieved May 10, 2006, from http://www.childdeathrevieworg/nationalchildmortalitydata.htm

U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2004). *Child maltreatment 2002.* Washington, DC: Government Printing Office.

Child Fatality Review

See Child Death Review Teams

Child Neglect

Child neglect is the most prevalent form of child maltreatment, and is distinct from child abuse. This entry focuses on the definition of child neglect; its incidence and prevalence, including co-occurrence of neglect with other forms of maltreatment and violence; and its precursors and consequences. The entry concludes with a brief overview of evidence-based interventions for child neglect.

Definition

Child neglect results from an act of omission of adequate care for a child by a parenting person. Neglect stands in contrast to other forms of interpersonal violence, which are acts of commission. Physical neglect consists of failing to provide shelter, food, and clothing. Education and medical neglect results from the parent's failure to access these essential services for children. In emotional neglect, the parent fails to provide basic attention to a child's emotional needs. Supervisory neglect can occur throughout a child's development and includes lack of care and attention to an infant or lack of supervision for an adolescent.

State statutes define child neglect and must meet the federal child maltreatment standard. While adhering to the basic definition provided above, states' definitions vary. For example, in some states, harsh corporeal punishment is defined as neglect. Other states discriminate between failure to provide adequate care due to financial inability and failure to provide care due to financial inability (not neglect).

What constitutes neglectful behavior is not always clear. Cultures influence standards of parenting in matters such as when a child is old enough to stay home unsupervised, and what is considered appropriate

health and educational attention. Historically, only Western nations have focused on defining child neglect, but in the last decade there have been efforts to define global standards for adequate care of children.

Incidence and Prevalence

The Child Abuse Prevention and Treatment Act (CAPTA) requires states to provide data on reported child maltreatment, investigations, and investigation outcomes to the National Child Abuse and Neglect Data System (NCANDS). The latest report was for 2005. In addition, the U.S. Children's Bureau has mounted periodic National Incidence Studies (NIS). The last such study reported data from 1993 to 1994. Both studies are relevant because they employ different standards of child maltreatment. The NCANDS is based on data from child maltreatment reports; the NIS surveyed children services professionals for their observations of maltreatment of children, whether or not it was officially reported. These reports provide the basis for estimates of incidence and prevalence of child neglect.

Sixty-three percent of all children reported for maltreatment in 2005 were found to be neglected. Physical, emotional, or sexual abuse accounted for 33% of substantiated maltreatment in the same time period. Other or unclassified causes accounted for the remainder. The 2005 incidence rate for child neglect was 8.1 per 1,000 children. Thirty-five percent of child neglect victims are under 4 years of age and 22% are older than 12. Black and Hispanic families are overrepresented in all forms of reported child maltreatment. Blacks account for 24% of known neglect cases, Hispanics for 18%, and Whites for 48%. The NIS and the NCANDS studies show that incidence rates of child neglect are increasing. The NIS found that most children who are neglected are not reported to Child Protective Services. Child neglect often co-occurs with other forms of maltreatment. Child neglect can be life threatening and accounted for more than 40% of the 1,117 child fatalities due to maltreatment in 2005.

Precursors and Aftereffects of Child Neglect

Neglect is strongly associated with poverty, with unemployment, and with single-parent-headed families with more than three children. Studies have also associated neglect with a demoralized, discouraged parental worldview. Neglect typically occurs across generations; neglectful parents have often been neglected themselves and do not know how to nurture their children. Birth parents are perpetrators of child neglect in the vast majority of cases.

A constellation of factors create risk for child neglect, including the following: (a) situation factors related to lack of economic resources and to high levels of stress; (b) family factors such as conflict, spousal violence, and social isolation; (c) parent factors such as lack of parenting empathy and skills, adverse parental childhood histories, and mental health and addiction problems; and (d) child factors such as special health and mental health needs and the temperament of the child. Neglectful families are likely to have limited adaptive capacities and environmental resources. Studies of neglectful family interaction show low amounts of any interaction, and a low ratio of positive to coercive or negative interaction among family members. The newest studies suggest that early parent–child interaction has traceable effects on brain development and that poor parenting has a profoundly negative effect on the child's emotional and cognitive development.

The consequences of child neglect can be life threatening. Examples include nonorganic failure to thrive, unintentional injuries such as poisonings and drowning, and adolescent high-risk behaviors. Neglected children typically show poor school achievement, behavior and emotional regulation problems, and low self-esteem. Growing evidence suggests that neglect increases risk for adolescent and adult delinquency and relational and mental health problems.

Prevention and Treatment

Practitioners view child neglect as one of the most difficult forms of child maltreatment to change; thus, there is agreement that the emphasis should be on prevention and family supports. While a single standard of prevention and intervention does not exist, there is growing consensus on elements to reduce child neglect risk.

Successful programs contain the following elements: (a) environmental support and enrichment through social services that serve as a safety net in preventing the deleterious effects of extreme poverty (these include affordable, high-quality daycare, health care, preschool, early developmental assessment with intensive service follow-up, and after-school programs for older children and adolescents); (b) services

to multiple social systems—to the child, parent, and family as needed; (c) intense emotion- and empathy-building experiences between the parent and child (neuroscience and attachment theory provide the bases for this promising component of prevention); (d) opportunities to build social relationships through neighborhood-based group services and inclusion of extended family in intervention; (e) an optimistic and strengths-based orientation; and (f) compatibility with the family's ethnic culture.

Lynn Videka

See also Child Abuse Prevention and Treatment Act; Health Consequences of Child Maltreatment; International Society for the Prevention of Child Abuse and Neglect; Legal System, Advocacy Efforts to Affect, Child Maltreatment; Office on Child Abuse and Neglect; Parenting Practices and Violence, Child Maltreatment; Prevention Programs, Child Maltreatment; Risk Assessment Instruments, Child Maltreatment

Further Readings

Caliber Associates. (2003). *Emerging practices in the prevention of child abuse and neglect.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office on Child Abuse and Neglect. Retrieved July 27, 2007, from http://www.childwelfare.gov/preventing/programs/whatworks/report/index.cfm

Crosson-Tower, C. (2007). *Understanding child abuse and neglect* (7th ed.). Boston: Allyn & Bacon.

Gaudiosi, J. (2007). *Child maltreatment: 2005.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Retrieved July 27, 2007, from http://www.acf.hhs.gov/programs/cb/pubs/cm05/index.htm

Sedlak, A. J., & Broadhurst, D. D. (1996). *Third National Incidence Study of Child Abuse and Neglect (NIS-3).* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, National Center on Child Abuse and Neglect. Retrieved July 27, 2007, from http://www.childwelfare.gov/pubs/statsinfo/nis3.cfm

Child Physical Abuse

Child physical abuse occurs when a child is injured due to intentional or unintentional acts by a caregiver and includes injuries from hitting, kicking, punching, biting, throwing, shaking, stabbing, choking, burning, or any other act that physically harms a child. The acts may be unintentional in that the parent may not have purposely hurt the child, but nonetheless an injury occurred. Child abuse and neglect is defined in federal law in the Child Abuse Prevention and Treatment Act or CAPTA (42 U.S.C.A. §5106g), amended by the Keeping Children and Families Safe Act of 2003, as at a minimum: "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm." Individual state statutory definitions of physical abuse are derived from the federal definition of child abuse and neglect and vary, but most states' definitions of physical abuse include a statement that the act resulted in some type of physical injury or mark on the child. For example, it is within a caregiver's rights to spank a child, but if this disciplinary technique leaves physical marks, it is considered physical abuse. Researchers estimate that approximately 20% of all maltreatment cases can be categorized as physical abuse. Neglect comprises about 60%, sexual abuse about 10%, and emotional maltreatment and other forms make up the balance of all maltreatment cases.

Evaluation of physical abuse should consider a careful examination of the circumstances surrounding the event, the family history, and family and community culture. More specifically, evaluation considers the following:

- What harm occurred to the child?
- What is the child's age and developmental level?
- Were the acts or behaviors based upon lack of information, or carelessness, or were they intentional?
- What were the circumstances surrounding the event and/or behaviors?
- What is the child's interpretation of the event and/or behaviors?
- What are the community and family standards and practices regarding the event?
- What is the caregiver and family history regarding similar events and risk factors?

Physical abuse can be categorized into subtypes that correspond to the type of injury experienced by the child. The major subtypes are discussed next.

Subtypes

Cutaneous Injuries

Cutaneous injuries are injuries that occur on the cutaneous areas, or skin, of the child's body. Typically these marks are bruises, abrasions, cuts, and other marks to the skin. Physical bruising is the most typical type of physical abuse injury. Sometimes, the outline of the implement that was used to create the injury can be seen on the skin. For example, a belt, switch, or hand may leave a clearly identifiable pattern on the skin. Marks caused by physical abuse are typically seen on the fleshy areas of the body, such as the buttocks, back, and thighs, while accidental injuries are typically found on bony prominences, such as knees, shins, and foreheads, as these are the body parts that first come into contact with the ground or a piece of furniture when a child falls or runs into a stationary or immovable object. Other cutaneous injuries include bite marks, circumferential marks around the ankles or wrists when a child has been tied up, and strap and switch marks.

Cutaneous injuries should be carefully assessed to distinguish them from injuries caused by accidents, naturally occurring conditions, or cultural practices. Naturally occurring cutaneous marks include Mongolian spots (grayish blue spots usually on the buttocks, backs, legs, upper arms, and shoulders), salmon patches (pink marks on the neck, eyelids, nose, or forehead of newborns), and strawberry marks (not present at birth but appearing 4–6 weeks later). Folk healing practices may also be mistaken for maltreatment. For example, a practice called "coining," which originated in Southeast Asia to treat fever and other maladies, involves rubbing the skin with a coin, which leaves long, linear bruises that may be mistaken for marks of abuse. Careful assessment of any cultural practice should consider the child's interpretation of the event, the cultural meaning behind the practice or incident, and the resulting injury.

Burns

Burn injuries are classified by the cause of the wound and include immersion, splash, electrical, object, and chemical burns. When assessing a burn, the history and story given by the caretaker provides key information to determine if the burn was accidental or intentional, but even if it was accidental, the situation should be assessed for neglect issues. Evaluation of all burns should assess who was involved in the incident, the child's developmental maturity, when the event occurred, when medical attention was sought, and the specific circumstances surrounding the event. Maltreatment should be considered when the history is incompatible with the physical findings, the developmental age of the child makes the sequence of events unlikely, and the burn is older than indicated by the historical account. Safety issues should be considered even when the burn was accidental.

Burns are typically categorized as superficial, partial thickness, or full thickness, with full thickness impacting the entire thickness of the skin and requiring more intensive treatment. The extent of the burn is also considered when determining severity, with burns covering a higher percentage of the body considered more severe. Immersion burns are the most frequently seen types of abusive burns and occur when a child's body or body part is held in scalding water, usually as some form of punishment. An immersion burn will have clear lines of demarcation, while an accidental immersion burn will present a more ragged appearance. Other types of burns include splash burns, when a hot liquid comes into contact with the skin, for example, a pot of boiling water that is knocked over; and contact burns, when a hot object touches the skin, such as a cigarette, curling iron, stove burner, or heater grate. Electrical burns most often occur when a young child mouths an electrical cord or socket.

Injuries to the Head, Eyes, Ears, Nose, and Face

Head injuries may occur on the skull, spine, neck, and the face. A subdural hematoma or hemorrhage may result from a head injury and results when bleeding occurs between areas in the brain. Shaken baby syndrome or shaken impact syndrome describes a constellation of symptoms that occur when a child is shaken, causing the child's head to experience severe acceleration, deceleration, and/or rotational force. Head injuries require a complete physical evaluation of physical symptoms including neurological functioning.

Evaluation compares the circumstances and history of the injury with the story given for how it occurred. Eye injuries can result from a blow to the eye or occur in conjunction with a head injury causing a retinal hemorrhage. Ear injuries may be caused by direct blows to the ear, grabbing, or a penetrating trauma, and may result in bruising, abrasions, and perforation

of the inner ear. Nasal injuries may result from blunt trauma to the nose. A penetrating trauma can cause injury to the nasal septum. Oral injuries may be more common because of the significance of the mouth for communication and eating, which can be seen as sources of conflict by caregivers. Frenulum tears (i.e., tears to the small folds of skin that connect the lips to the gums and connect the tongue to the floor of the mouth) should generate high suspicion of abuse. Traumatic injury to the baby teeth of young children can be quite common in accidental or abusive injuries. All potentially abusive injuries should consider the history and child's developmental level.

Abusive Fractures

Abusive fractures are discerned typically by assessing the type and age of the fracture and the history given about how the fracture occurred. When abusive fractures are suspected, a full skeletal survey may be conducted to determine the presence of current or old fractures. Types of fractures include closed (a fracture with no skin wound), complicated (a broken bone also injured an internal organ), compound (the broken bone protrudes through the skin), compression (the bone collapses along the direction of the force), hairline (a minor fracture), impacted (the broken bone is wedged into the interior of another), and spiral (a slanting, diagonal fracture often caused by twisting). Organic abnormalities or genetic conditions should be ruled out before determining that a fracture is maltreatment.

Internal Injuries

Injuries to the thoracic and abdominal organs can be lethal and typically occur as the result of blunt trauma or being thrown down. Often, there is no external bruising, so diagnosis depends upon a detailed history. Abdominal injuries may include injuries to the liver, pancreas, spleen, stomach, small intestine, large intestine, or kidneys. Thoracic or chest injuries also occur as the result of blunt trauma or being thrown. Chest injuries may result in injury to the throat, rib cage, heart, or lungs. Any injury to the abdomen or chest requires immediate evaluation due to the lethality potential.

Poisoning

Poisoning occurs when a caregiver harms a child by inducing the child to take a poisonous substance or a substance taken in sufficient quantity that it becomes poisonous, and whether it is given as a punishment or for a well-intentioned reason. For example, as punishment for soiling, the caregiver may force the child to induce large quantities of water, creating an electrolyte imbalance that leads to brain swelling. Alternatively, caregivers may give a child drugs that were prescribed for themselves, such as barbiturates or antihistamines, to sedate a child whom the caregiver perceives as fussy or otherwise troublesome. Other substances that can be poisonous include table salt, hot peppers, black pepper, or laxatives. Accidental poisoning may occur when hazardous chemicals or other harmful substances are improperly stored or open and the child gets into them and ingests the poison. Supervisional neglect should be considered in those instances when chemicals or other hazardous materials are left accessible to small children.

Pediatric Condition Falsification

Formerly called Munchausen's Syndrome by Proxy, this condition has been renamed to more accurately reflect the syndrome. This abusive parenting disorder occurs when a parent purposely induces or fabricates injuries or conditions to a child that result in unnecessary and sometimes even painful tests and hospitalization. The parent conceals his or her role in inducing or faking the injuries. These conditions in and of themselves are detrimental and even dangerous to the child—for example, smothering a child to simulate sleep apnea or breathing issues, or inducing vomiting. Often, the symptoms subside when the child is separated from the perpetrating caregiver. Typically, the child's mother is the perpetrator and does this as an attention-seeking behavior. Diagnosis usually occurs after conventional treatments do not work, there are no corresponding rational reasons for their ineffectiveness, and the deceptive story surrounding the child and his or her illnesses and conditions starts to unravel.

Treatment for Physical Abuse

An understanding of the contributing factors to child physical abuse influences the selection of prevention and treatment strategies. Since contributing factors to physical abuse may be different for every person, interventions must be closely linked to a comprehensive assessment and individualized according to the

risk factors identified during the assessment process. Some parents or caregivers may have totally unrealistic expectations regarding a child's crying, eating difficulties, or toilet training. In situations like these, educational and supportive approaches may be most effective. Other parents or caregivers may understand the developmental levels and needs of a child, but lack skills in self-control and managing their own anger. Parenting education will likely not reduce the risk of future maltreatment if the cause of physical abuse is lack of impulse control. Anger management or therapy to address underlying issues related to the uncontrollable rage is an appropriate intervention. Sometimes a parent's or caregiver's anger is a symptom of untreated depression or substance abuse. Even when such conditions are treated, there may be adverse effects of medication, such as increased agitation or anxiety, that are expressed as an inability to handle normal stresses of parenting. Interventions appropriate when lack of parenting skills is identified as a cause of child physical abuse include the following:

- Programs offering instruction in specific parenting skills such as discipline methods, basic child care, and infant stimulation
- Child development education
- Local support services and linkages to other parents in the community
- Increasing the parent's or caregiver's knowledge of child development and the demands of parenting
- Enhancing the parent's or caregiver's skill in coping with the stresses of infant and child care
- Enhancing parent–child bonding, emotional ties, and communication
- Increasing access to social and health services for all family members

Interventions to address anger management and lack of self-control include the following:

- Anger control training aimed at recognizing "triggers" and reducing anger-arousing behaviors
- Relaxation training that seeks to short-circuit the aggressive behavior early in its development
- Communication skills training and problem-solving strategies
- Methods for aiding the parent or caregiver not only to reduce his or her own anger level but also to help his or her child do likewise

Other interventions commonly used for physical abuse cases include the following:

- Providing food, shelter, clothing, and/or utilities to stressed or impoverished families at the same time as counseling or parent education to reduce the anxiety or stress that may lead to future maltreatment
- Addressing factors underlying physical abuse, such as substance abuse and/or domestic violence; if an assessment identifies the presence of these issues, they should be addressed as an intervention strategy to lower the risk of future abuse
- For children, specifically discussing the child's perception of the circumstances surrounding the abuse as well as the details of the abuse itself (depending on the child's level of emotional and cognitive development, children often blame themselves; they need help identifying their shame and guilt and should be told they did not cause the abuse)
- Training children in self-expression, self-control, and effective problem-solving; interventions should teach children alternative ways to express their feelings and thoughts, especially anger and anxiety

All of the interventions used to address child physical abuse should link the underlying cause of abuse to the intervention's purpose. No single intervention approach will be universally effective for all individuals.

Charmaine R. Brittain

See also Child Neglect; Child Sexual Abuse

Further Readings

Besharov, D. (1990). *Recognizing child abuse: A guide for the concerned.* New York: Macmillan.

Brittain, C. (Ed.). (2006). *Understanding the medical diagnosis of child maltreatment: A guide for nonmedical professionals.* New York: Oxford University Press.

Brittain, C., & Hunt, D. (Eds.). (2004). *Helping in Child Protective Services: A competency-based casework handbook.* New York: Oxford University Press.

Dubowitz, H., & DePanfilis, D. (2000). *Handbook for child protection practice.* Thousand Oaks, CA: Sage.

Karson, M. (2001). *Patterns of child abuse: How dysfunctional transactions are replicated in individuals, families, and the child welfare system.* Binghamton, NY: Maltreatment and Trauma Press.

Maluccio, A., Pine, B., & Tracy, E. (2002). *Social work practice with families and children.* New York: Columbia University Press.

Scannepieco, M., & Connell-Carrick, K. (2005). *Understanding child maltreatment: An ecological and developmental perspective.* New York: Oxford University Press.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. *The Child Abuse and Prevention Treatment Act*. Retrieved August 6, 2007, from http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta03/capta_manual.pdf

Child Prostitution

See Commercial Sexual Exploitation of Children

Child Protective Services

In the mid-1960s, C. Henry Kempe and his colleagues described the "battered child syndrome," a pattern of unexplained physical injuries, apparently inflicted by parents or caregivers. His work helped to initiate a movement in the United States to protect children from child abuse and neglect. The 1974 Child Abuse Prevention and Treatment Act (P.L. 93-247) furthered the child protection movement and provided legislation to create publicly funded child welfare agencies. Today, these agencies are most often referred to as Child Protective Services, or CPS.

CPS agencies attempt to protect children in four ways: by investigating reports of maltreatment, by providing treatment services, by coordinating the services offered by other agencies in the community to child victims and their families, and by implementing preventive services. This entry describes these complicated and intersecting roles along with several challenges facing a CPS system responsible for the monumental task of protecting children.

The Role of Child Protective Services

The 1974 Child Abuse Prevention and Treatment Act mandated reporting laws as well as procedures for investigating suspected cases of child maltreatment. Today, various professionals (e.g., schoolteachers, medical personnel, mental health professionals) in all states are required to report suspected child maltreatment to CPS. Many state CPS agencies have adopted statewide telephone reporting systems (e.g., "hotlines") whereby professionals as well as laypersons may report children suspected of being abused or neglected.

Although all states have uniform mandatory reporting laws, there are no standard guidelines for assessment and processing of child maltreatment cases. CPS workers generally investigate reports of child maltreatment within 24 to 72 hours in order to determine whether child maltreatment has taken place. The investigation typically includes conducting interviews with the child, family members, neighbors, teachers, and medical personnel. The CPS worker must determine the degree to which the child is at risk for maltreatment, whether the home environment is safe, what factors are contributing to the family's difficulties, and whether appropriate services can alleviate the risk to the child. Caseworkers who conduct the investigations often visit the child's home to identify risk factors by assessing critical areas of individual and family functioning such as the child's age and physical and mental abilities; the caretaker's level of cooperation and physical, mental, and emotional abilities; the family's level of stress and support; and the physical condition of the home.

At the end of the investigation, CPS must assign a disposition to the case. The CPS worker must determine whether abuse or neglect occurred, whether the child is immediately at risk for abuse and/or neglect, and whether a reasonable likelihood exists that the child is at risk for abuse and/or neglect in the foreseeable future. In addition, the CPS worker also determines the need to remove the child or perpetrator from the home, the need to involve other service providers or community agencies (e.g., law enforcement, treatment providers, the courts), and the need for further agency monitoring.

In addition to its investigative function, CPS also protects children by implementing and coordinating treatment and prevention services for families. When child abuse and neglect has occurred, child protection may be implemented on either a voluntary or involuntary basis and may result in a child's remaining at home or being placed in some type of out-of-home care. A child who must be removed from the home is placed in some form of substitute living arrangement,

such as foster care, kinship care, or residential treatment, until he or she can safely return home. Several factors likely influence decisions about alternate care, such as the child's age, the type of abuse experienced, and whether the child has been a victim of maltreatment in the past.

Whether or not a child is removed from the home, mandated services are implemented to address problems that threaten children's safety. Sometimes social services are offered by CPS agencies, but more often these services are contracted out to other agencies. Over the years, CPS agencies have become more focused on the investigation of abuse and the coordination of treatment, largely serving as case managers rather than service providers. Referral services generally include emergency medical services and housing, substance abuse evaluation and treatment, daycare or respite care, counseling for children and parents, parenting education and training, home visitor services, homemaker help, transportation, and self-help or volunteer programs such as Big Brothers/Big Sisters, Parents Anonymous, and Parents United.

Challenges to the Child Protective Services System

Since the inception of mandatory reporting, CPS has witnessed a staggering increase in the number of children identified as possible victims of child maltreatment. These increasing numbers, combined with funding shortages and high turnover rates among social workers, have compromised the ability of many CPS agencies to investigate all of the reports they receive and to do so in a timely fashion. In short, CPS has become overwhelmed with the scope of its charge to protect children and its capacity to respond to this complex problem.

A related challenge to the CPS system is balancing its dual roles of child protection and family preservation. In the Adoption Assistance and Child Welfare Act of 1980, child welfare policy in the United States acknowledged the sanctity of the family, and the notion that strengthening and preserving families serves the safety interests of children. CPS must balance these family preservation goals with the more immediate charge of child protection, a difficult if not impossible mandate. On the one hand, CPS investigates allegations and collects evidence of abuse, essentially serving as a policing agency. On the other hand, CPS agencies are supposed to provide sufficient support and services to preserve family units. Many question whether it is feasible to expect that CPS can be both an investigative and social service agency. Even if such lofty goals are attainable, however, one could reasonably argue that with insufficient staff and excessive caseloads, CPS has become little more than an investigative agency, all but abandoning its initial charge as a provider of social services.

Many of the system's problems can be attributed to the ways in which child welfare policy, funding, and resource allocation have evolved over the years. The growing numbers of children placed in foster care during the 1980s and early 1990s, for example, was in part due to state laws and regulations that created a process for removing abused and neglected children from their homes. Such laws and regulations said far less about how to support families or under what circumstances children should be returned to their homes. Funding guidelines have also contributed to the system's problems because they often place restrictions on service delivery. Federal funding guidelines, for instance, often influence service implementation because states receive matching dollars for some expenditures regardless of the amount spent (e.g., foster care), whereas funds for other services (e.g., treatment and prevention) are restricted to certain amounts. As public policy initiatives and resource allocation decisions evolve, reforms to improve the CPS system will also evolve. The Adoption and Safe Families Act of 1997, for example, helped to address the problems associated with thousands of children living in foster care by limiting the amount of time children spend in temporary living arrangements. Additional changes are appearing to improve child protection decision-making processes so that they more validly reflect the risks children face, with the goals of minimizing inappropriate protective interventions and maximizing efficiency.

Cindy Miller-Perrin and Robin Perrin

See also Adoption and Safe Families Act of 1997; Child Abuse Prevention and Treatment Act; Foster Care; Legal System and Child Protection; Mandatory Reporting Laws of Child Maltreatment

Further Readings

Larner, M. B., Stevenson, C. S., & Behrman, R. E. (1998). Protecting children from abuse and neglect [Special issue]. *The Future of Children, 8*(1).

Tower, C. C. (2004). *Understanding child abuse and neglect.* Boston: Allyn & Bacon.

Trotter, C. (2004). *Helping abused children and their families.* Thousand Oaks, CA: Sage.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2003, May 19). *Foster care and adoption statistics current reports.* Retrieved from http://www.acf.dhhs.gov/programs/cb/publications/index.htm

Children and Adolescents Who Kill

The terms *children* and *adolescents* refer to persons under the age of 18 years of age. Adolescence is the period of human development when puberty begins as youngsters approach adulthood, usually starting between the ages of 11 and 13. This developmental period is characterized by major physiological and physical changes in the human body and is one of emotional highs and lows. Some adolescents display abrupt and unexpected personality changes as they experiment with drugs, become increasingly independent from their families, interact more with their peers, and strive to meet social pressures of success within academic, social, and occupational settings. While many youngsters will participate in minor deviant behaviors such as underage drinking, speeding, truancy, smoking, sexual promiscuity, and less serious criminal acts, others will commit crimes such as aggravated assault, rape, arson, and even murder. When youth do commit such heinous acts, these offenses typically receive a disproportionate amount of press coverage. Of all criminal acts, homicide is the most egregious act of interpersonal violence committed within our society. A homicide is defined as the willful and purposeful killing of another human being. Thus, the topic of juvenile killers is an important issue within society.

Rates of Juvenile Homicide in the United States

The participation of youth in violent behaviors is not a new phenomenon. Rather, it is one that has had a significant historical precedent in the United States. Beginning in the 1950s and over the next 40 years, official reports of violent crime rose over 600%, with juveniles accounting for the greatest increase in these numbers. Since the mid-1970s, concerns about youth crime have brought about laws increasing the penalties for juvenile offenders who committed violent acts such as homicide. Due to public outcry for stiffer penalties, legislation has provided for a significant increase in the number of juveniles transferred into adult courts for prosecution, while simultaneously reducing judicial discretion with mandatory sentences. Beginning in the 1980s and continuing on into the mid-1990s, the United States witnessed a drastic increase in the number of both juvenile and adult violent crimes.

The record numbers of youngsters being victimized or arrested for serious violent offenses peaked in the mid-1990s and underscored the need to look at the youth violence phenomenon independently. The recognition of teen violence and aggression as a social and public health crisis, coupled with high-profile media accounts of school shootings, led the U.S. surgeon general in 2001 to call for an investigation of the issues contributing to youth violence in America. Presently, juvenile crime rates are comparable to those in the 1970s, with less than 10% of all homicides nationally committed by juveniles under the age of 18 years old.

Current Public Perceptions of Juvenile Homicide Offenders

Juvenile homicide offenders (JHOs) are perceived by much of the public to be different from youngsters in the past. They are commonly regarded as more violent, predatory, and prolific in the crimes at younger ages. Some scholars have argued that the drug war and rise of inner-city gangs have led to a new breed of juvenile killer, with minority males killing each other in record numbers in large cities throughout the United States as turf wars and retaliation murders terrorize some neighborhoods.

Dynamics Surrounding Child and Adolescent Killings

There is not a "typical" kind of juvenile homicide. Rather, when children or adolescents do kill, there are varying reasons that appear to explain the homicidal event. However, there are general observations that can be made regarding juveniles who kill. First, there tends to be a significant gender gap in young killers, with males outnumbering females in large proportions.

Some researchers have suggested that the social forces that propel boys to act aggressively do not motivate girls in the same manner. Second, it is much more common for youngsters to commit murder with peers than alone. This suggests the influence of group dynamics on youngsters' experiences of peer pressure, perceptions of their pride and stature, and efforts to impress others when in the presence of peers. Such issues rarely apply to adult homicides and are reflective of the emotional immaturity and impulsivity common during childhood and adolescence.

Third, the availability of guns has contributed to the increase in lethality when youngsters do act out violently. Critics have argued that the number of murders committed by those under the age of 18 would decrease if guns were not as readily available to them. Finally, older juveniles have a significantly greater likelihood than younger offenders of carrying out a violent attack that will result in a death. Research has shown that 16- and 17-year-olds have higher rates of homicide than any other age group of juveniles.

Parricide, or the killing of one's parents, is one particular type of juvenile homicide that is especially shocking to the public and that represents one of society's greatest taboos. Yet such killings are relatively rare phenomena, as 200 to 400 juvenile and adult children murder their parents or stepparents annually in the United States. Although juveniles receive a disproportionate amount of press when they do kill a parent, the majority of parricide offenders are adults. When a child does commit parricide, the case commonly involves years of severe emotional, sexual, and/or physical abuse from the parent who was murdered. The child kills because he or she feels that there is no way to escape or that the abuser will kill him or her. Such cases may elicit strong public support for the youngster and his or her siblings once the details of the abuse come to light. In addition, researchers have identified other types of parricide offenders who kill due to either severe mental illness or antisocial tendencies. When children do kill for money or their freedom, such as in the case of the Menendez brothers in California, the public is often fascinated and horrified, resulting in a media frenzy.

Denise Paquette Boots

See also Child Aggression as Predictor of Youth and Adult Violence; Prevention Programs, Youth Violence; Youth Violence

Further Readings

Heide, K. (1999). *Young killers: The challenge of juvenile homicide.* Thousand Oaks, CA: Sage.

U.S. Department of Health and Human Services. (2001). *Youth violence: A report of the surgeon general.* Rockville, MD: Author.

U.S. Department of Justice, Federal Bureau of Investigation. (1984–2004). *Crime in the United States.* Washington, DC: U.S. Government Printing Office.

Zimring, F. E. (1998). *American youth violence.* New York: Oxford University Press.

Children Missing Involuntarily or for Benign Reasons

Children missing involuntarily because they are lost, injured, or stranded (classified as *missing involuntary, lost, or injured,* or MILI) and those missing for benign reasons (classified as *missing benign explanation,* or MBE) constitute a substantial number of missing children who do not fall neatly into the more conventional categories. According to the most recent national incidence statistics available, children who become missing involuntarily because they are lost, injured, or stranded account for 16% of all missing children and 9% of those reported to law enforcement. Children who become missing involuntarily because they are lost, injured, or stranded are disproportionately White, male, older teenagers who disappear most frequently in wooded areas or parks and from the company of their caretakers. These cases are significant because their successful resolution often requires an immediate and well-coordinated collaborative response by law enforcement, emergency medical services, forest rangers, game wardens, and other civil authorities.

Classifying a child as missing for benign reasons is a new concept in the missing children field. Yet, children missing for benign reasons are second only to runaway and thrownaway children in the burden they place on law enforcement. Children missing for benign reasons constitute 28% of all missing children, and 43% of those reported missing. In contrast to the MILI cases where the children are either injured or at risk of harm, the benign episodes are false alarms. Common situations including unforeseeable circumstances (e.g., traffic jams), miscommunications

(e.g., dad picks up the child an hour before mom planned to do so), and conflicting expectations (e.g., teenager believes she is old enough to stay out 2 hours past curfew without calling or leaving a note, and mom disagrees) can cause caretakers to become alarmed to the point of calling the police even though the child is not harmed, lost, stranded, abducted, or classified as a runaway or thrownaway child. Like the MILI children, those missing for benign reasons are disproportionately teenagers. However, most MBE children disappear from someone else's home when their caretakers are not present, or they simply fail to contact their caretakers when they are not where their caretakers expect them to be at the expected time.

Law enforcement agencies are advised to respond to every report of a missing child as if the child is in immediate danger, and this recommendation includes the dispatch of officers to the scene to make an initial decision about the type and severity of the episode. Because classifying a missing child case into a "less urgent" category will often affect the investigation, this must be done with extreme caution. Here, the challenge is to minimize the law enforcement burden by training officers how to differentiate between benign and more serious episodes accurately and efficiently, and educating the public on ways to avoid miscommunications and develop successful search strategies for resolving benign episodes without involving law enforcement. It is encouraging that the incidence of MILI and MBE episodes may have declined over the past decade, perhaps, in part, as a result of the introduction and dissemination of new communications technologies.

Heather Hammer

See also Child Abductions, Family; Child Abductions, Nonfamily; Runaway and Thrownaway Children

Further Readings

Sedlak, A. J., Finkelhor, D., & Hammer, H. (2005). *National estimates of children missing involuntarily or for benign reasons.* NISMART Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Steidel, S. E. (2000). *Missing and abducted children: A law-enforcement guide to case investigation and program management.* Alexandria, VA: National Center for Missing and Exploited Children.

Children's Advocacy Center

The term *Children's Advocacy Center* (CAC) represents a class of public and private agencies designed to serve as a hub of a coordinated community response to child maltreatment. While the model has its origins in the early efforts to create multidisciplinary child abuse investigative and/or assessment teams in communities across the nation in the 1970s and early 1980s, the specific term and core elements of the CAC model emerged from Huntsville, Alabama, in 1985. Spurred on by the explosion of child sexual abuse reports locally and across the nation in 1983, and by the resultant unexpected influx of child witnesses in the courtroom, the district attorney, Bud Cramer (later a U.S. Congressman), encouraged a broad community task force to look for a better way to handle these cases. Fanning out across the country they found examples of promising multidisciplinary investigative teams. Deciding to create a child-centered team in Huntsville, they added a key essential component of their new model, the "Children's Advocacy Center," a place that was neutral ground for all the agencies and disciplines involved and was designed specifically for the children.

Within a few years the model had spread and an increasing number of communities around the country were building a coordinated response to child abuse around their unique CAC. By 1987 many of these communities had organized into the National Network of Child Advocacy Centers (changing their name to the National Children's Alliance in 1998) and soon established membership standards. CACs now exist in the largest urban areas in the nation and in remote locations throughout rural America. Some are free-standing nonprofit organizations, like the National Children's Advocacy Center in Huntsville, Alabama, while other CACs are part of hospitals or large multi-service community nonprofit organizations and others are housed in government agencies.

By 2006 membership requirements had evolved in a 10-part set of accreditation standards. These standards require all centers to share 33 essential components, including a "child-friendly" facility that provides complete separation of victims and alleged offenders and where children can be interviewed while being observed by team members; a functioning multidisciplinary team with written agreements and protocols that provides for routine involvement in

cases and regular sharing of information; regular case review meetings involving representatives from, at least, law enforcement, child protection, prosecution, mental health, medicine, and victim advocacy; a capacity to perform or secure through referral specialized medical exams; delivery of or referral to mental health services; victim advocacy services, all delivered with cultural competence and diversity; and the organizational capacity to maintain operational stability. Centers seeking accreditation must demonstrate compliance with each of these standards and other related "rated" subcomponents.

Charles Wilson

See also Health Care Response to Child Maltreatment; Legal System, Advocacy Efforts to Affect, Child Maltreatment; Police, Response to Child Maltreatment; Prosecutorial Practices, Child Maltreatment

Web Sites

National Children's Alliance: http://www.nca-online.org

Child Sexual Abuse

Child sexual abuse is the use of a child for sexual gratification by an older or more powerful person. This involves touching as well nontouching behaviors, and includes, but is not limited to, penetration of a child's vagina, mouth, or anus by penis, other body parts, or inanimate objects; simulated intercourse; genital touching; touching of other body parts such as breasts, nipples, and buttocks; exhibitionism (exposing sexual body parts, sometimes called "flashing"); voyeurism (sexualizing other people who are in states of undress or engaged in sexual activities without their knowledge, sometimes called "peeping"); deep, sexualized kissing; exposure to age-inappropriate sexual activity or material; and use of a child in pornography or prostitution.

The World Health Organization defines child sexual abuse as involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or is not developmentally prepared for and cannot consent to, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by an activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust, or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials.

While there are variations in how countries, researchers, and academic disciplines define child sexual abuse, the core definition involves the abuse of power, power differentials, the inability of children to give informed consent, and sexual gratification or stimulation of perpetrators. The term *children* generally refers to those under the age of 18.

Perpetrators

Most sexual abuse is committed by people children know, such as family members, friends of the family, neighbors, and trusted professionals including clergy, teachers, and childcare workers. People who think they can tell that someone is a sexual abuser by looking at him or her are often shocked when they learn that someone they know, respect, care about, and may love has abused children sexually.

Perpetrators can be adults, teenagers, or children, and they can be women and men, boys and girls. Although males are more likely to abuse children sexually than females, it is important not to be blinded by assumptions about who abuses children sexually.

Types of Abuse

There are several different types of child sexual abuse. Incest is sexual abuse that members of families commit. Family members may be mothers, fathers, sisters, brothers, aunts, uncles, grandparents, or cousins. Child molestation is sex abuse committed by people the children know or by strangers. Strangers can be individuals who abuse children in public places such as parks, apartment houses, or neighborhoods or they can pay adults to use children sexually as child prostitutes.

Individuals who use child pornography or who make, buy, and/or sell child pornography also participate in the sexual abuse of children. Finally, people called sex traffickers, who buy and sell children for the purpose of using them as prostitutes, also participate in the sexual abuse of children.

A widely held belief that sex with a child virgin will cure sexually transmitted diseases, including HIV/AIDS, has contributed to the numbers of children sexually abused worldwide.

Prevalence and Incidence

There is wide variation in figures for incidence and prevalence of child sexual abuse. These variations are due to inconsistencies in how child sexual abuse is defined and measured, how questions are asked, and the reliability of data collection techniques. It is clear that child sexual abuse is a major social problem that is international in scope and affects the quality of life of girls and boys, their families, and communities.

Studies at the national, state, and local levels conducted in the United States over the past 25 years have indicated a child abuse prevalence level of between 2% and 62% for girls, and 1% and 16% for boys. With regard to incidence rates, the Third National Incidence Study of Child Abuse and Neglect (NIS-3) provides the most extensive results and reports incidence rates of 6.8 per 1,000 for females and 2.3 per 1,000 for males. These figures, however, only account for incidents that are reported to police and child protection services. Most incidents of child sexual abuse are not reported. In fact, one of the major reasons for underreporting is that abused children often do not disclose to anyone the abuse they have experienced. Another national survey on victimization of children and youth reports an incidence rate of 82 per 1,000 children having experienced a sexual victimization in a given year.

Internationally, findings from different studies report a prevalence rate of 20% for females and 5% to 10% for males. The World Health Organization reports that 8% of male and 25% of female children up to the age of 18 years' experience sexual abuse of some kind. Though most of the available empirical data on child sexual abuse prevalence and incidence originates from the developed countries, information from developing nations is now gradually increasing and reports similar trends.

Studies from different countries across continents have reported prevalence rates of 16.7% for females and 10.5% for males in China, 12% for females and 4.5% for males in Australia, 16% for females and 7% for males in Denmark, 12.8% for females and 4.3% for males in Canada, 26% for females and 20% for males in Nicaragua, and 53.2% for females and 60% for males in South Africa.

Nongovernment and voluntary sector organizations have begun to report on prevalence of child sexual abuse in their respective social, cultural, and geographic contexts. Although these reports may not always be based on randomly selected participants and may not pass the test of academic scrutiny in terms of research methodologies used, they provide valuable information that is indicative of the magnitude of sexual abuse of children within their contexts. Such studies have reported a prevalence of 39% for females and 48% for males in India. Girls are reported to have a higher rate of victimization than boys. As noted earlier, these figures may underestimate the incidence and prevalence because of social taboos associated with child sexual abuse.

Effects

The traumatic impact of sexual abuse on a child is an important and well-documented area of concern. The effects can be long term, short term, or both, and can impact the child physically and/or psychologically. However, the impact of sexual abuse is not uniform, and varies widely from child to child. The available evidence through different studies conducted across the world suggests that negative effects during childhood can continue into adulthood. Some of the more common effects of child sexual abuse found in victims are posttraumatic stress disorder; mood, anxiety, and substance disorders; low self-esteem; depression; and unhappiness.

Some children develop sexual behavior issues, including sexual preoccupation and sexual behaviors beyond what is commonly thought of as age and developmentally appropriate. Child sexual abuse has also been found to be associated with sexual identity confusion, sexual dysfunction, and sexual risk-taking behavior in later life. In terms of parenting, evidence suggests an association between child sexual abuse and teenage pregnancy and parents' anxiety that their intimate behaviors with their children may be inappropriate (or perceived by others as inappropriate). Child sexual abuse is also associated with failure to develop and maintain healthy interpersonal relationships and with suicidal behavior.

Resilience of Children

Child sexual abuse hurts children. There is little question about this. On the other hand, being sexually

abused affects some children more deeply than others. Available research and theory suggest that the impact of child sexual abuse on children's development and functioning varies according to two major factors. The first is the other risks and adversities children have experienced. The second is the capacities that child survivors have and that others in their lives have to help them cope with, adapt to, and overcome the effects of harsh life events, such as child sexual abuse. Children who have resources that help them overcome the effects of child sexual abuse and other adversities are said to be resilient. For children to be resilient, however, knowledgeable and empathic adults must be available to them over the long term.

Children who have many resources in their lives that help them cope with the effects of child sexual abuse will recover quite well, although there are likely to be some effects, which can vary from child to child. Children with few resources in their lives are at much greater risk to have negative outcomes resulting from being sexually abused.

Children who have many resources but also many adversities are likely to be able to cope with, adapt to, and overcome the effects of child sexual abuse, but they may require long-term interventions such as individual, group, and family therapy. Children with few resources and many other adversities are likely to have the most difficulty coming to terms with being sexually abused.

It is important to keep in mind that the impact of child sexual abuse also varies according to the severity of the abuse and the relationship of perpetrators and children. Children who have a one-time incident of sexual abuse by a stranger are likely to be less affected than children whose close family members sexually abuse them over a period of time. Of course, how children experience the abuse—what abuse means to them—is the major factor on how severe the outcomes are.

Understanding the effects of child sexual abuse requires flexible thinking on the part of parents, professionals, and survivors. We must take into consideration the resources available to children to help them cope, the other adversities they have experienced, and the severity of the abuse as they experience it.

Blaming the Victims

Social customs and ideologies often blame child victims for their own sexual abuse. Questions such as "Why didn't you tell?" "What did you do to provoke the abuse?" "How could you let it go on for so long?" are automatic for many people when a child discloses sexual abuse. Such responses direct attention away from perpetrators who are the persons responsible.

The shame and stigma associated with being sexually abused silences survivors and allows perpetrators to continue their sexually abusive behaviors. In some cultures, child victims are forced to marry perpetrators, killed, or expelled from their families and forced to live on the streets. The shame attached to being sexually victimized becomes a matter of family honor.

Only in the last 30 years has there been a large-scale outcry about child sexual abuse in some countries. This has resulted in more awareness and understanding of child sexual abuse. As a result, there now are more resources than ever before for survivors and their families and more policies and programs intended to prevent child sexual abuse. Much more, however, needs to be done.

In many developing countries, the movement against child sexual abuse is still in its beginning stages, and even the existence of child sexual abuse remains unacknowledged by the general public and professionals alike.

Child sexual abuse is a major social problem of worldwide proportions, and most survivors suffer in silence out of fear of being stigmatized and blamed for their own abuse.

Holding Perpetrators Solely Responsible

Perpetrators have sole responsibility for child sexual abuse. Typically, they are older, are stronger, and can overcome the children's resistance or take advantage of children's socialization to obey older children. Many children say, "He was big. I was little. I had to do what he said."

Perpetrators have many excuses and justifications, such as "My wife won't give me sex. I have to get it from somewhere" or "She loved me, and I loved her. This is love and not child sexual abuse." Sometimes they have no excuses at all. What they care about is their own self-centered satisfaction: "Sex with children makes me feel good." Some distance themselves from what they are doing and depersonalize the children: "I thought of the children as 'things,' as 'objects.' Certainly, they weren't children."

Almost all perpetrators are trusted and even loved members of families and communities. They are

fathers, mothers, stepfathers, aunts, uncles, brothers, sisters, cousins, babysitters, social workers, physicians, teachers, youth workers, or others who come in contact with children. They look like everyman. It is not possible to look at someone and say that person is a child sexual abuser.

Resources for Children

Resources that help children cope with child sexual abuse fall into the general category of quality of attachments to others. Children who have secure attachments to others are more likely to trust that if they tell someone about being sexually abused, they will be believed, will be comforted, and will be helped to understand what happened to them. The adults who love them and care for them, however, must understand child sexual abuse and respond to children's distress in constructive ways.

Children who believe they have no one to turn to may become confused about what happened and may think they somehow are at fault. It is up to adults to create a sense of safety for children so that they believe if they tell someone about being sexually abused they will be comforted and helped to cope with the effects.

Children's recovery is greatly enhanced when perpetrators take responsibility for their behaviors, turn themselves in to law enforcement, enter treatment, make sincere apologies to child survivors and others they have harmed, and take to heart what survivors tell them about the impact of their sexually abusive behaviors.

They may have to live with the fact that those whom they have hurt want nothing more to do with them, but in some cases, with careful work with professionals, healthy reconciliation happens.

Children can and do recover from child sexual abuse. Sensitive, responsive caregivers are key to recovery, even when perpetrators do not take responsibility for their behaviors. While few risks and many resources increase the likelihood of recovery, child survivors benefit from competent professional intervention that includes work with their parents and other family members. Over time, the negative impact of the abuse can lessen, but recovery means that survivors have integrated the fact of being a survivor into their self-concepts and they are able to live full lives, pursuing their own dreams.

Jane F. Gilgun and Alankaar Sharma

See also Adult Survivors of Childhood Abuse; Clergy Sexual Abuse; Commercial Sexual Exploitation of Children; Incest; Resiliency, Protective and Risk Factors; Sex Offenders

Further Readings

Bolen, R. M. (2001). *Child sexual abuse: Its scope and our failure.* New York: Kluwer Academic/Plenum Press.

Briere, J. N., & Elliott, D. M. (1994). Immediate and long-term impacts of child sexual abuse. *The Future of Children, 4,* 54–69.

Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children 4*(2), 31–53.

Gilgun, J. F. (2005). Evidence-based practice, descriptive research, and the resilience-schema-gender-brain (RSGB) assessment. *British Journal of Social Work, 35*(6), 843–862.

Gilgun, J. F. (2006). Children and adolescents with problematic sexual behaviors: Lessons from research on resilience. In R. Longo & D. Prescott (Eds.), *Current perspectives on working with sexually aggressive youth and youth with sexual behavior problems* (pp. 383–394). Holyoke, MA: Neari Press.

Gilgun, J. F., Jones, D., & Rice, K. (2005). Emotional expressiveness as an indicator of progress in treatment. In M. C. Calder (Ed.), *Emerging approaches to work with children and young people who sexually abuse* (pp. 231–244). Dorset, UK: Russell House.

Save the Children. (2006). *Abuse among child domestic workers: A research study in West Bengal.* Calcutta, India: Save the Children Fund.

Child Sexual Abuse Accommodation Syndrome

The child sexual abuse accommodation syndrome (CSAAS), identified by Roland C. Summit in 1983, describes a common disclosure pattern for victims of child sexual assault (CSA). The syndrome was developed on the basis of clinical observations of victims made by Summit and other treatment professionals. According to Summit, secondary trauma results when the child's allegations of sexual abuse are met with anger and disbelief by trusted adults (e.g., parents, clinicians). Summit's aim in documenting the disclosure process was to increase understanding of CSA

among treatment professionals, and to encourage validation and therapeutic intervention for victims.

The CSAAS has five components: (1) secrecy; (2) helplessness; (3) entrapment and accommodation; (4) delayed, unconvincing disclosure; and (5) retraction. The first two components are implicit vulnerabilities of children exploited by perpetrators of CSA; the latter three are chronological stages in the CSA disclosure process. Children's submissiveness allows them to be easily coerced by adults. Threats such as retaliation and dissolution of the family (particularly when a parent is the perpetrator), as well as blaming the child, are methods used to elicit secrecy and compliance, and signal to the child that what is happening is inappropriate. Contrary to popular belief, the majority of CSA is perpetrated by a trusted adult such as a parent, relative, or close family friend, which may magnify the child's feelings of helplessness. According to Summit, the psychological survival of the child depends largely on his or her ability to adjust or accommodate to the ongoing abuse. For example, children may cope with the abuse by taking responsibility for it. This coping mechanism may be a less traumatic alternative to accepting that they were abused by someone they rely on for care and protection. It may also provide the child with some feeling of control over the abuse, including an ability to end it (e.g., the child may think, "If I act differently the abuse will stop"). As a result of the child's fear and sense of helplessness, disclosure generally occurs long after the abuse and is characterized by indecisiveness and hesitation. This delayed, unconvincing disclosure can make the allegation appear fabricated, and the child may be further victimized by the disbelief and anger from adults who learn of the abuse. In response, the child's accusation may be spontaneously retracted in an effort to repair the damage caused by the disclosure, or because the child is pressured to withdraw his or her claim.

It is critical for the long-term psychological health of victims that their experiences be validated and their innocence acknowledged. However, due to the confounding pattern of disclosure, the veracity of legitimate allegations is frequently disputed. Consequently, Summit developed the CSAAS with the goal of increasing awareness among treatment professionals as to why that pattern exists. Of note, the CSAAS was developed on the basis of legitimate sexual abuse; therefore, it cannot be used as a diagnostic tool to identify victims of CSA. Furthermore, there has been a general lack of empirical study of the CSAAS, and the few existing studies have yielded equivocal results. Thus, testimony regarding the CSAAS is controversial and is often inadmissible in court. Future research on this topic is clearly warranted.

Katherine W. Follansbee and Gregory L. Stuart

See also Child Sexual Abuse; Incest; Pedophilia

Further Readings

Summit, R. C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect, 7,* 177–193.

Summit, R. C. (1992). Abuse of the child sexual abuse accommodation syndrome. *Journal of Child Sexual Abuse, 1*(4), 153–163.

Chiswick Women's Aid

Chiswick Women's Aid was one of the first refuges for women and children fleeing domestic violence to be established in the world. Thirty-five years ago, "wife battering" was seen as a private matter, a hidden and largely ignored problem. A woman and her children living with a violent and abusive man could expect no protection from the law and little help from welfare services. When Chiswick Women's Aid was set up, in England in 1972, most women living with a violent man had a stark choice: stay with him, or become homeless and see their children taken into care.

The organization had its origins, like many of the other women's aid services across the United Kingdom, in a group of women meeting in a women's center to discuss and take action on issues affecting women. As women arrived fleeing violent men, Chiswick, like women's centers elsewhere, became a refuge, and by the end of 1972, a building had been secured in Chiswick just for that purpose. The women's aid refuge movement was born.

A key figure in the development of the movement was Erin Pizzey, a charismatic figure in the Chiswick Women's Aid group with connections to the media. The publicity created by Pizzey over the next few years helped propel the issue of battered women into the spotlight. By the end of 1972, women's aid refuges were opening across the United Kingdom, in short-life houses on peppercorn rents from local councils, or in empty houses squatted by determined activists and survivors.

Chiswick Women's Aid itself took over the Palm Court Hotel in Richmond in 1975 as a massive publicity campaign to highlight the fact that refuge houses were full to overflowing with desperate women and children, not least because a key principle at that time was that women's aid refuges always had an open door. Fifty women and children squatted the hotel, led by Anne Ashby, another key figure in Chiswick Women's Aid.

By 1974, there were over 35 refuges in England alone, which then came together to form the National Women's Aid Federation, to campaign for better protection under the law, for public awareness and education, and for funding for vital services. The National Women's Aid Federation (later the Women's Aid Federation of England) became the main coordinating body and national voice for the movement. Later the underlying ethos of Chiswick Women's Aid changed and it became Chiswick Family Rescue. In the early 1980s, Erin Pizzey left the organization, and after 1983 the management changed again, reverting to a feminist analysis of domestic abuse. In 1992 Chiswick Family Rescue again changed its name to Refuge.

Nicola Harwin

See also Shelters, Battered Women's; Women's Aid Federations of the United Kingdom

Further Readings

Dobash, R. E., & Dobash, R. (1992). *Women, violence and social change.* London: Routledge.

Hague, G., & Malos, E. (2005). *Domestic violence: Action for change* (3rd ed.). Cheltenham, UK: New Clarion Press.

Pizzey, E. (1974). *Scream quietly or the neighbors will hear.* Harmondsworth, UK: Pelican.

Civil Restraining Orders

See Restraining and Protective Orders

Civil Rights/Discrimination

Early leaders in the battered women's movement consciously defined battering within a larger framework of gender subordination. Domestic violence and sexual assault were linked to discrimination against women in other contexts, including discrimination and harassment in the workplace, wage inequity, gender role stereotypes, and lack of social supports and respect for mothering and childcare. More generally, leaders articulated a "civil right" to be free from violence.

As a theoretical and political-organizing framework, this civil rights perspective has been extremely important, particularly in the early reforms of the 1960s and the 1970s. As a matter of actual legal remedies, on the other hand, litigants and advocates have had limited success in defining acts of domestic violence or sexual assault, and the response (or lack thereof) of the police to such violence, as a civil rights violation.

Civil rights may be considered in four different contexts: (1) the civil rights remedy passed in 1994 as part of the Violence Against Women Act ultimately held to be unconstitutional by the Supreme Court; (2) cases seeking to challenge inadequate response by the police to domestic violence as civil rights violations; (3) state and federal statutes protecting victims of domestic and sexual violence from discrimination in housing and employment; and (4) the intersectionality of violence against women with issues of race, disability, age, immigration status, and sexual orientation, and the need to ensure that supports and services for victims appropriately respond to the differing needs of these overlapping communities.

Civil Rights Remedy in the Violence Against Women Act and *United States v. Morrison*

The Violence Against Women Act (VAWA) passed in 1994 was the first federal attempt to address comprehensively the challenges faced by victims of domestic and sexual violence. VAWA addressed the problem of domestic violence and sexual assault from many perspectives, such as increasing funding available for services to survivors, improving law enforcement response to domestic and sexual violence, mandating research on violence against women, and facilitating nationwide enforcement of protective orders. VAWA also created a new legal right—the *civil rights remedy*—that permitted an individual victim of gender-based violence to sue the perpetrator of the violence in federal court. The civil rights remedy was modeled on other civil rights legislation, such as prohibitions on

discrimination on the basis of race or sex in the employment and housing contexts.

The VAWA civil rights remedy gave important new legal rights to victims by permitting them to sue a perpetrator of gender-based violence for compensation. Victims could bring a case in civil court; they were not dependent on a criminal justice system that had often proved unresponsive to domestic violence and sexual assault. Since the injury was framed in a discrimination context, plaintiffs could present circumstantial evidence of discrimination (such as gender-based epithets or gender-based bias) to support their claim. This kind of evidence would likely have been ruled irrelevant in traditional personal injury claims. Additionally, the VAWA civil rights remedy was available even in states that still had prohibitions on marital rape prosecutions or on personal injury claims between spouses.

The civil rights remedy also had immense symbolic importance. It reframed gender-based violence as a public concern, implicating fundamental civil rights that the government had a duty to protect, rather than a private family matter into which government intrusion was inappropriate. It recognized that gender-based violence, like segregated schools, poll taxes, and employment discrimination, limited the ability of individuals to participate fully in the political process and our democracy. The civil rights remedy consciously fit into a tradition of civil rights laws that had been used to transform society's understanding of systemic deprivations of individual rights.

When passed, the civil rights remedy was hailed as a significant advance of women's rights. But defendants who were sued under VAWA soon challenged the civil rights remedy, claiming that Congress lacked authority to pass the legislation. The Supreme Court considered the constitutionality of the civil rights remedy in *United States v. Morrison.* In a 5–4 decision, the Court held that it was unconstitutional. The decision did not challenge the assertion that violence against women was a significant problem, but it held that it was a "local" problem that should be addressed by the states and local governments. California, Illinois, New York City, and Westchester County, New York, have since passed civil rights remedies modeled on the VAWA provisions.

Challenges to Inadequate Police Response to Domestic Violence

Victims of domestic violence have sought to frame inadequate police enforcement of protective orders or response to domestic violence complaints as civil rights violations. Recent decisions have made it difficult to win such claims.

Victims have argued that the police violate constitutional equal protection guarantees by treating domestic violence crimes differently from other crimes. To succeed in an equal protection claim, victims must establish that the police had a general policy or custom of providing less protection to victims of domestic violence than to victims of other comparable crimes. Most courts require evidence of statistical difference in addition to the plaintiff's own experience. This kind of evidence can be difficult to obtain. Generally, a plaintiff also must present evidence that the police actually *intended* to discriminate. This can be very difficult to prove.

Victims have also argued that police inaction violates their right to "due process" under the law. However, in 1989, in *DeShaney v. Winnebago County Department of Social Services,* the Supreme Court ruled that the government does not have a general duty to protect citizens. Rather, to make out a claim, a victim must show that the police actually took actions that increased the danger to her. And in 2005, in *Castle Rock v. Gonzales,* the Supreme Court ruled that victims cannot sue the police for failing to enforce a protective order, even if the police failed to comply with a mandatory arrest law. After these holdings, advocates suggested a need to reform mandatory arrest laws, expand tort liability for such situations, and increase police training initiatives to better address victims' needs.

Civil Rights Statutes Protecting Victims' Rights in Employment and Housing

Victims of domestic violence or sexual assault often face discrimination in employment and housing. Advocates have sought to challenge discriminatory firing and evictions using federal and state civil rights laws that make it illegal to discriminate on the basis of sex, typically arguing that the laws should apply because the vast majority of victims are women or because the tendency to punish the victim of such crimes often comes from gender-based stereotypes. There have been some significant successes, mostly in the housing context.

Additionally, federal, state, and local legislatures have passed laws that explicitly protect victims of

domestic violence (and in some cases sexual assault and stalking) from employment and housing discrimination. The 2005 reauthorization of VAWA includes specific protections making clear that it is illegal to discriminate against individuals living in public housing, using federally funded vouchers ("Section 8 vouchers"), or living in certain subsidized housing ("project-based Section 8") because they are victims of domestic violence, dating violence, or stalking, or to evict them because of the criminal acts against them. Additionally, civil rights laws in a rapidly growing number of states and localities specifically protect victims from housing discrimination (e.g., Washington, Rhode Island, and North Carolina) or employment discrimination (e.g., Illinois, New York City). Other jurisdictions have narrower protections that make it illegal, for example, to evict a victim because she called the police or to fire a victim because she took time off to obtain a protective order. These laws help promote the economic security and independence of victims.

Intersectionality of Violence Against Women and Other Civil Rights Issues

Domestic violence and sexual assault are primarily crimes against women, and the women's movement has been active in defining such violence as part of a larger pattern of gender subordination. For individual women, however, the violence they experience may be shaped by other dimensions of their identity, such as race, class, sexual orientation, immigration status, age, or disability. In an influential article, Kimberle Crenshaw raised awareness of the necessity of considering these overlapping identities, a concept that she called *intersectionality,* by showing how traditional feminist and traditional antiracism discourses tended to marginalize the particular experiences of women of color.

Crenshaw's article sparked a growing focus on ensuring that the antiviolence movement is responsive to these overlapping identities. For example, the battered women's movement has traditionally sought to utilize the criminal justice system as a primary means of addressing domestic violence. Many victims, however, may be reluctant to seek refuge from the criminal justice system. Women of color might perceive it as a tool of racist oppression; undocumented persons might perceive it as jeopardizing their ability to remain in the country. Thus, programs and policies seeking to serve battered women must be sensitive to these concerns. The most recent reauthorization of VAWA requires that grantees providing victim services collaborate with representatives of racial, ethnic, and other underserved communities and that culturally specific community-based organizations are eligible to receive funding for providing victim services.

Deborah Widiss

See also Feminist Theories of Interpersonal Violence; Intersectionality; Legal System, Civil Court Remedies for Intimate Partner Violence; Sex Discrimination; Violence Against Women Act

Further Readings

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43,* 1241–1299.

Goldscheid, J. (2005). The civil rights remedy of the 1994 Violence Against Women Act: Struck down but not ruled out. *Family Law Quarterly, 39,* 157–180.

Legal Momentum. (2006). *Employment and housing rights for victims of domestic violence.* Retrieved from http://www.legalmomentum.org/ehrvdv

Martin, E. J., & Bettinger-Lopez, C. (2005, October–November). *Castle Rock v. Gonzales* and the future of police protection for victims of domestic violence. *Domestic Violence Report,* 11–15.

Schneider, E. M. (2000). *Battered women and feminist lawmaking.* New Haven, CT: Yale University Press.

Clergy Sexual Abuse

Clergy function as religious leaders in a wide variety of religious traditions. In order for them to be effective leaders and counselors, they must be trustworthy. Specifically this means they must not take advantage of the vulnerabilities of those they serve by crossing sexual and emotional boundaries. If they do betray this trust, they do damage to individuals, congregations, and their entire faith community. Although this is not a new phenomenon (the historical record is extensive), it has only begun to surface in public awareness since the mid-1980s. Sexual abuse by clergy is a major crisis for both individuals and institutions.

It is a violation of professional ethics for any person in a pastoral role of leadership or pastoral counseling (clergy or lay) to engage in sexual contact or sexualized behavior with a congregant, client,

employee, student, or other person (adult, teen, or child) while within the professional (pastoral or supervisory) relationship. It is wrong because sexual activity *in this context* is exploitative and abusive.

In the mid-1980s in the United States, persons who had been victimized by their clergy began to disclose their experiences, which resulted in panic and disbelief at every level of religious institutions. Every tradition was and continues to be confronted with the fact of abusive leaders who take advantage of the vulnerability of their followers, whether these followers are children, teens, or adults. Often in response to civil litigation, slowly denominations, movements, and organizations with responsibility for oversight of clergy began to respond. Every religious institution continues to struggle to find effective means to prevent sexual abuse by its clergy and to screen, supervise, and if necessary, suspend abusive religious leaders.

Although ministerial violations of boundaries involving sexualization of a relationship can take place in the staff supervisory or mentor relationship, instances of pastoral misconduct are most likely to occur in the ministerial relationship or the counseling relationship. When an individual congregant seeks guidance, instruction, or counsel from a clergyperson or spiritual leader and the minister sexualizes this relationship, it is similar to the violation of the therapeutic relationship by a therapist or the violation of a teaching relationship by the teacher. When a child or teenager is the object of the sexual contact or sexualization, the situation is one of pedophilia or child sexual abuse, which is by definition not only unethical and abusive but criminal.

When clergy and pastoral counselors cross sexual boundaries with congregants or clients, the pastoral relationship and the trust necessary to that relationship are lost. Congregants and clients seek the help of a clergyperson assuming that they will be safe to address their concerns. Consequently, they make themselves vulnerable, but also they become an easy target for a clergyperson who has no respect for boundaries or the well-being of the congregant or client.

Sexual boundary crossings that constitute sexual contact or sexualization of a pastoral relationship include but are not limited to sexual comments or suggestions (jokes, innuendoes, invitations, etc.), touching, fondling, seduction, kissing, intercourse, molestation, and rape. There may be only one incident or a series of incidents or an ongoing intimate relationship over time. Neither the nature of the boundary crossing nor the duration necessarily determines the negative impact or damage to the congregant. What may appear to an outsider to be a "minor" incident may have major consequences for the recipient and should not be minimized.

Sexual boundary crossing by clergy in pastoral relationships is an instance of unethical professional behavior that is often minimized or ignored. It is not "just an affair," although it may involve an ongoing sexual relationship with a client or congregant. It is not merely adultery, although adultery may be a consequence if the clergyperson or congregant or client is in a marital relationship. It is not just an instance of bad judgment by the minister or counselor. It is often a recurring pattern of misuse of the pastoral role by clergy who seem to neither comprehend nor care about the damaging effects their behavior may have on the congregant or client.

Although in reported cases most clergy offenders are adult heterosexual males and most victims are adult heterosexual females, it is clear that neither gender nor sexual orientation excludes anyone from the risk of offending (clergy) or from the possibility of being taken advantage of (congregants or clients) in the pastoral relationship.

Sexual abuse by clergy violates professional ethics in the following ways:

It is a violation of role. The expectations of the pastoral role include making available certain resources, talents, knowledge, and expertise to serve the best interests of the congregant. Sexual contact or sexualization of the pastoral relationship is not included in the clergyperson's role.

It is a misuse of authority and power. Inherent in the pastoral role is a degree of authority and power with which the clergyperson provides leadership to a congregation. This power is intended to be used to benefit individuals and congregations. But it can easily be misused, as is the case when a minister or counselor (intentionally or unintentionally) uses his or her authority to initiate or pursue sexual contact with a congregant. Even if the congregant sexualizes the relationship, it is still the clergyperson's responsibility to maintain the boundaries of the pastoral relationship in the best interests of the congregant.

It is taking advantage of vulnerability. The congregant is by definition vulnerable to the clergyperson; he or

she has fewer resources and less power than the clergyperson in the pastoral relationship. If the clergyperson takes advantage of this vulnerability to gain sexual access to the congregant, then he or she violates the mandate to protect the vulnerable from harm. (For Jews and Christians, the protection of the vulnerable is an expectation that derives from the Jewish and Christian traditions of a hospitality code.)

It is an absence of meaningful consent. Meaningful consent to sexual activity requires a context of choice and equality; meaningful consent requires the absence of fear or the most subtle coercion. There is always an imbalance of power and thus inequality between the clergyperson and those whom he or she serves in a pastoral relationship. Even if the clergyperson and congregant see themselves as "consenting adults," the difference in role precludes the possibility of meaningful consent.

The violation of pastoral boundaries when a religious leader sexualizes a pastoral relationship is a common problem in all religious traditions (Buddhist, Christian, Jewish, Native American, Muslim, etc.). The unethical and exploitative misconduct of a few undercuts the integrity of all as it destroys the trust necessary for a healthy and meaningful pastoral relationship. The impact on laypeople who are members of these various traditions is usually painful and can be long term. It is the responsibility of the church, synagogue, or other religious organization or group to protect its members and provide a safe place for religious practice.

Marie M. Fortune

Author's Note: This entry is adapted from "Sexual Abuse and Exploitation by Clergy and Spiritual Leaders," by M. M. Fortune, 2004, in M. D. Smith (Ed.), *The Encyclopedia of Rape*, Westport, CT: Greenwood.

See also Child Sexual Abuse; Pedophilia; Sexual Abuse

Further Readings

Fortune, M. M. (1988). *Is nothing sacred? The story of a pastor, the women he sexually abused, and the congregation he nearly destroyed.* Cleveland, OH: Pilgrim Press.

Fortune, M. M. (2005). *Sexual violence: The sin revisited.* Cleveland, OH: Pilgrim Press.

Clothesline Project

The Clothesline Project is a public display of shirts created by survivors of intimate partner violence, where each shirt is decorated to tell the story of the woman's experience. Displays of the Clothesline Project are generally held to provide public education on violence against women and to create a public forum for survivors of intimate partner violence to share their experiences through creating a shirt, in a healing and supportive space.

The Clothesline Project was started by a coalition of women on Cape Cod in Massachusetts. These women were looking for a way to visually represent the statistics of violence against women and turn them into a vehicle for public education. Rachel Carey-Harper is credited with the concept of using shirts on a clothesline as the way to depict the violence women have endured. The concept was chosen because hanging laundry on a clothesline was always perceived as women's work and hanging up clothes has traditionally been a way neighborhood women exchanged information. The first Clothesline Project consisted of 31 shirts displayed in October 1990 as part of a "Take Back the Night" Rally in Hyannis, Massachusetts. Due to the success of this initial project in educating the public, the Clothesline Project has been replicated by communities throughout the United States and Canada and in some countries in Europe and Africa.

The purpose of the Clothesline Project is twofold: (1) to represent violence against women visually in a way that can be used as a tool in educating individuals and communities about this violence, and (2) to give survivors of violence a way to speak out about the violence they have endured in a way that is supportive and healing.

Generally, a Clothesline Project is produced by asking survivors of intimate partner violence, or loved ones of a woman who has been killed, to express their feelings about their abuse by decorating a shirt. Some Clothesline Projects color code the shirts to represent the various forms of violence against women. These decorated shirts are then hung on a clothesline in public spaces for others to view, often as a part of other violence against women awareness and public education activities.

Jennifer L. Witt

See also Prevention Programs, Community Mobilization; Public Education

Further Readings

The Clothesline Project. (n.d.). *History of the clothesline project.* Retrieved February 19, 2007, from http://www.clotheslineproject.org/History.html

Gregory, J., Lewton, A., Schmidt, S., & Smith, D. (2002). Body politics with feeling: The power of the Clothesline Project. *New Political Science, 24*(3), 433–448.

Coerced Sexual Initiation

Coerced sexual initiation is generally defined as the use of persistent coercive strategies (i.e., psychological and emotional manipulation, verbal persuasion, or physical tactics) to initiate sexual contact. Only the tactics and strategies used to initiate sexual contact are specified in this definition, as it does not apply to a sexually coercive experience in its entirety. However, definitions of sexual coercion vary considerably in the existing literature, contributing to the difficulty inherent in defining coerced sexual initiation. For example, in some studies, sexual coercion is defined broadly and includes the use of alcohol or drugs to decrease the victim's inhibitions to obtain sexual contact. In other studies, the use of physical force to coerce sexual contact is included in the definition of sexual coercion. Conversely, some studies focusing on sexually coercive behavior narrow the definition by excluding the use of physical *force* to obtain sexual contact, but still include physical tactics such as continual attempts to sexually arouse the victim and removal of clothing. Although coerced sexual initiation can lead to rape, the less severe tactics (e.g., verbal persuasion) are not currently included in the legal definition of rape. As defined by the Department of Justice, rape is the use of physical force or threats of physical force to obtain sexual intercourse *without the consent* of the victim, though specific definitions vary among state statutes. Sexual coercion differs from rape in that victims are coerced into consenting to sexual contact when they may not have initially agreed. It should be noted that consensual sexual experiences include many of the behaviors that are also considered coercive, such as removal of clothing, continued kissing, and genital touching, thus highlighting the crucial importance of the context in which these behaviors occur.

Verbal sexual coercion can be negative or positive and typically is used persistently until the desired outcome is achieved or the victim leaves the situation. Negative verbal sexual coercion can take the form of threats to terminate the relationship, threats to obtain sex from someone else, swearing, or attempts to gain sympathy from the victim. Forms of positive verbal persuasion include using compliments (e.g., "I love you so much," "You are so sexy") or promises of a committed relationship to elicit sexual contact. Repeated requests, nagging, and pleas for sex are considered to be neutral verbal persuasion and are most common in established relationships. Emotional persuasion such as threats to end the relationship, or eliciting feelings of guilt in a partner, are more common in romantically established relationships in which the victim may feel sexually obligated to the perpetrator than in relationships between acquaintances or friends.

Physical coercion is the use of sexual contact in an attempt to arouse the victim (e.g., continued kissing, touching, or removal of clothing) and change the victim's mind about furthering the sexual encounter. This tactic is more often employed in coercive experiences between acquaintances or friends than in committed relationships. In some cases, physically aggressive behaviors such as holding the victim down, threats of physical harm, or blocking the victim's ability to leave are included in the definition of physically coercive tactics.

Research shows that alcohol and drugs may facilitate coerced sexual initiation by decreasing sexual inhibition and impairing the judgment of the victim. Perpetrators may encourage intoxication in a deliberate attempt to coerce sexual contact or may take advantage of someone who is already intoxicated and thus has a diminished capacity to resist the coercion. Furthermore, alcohol and drugs may contribute to coerced sexual initiation by decreasing the perpetrator's ability to pick up on the victim's cues communicating that he or she should stop.

The most frequently reported tactics of coerced sexual initiation are physical arousal and verbal persuasion, though in many cases a combination of tactics is used to coerce sexual contact. In general, men report using tactics of coerced sexual initiation more often than women do. According to female victims' reports, men are more likely to use physical force, while women typically report using less "exploitative" tactics such as sexual arousal and verbal persuasion to coerce sexual contact. The literature generally suggests that women are more likely than men to be victims of sexually coercive tactics. However, at present, gender differences in coercive initiation of sex are difficult to

assess, as there is a relative lack of research focusing on female perpetration and male victimization. Interestingly, it has been shown that women's use of aggression and coercion in sexual experiences is not perceived in the same negative way as men's use of the same tactics. It is possible that female perpetrators and male victims are less attuned to recognizing coercive tactics when they are used and/or that the consequences of women's use of these tactics are less severe.

Research indicates that reasons for compliance with coerced sexual initiation can be extrinsic, such as wanting the perpetrator to stop requesting sexual contact, avoiding the potential for further aggression, or preserving the relationship. Acquiescence can also be due to intrinsic motivations such as a sense of obligation to the perpetrator, feelings of guilt, low self-esteem, or permissive attitudes regarding sex. Extrinsic motivations for compliance to coercion are more commonly reported than intrinsic motivations.

While coerced sexual initiation is generally not considered as serious as rape, both men and women report negative outcomes resulting from victimization, including increased tension in or termination of a romantic relationship or friendship with the perpetrator, psychological distress, and guilt associated with blaming oneself for what happened. Moreover, the high rates of depression, trauma symptoms, shame, and anger associated with sexual assault victimization in general may also be consequences of coerced sexual initiation.

Meggan M. Bucossi and Gregory L. Stuart

See also Date and Acquaintance Rape; Intimate Partner Violence; Legislation, Rape/Sexual Assault; Marital Rape/Wife Rape; Rape/Sexual Assault; Sexual Abuse; Sexual Coercion

Further Readings

Abbey, A., BeShears, R., Clinton-Sherrod, A., & McAuslan, P. (2004). Similarities and differences in women's sexual assault experiences based on tactics used by the perpetrator. *Psychology of Women Quarterly, 28,* 323–332.

Anderson, P., & Sorensen, W. (1999). Male and female differences in reports of women's heterosexual initiation and aggression. *Archives of Sexual Behavior, 28,* 243–253.

DeGue, S., & DiLillo, D. (2005). "You would if you loved me": Toward an improved conceptual and etiological understanding of nonphysical male sexual coercion. *Aggression and Violent Behavior, 10,* 513–532.

Livingston, J., Buddie, A., Testa, M., & VanZile-Tamsen, C. (2004). The role of sexual precedence in verbal sexual coercion. *Psychology of Women Quarterly, 28,* 287–297.

Oswald, D., & Russell, B. (2006). Perceptions of sexual coercion in heterosexual dating relationships: The role of aggressor gender and tactics. *Journal of Sex Research, 43,* 87–95.

Struckman-Johnson, C., Struckman-Johnson, D., & Anderson, P. (2003). Tactics of sexual coercion: When men and women won't take no for an answer. *Journal of Sex Research, 40,* 76–86.

Tyler, K., Hoyt, D., & Whitbeck, L. (1998). Coercive sexual strategies. *Violence and Victims, 13,* 47–61.

Coercive Control

Coercive control involves the use of abusive behaviors to gain and maintain power and control over an intimate partner. These tactics are used frequently in daily interactions in an attempt to control the behaviors of the partner. Physical and sexual violence, or the potential for it, are typically used only occasionally to reinforce and add power to the emotional abuse. This is achieved by instilling fear in the survivor of the abuse and escalating the abuse when the emotional tactics are not achieving the desired goals.

The concept of coercive control was initially introduced by the Duluth Domestic Abuse Intervention Project in the form of the *power and control wheel.* This model identifies eight categories of emotional and psychological behaviors, including (1) intimidation, including threatening looks and gestures; (2) emotional abuse, such as criticism and humiliation; (3) isolation, which involves limiting contact with others; (4) minimizing or denying the abuse or blaming the survivor for the perpetrator's abusive behavior; (5) using the children, including threatening to take or hurt children or involving them in the abuse; (6) using social privilege, such as patriarchy, racism, homophobia, or other forms of oppression; (7) coercion and threats; and (8) economic abuse, involving controlling or limiting access to resources.

Although physical violence is more overt and obviously objectionable, some research indicates that intimate partner violence survivors report that the behaviors involved in coercive control are more emotionally harmful than physical violence. These sometimes subtle behaviors are more difficult to detect and prove, and may appear to be more forgivable to those

who do not understand the dynamics and motivations of coercive control.

Although legal definitions of intimate partner violence focus almost exclusively on physical forms of violence, most definitions make the distinction that intimate partner violence involves more than a one-time incident of violence. Coercive control is central to the definition of intimate partner violence.

This concept has also been used in the development of Johnson's and others' typologies of violence, which are useful in determining appropriate intervention. For example, intimate terrorism is defined as a relationship in which one partner is the primary aggressor and is both violent and controlling. Some research has indicated that in heterosexual relationships, the male is most often the primary aggressor. Other forms of violent relationships include mutual violent control, in which both partners are physically violent and use coercive control; common couple violence, in which both partners use violence but not coercive control; and violent resistance, in which physical violence is perpetrated by the partner who has historically been the victim. This violence is perpetrated in response to the violence and controlling behavior of the primary aggressor.

Poco Kernsmith

See also Duluth Model; Intimate Partner Violence; Intimate Terrorism; Power and Control Wheel

Further Readings

Johnson, M. P. (2001). Conflict and control: Symmetry and asymmetry in intimate partner violence. In A. Booth & A. C. Crouter (Eds.), *Couples in conflict* (pp. 95–104). Mahwah, NJ: Lawrence Erlbaum.

Osthoff, S. (2002). But Gertrude, I beg to differ, a hit is not a hit is not a hit. *Violence Against Women, 8,* 1521–1544.

Pence, E., & Paymar, M. (1983). *Education groups for men who batter: The Duluth model.* New York: Springer.

Collaborative Divorce, Benefits to Children

There has long been concern about the detrimental impact of divorce on children. Although the research is inconsistent, there is evidence that children whose parents divorce may exhibit a wide range of poor adjustment outcomes compared to children whose families stay intact. The variability in research findings may largely be accounted for by the role of conflict. That is, it may not be *divorce* that is bad for children, but conflict between parents, which is associated with poorer outcomes for children across all developmental stages, regardless of whether or not parents separate.

What Is Collaborative Divorce?

In recognition of the negative impact of interparental conflict, the collaborative divorce movement arose in Minneapolis in 1991 to encourage a new type of divorce process. Collaborative divorce (also known as collaborative family law) is a philosophy that emphasizes win–win solutions. It is associated with particular alternative dispute resolution strategies such as mediation, four-way settlement conferences (involving both parties and their lawyers), and parental education. Collaborative divorce may infer a preference for shared parenting plans, although it is not synonymous with joint custody. Finally, collaborative family law approaches dictate a nontraditional role for family lawyers. In this context, lawyers coach their clients in communication and negotiation, and may help contain some of the adversity and hostility by helping clients focus on the best interests of the children. In some jurisdictions, family law practitioners sign agreements to confirm their commitment to collaborative practices and to avoid litigation at all costs. Indeed, a disqualification clause stipulates that the counsel could not represent their clients should matters progress to litigation. A related approach known as cooperative law includes emphasis on the same alternative dispute resolution strategies, but without the signed agreement to avoid litigation.

Benefits of Collaborative Divorce

There is no doubt that when collaborative divorce works the way it was intended, children benefit greatly. Their adjustment tends to be better across a wide range of psychosocial and academic outcomes, and they maintain better relationships with both parents. These benefits are likely conferred in a number of ways. When parents are able to maintain a degree of civility and protect their children from overt hostility, children are prevented from the anxiety-provoking

scenes that are characteristic of high-conflict divorce. Furthermore, they are able to benefit from the involvement of both parents in their lives without feeling torn by loyalty conflicts. In addition, collaborative divorce approaches tend to exact less of a toll (both emotionally and financially) on parents than a more adversarial process, thus leaving them with more resources to direct toward the well-being of their children.

Cautions About Collaborative Divorce

It recent years, clinicians and researchers have raised concerns about the overuse of collaborative divorce. Clearly, the collaboration, trust, and communication required between the divorcing parties for the approach to be successful cannot be attained by all parents. Of particular concern are high-conflict families and/or families who have experienced violence. In high-conflict cases, the trust and communication required for collaborative solutions are notably absent, and mental health and personality issues may preclude cooperation, in which case ongoing attempts at mediation and conferencing may simply prolong the conflict. In these cases the goal may be management of the conflict rather than resolution per se. In family violence cases, power and control may continue to be exerted by a perpetrator of violence during attempts at collaborative solutions. In addition, victims of violence may feel coerced into accepting arrangements that compromise their safety in an attempt to appear collaborative and cooperative. Thus, while collaborative divorce may be the best process for most families, there is a critical need for differentiated pathways for higher-needs families.

Claire V. Crooks

See also Divorce and Intimate Partner Violence

Further Readings

Emery, R. E. (1999). *Marriage, divorce, and children's adjustment.* Thousand Oaks, CA: Sage.

Johnston, J. R. (1999). High-conflict divorce. *The Future of Children, 4,* 165–182.

Lande, J., & Herman, G. (2004). Fitting the forum to the family fuss: Choosing mediation, collaborative law, or cooperative law for negotiating divorce cases. *Family Court Review, 42*(2), 280–291.

Wallerstein, J. S., Lewis, J. M., & Blakeslee, S. (2000). *The unexpected legacy of divorce: A twenty-five-year landmark study.* New York: Hyperion.

Collective Efficacy

Coined by Robert Sampson, Stephen Raudenbush, and Felton Earls, c*ollective efficacy* refers to mutual trust among neighbors combined with a willingness to act on behalf of the common good, specifically to supervise children and maintain public order. In communities where collective efficacy is high, neighbors interact with one another, residents can count on their neighbors for various types of social support such as childcare, people intervene to prevent teenagers from engaging in delinquent acts, and neighborhood leaders struggle to obtain funding from governments and local businesses to help improve neighborhood conditions.

Inspired in large part by a deep-rooted commitment to developing a rich sociological understanding of the impact of community characteristics on crime, especially acts of interpersonal violence in impoverished inner-city communities, these social scientists have conducted pathbreaking studies showing that collective efficacy mediates the effects of neighborhood poverty on violations of legal and social norms.

Research in the late 1990s showed that in Chicago neighborhoods where concentrated poverty was high, collective efficacy was low, which is why, it was hypothesized, these neighborhoods had higher rates of crime. The data showed that collective efficacy—not race or poverty—was the greatest single predictor of violent crime. However, collective efficacy does not completely mediate the relationship between a community's structural characteristics and crime. For example, research has controlled for collective efficacy and still shown that concentrated disadvantage exerts independent effects on violent crime. Therefore, although it is necessary to develop community-based, informal crime prevention strategies, such approaches should not be viewed as substitutes for economic strategies and public spending. To nourish a community, and to develop one that is rich in collective efficacy, jobs and effective social programs are necessary.

Several key issues should be addressed in future theoretical work on collective efficacy. For example, it can take different shapes and forms, and definitions of the "common good" of a neighborhood may vary among residents in different contexts or situations. If social cohesion and trust are considered, for instance, many poor urban public housing residents may feel that the police are oppressive and are more likely to target them and their neighbors for wrongdoing than those in more affluent areas. So, in addition to counting on their

neighbors to help them care for their children, they may be able to rely on them to hide from the police if they are being investigated for criminal activity.

Similarly, an exploratory qualitative study of separation/divorce sexual assault in rural Ohio revealed that what is perceived as the common good may actually be behaviors and discourses that threaten the health and well-being of women seeking freedom from abusive male partners. For example, if one considers social cohesion, many of the women interviewed (67%, $n = 29$) for this study reported a variety of ways in which their ex-partners' male peers (some of whom were police officers) perpetuated and legitimated sexual assault. Moreover, in rural sections of Ohio and other states, such as Kentucky, research has shown that there is widespread acceptance of woman abuse and community norms prohibiting victims from publicly talking about their experiences and from seeking social support.

Another issue is that many poor neighborhood residents, like a sizable portion of middle- and upper-class people, are reluctant to deal with crime and disorder themselves. This does not mean, however, that they are unwilling to act on behalf of the common good or that they are unwilling to contribute to making their communities safer. Rather, many people prefer formal means of social control and will call the police if they directly observe or suspect crime in their community. Thus, future research on collective efficacy should ask survey respondents questions about the likelihood of their neighbors seeking the assistance of the police or other authorities.

Measures of social cohesion and trust need to be elaborated to address other important issues such as the following:

- The type of people in the neighborhood who can be trusted
- The people to whom respondents are most closely tied
- The reasons why people in a neighborhood do not get along
- The specific types of values that are shared or not shared by people in the neighborhood

Less than a handful of studies have applied collective efficacy theory to woman abuse in intimate, heterosexual relationships. Moreover, almost all studies of collective efficacy and crime use quantitative techniques, such as analyses of census data. However, many rural social problems are not easy to study using such methods, which is perhaps one of the key reasons why so few researchers focus on crime in these settings.

Despite these concerns, theoretical and empirical work on collective efficacy has had a major influence on criminology and will continue to do so in the future. Further, research has shown that informal methods of social control are highly effective means of making communities safer.

Walter S. DeKeseredy

See also Community Violence; Poverty

Further Readings

DeKeseredy, W. S., Schwartz, M. D., Alvi, S., & Tomaszewski, E. A. (2003). Perceived collective efficacy and women's victimization in public housing. *Criminal Justice: The International Journal of Policy and Practice, 3,* 5–28.

Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science, 277,* 918–924.

Sampson, R. J., Raudenbush, S. W., & Earls, F. (1998). *Neighborhood collective efficacy: Does it help reduce violence?* Washington, DC: U.S. Department of Justice.

St. Jean, P. K. B. (1998). *Elaborating collective efficacy as it relates to neighborhood safety.* Unpublished manuscript, Department of Sociology, University of Chicago.

Commercial Sexual Exploitation of Children

An estimated 2 million children are said to be involved in the multibillion dollar global sex trade. Child sexual exploitation worldwide consists of two activities: participation of children in the sex trade industry and child pornography. Both involve violence and harm to children, in addition to other hazards, including early pregnancy and risk of sexually transmitted diseases, primarily AIDS.

Surveys of adult women in prostitution in North America demonstrate that the majority of women became regularly involved in the sex trade industry as teens. For this reason, the entire sex trade industry can be said to be based on child sexual exploitation.

Children in Prostitution

In developed countries, teens enter the sex trade industry, which depends on young girls free of AIDS infection, in various ways. Forced to leave home early, some sell sex to earn money for survival. The overwhelming majority of girls in prostitution state they were sexually molested as children and, as a result, they may have come to view their bodies as valuable commodities. Pimps and procurers have a way of targeting these needy girls. After providing material support, they will coerce them to earn money in the sex trade in exchange. Frequently, the pimp or manager keeps the girls in the industry against their will through violence and threats of violence. All too often, alcohol and drug addiction results from attempts to ameliorate their pain through disassociation. And the girls are certainly subject to violence from some of their customers.

In underdeveloped countries, it is not uncommon for poor families to sell their girls to managers in the sex trade, and some youth have been raised to see the industry as a viable means of earning money for their families. Escape from brothel owners, who employ violence to control the teens, is difficult. However, research has documented that this practice also occurs in poor communities in North America, where some families view their young girls as money-making commodities.

Estimates of the number of youth involved in prostitution are only guesses; one report estimates that there are 300,000 girls involved in the United States alone. Experts have found that 60% to 70% of all homeless youth in the United States regularly sell sex to meet their survival needs.

Sex Tourism

Although most exploitation of children takes place after they are integrated into the adult sex trade, there are locales worldwide that have developed as destinations for those seeking sexual experiences with children. The customers are not only pedophiles, who are said to organize tours abroad for this purpose, but also other adults who may believe that the sexual use of children in a particular country's culture is acceptable, that the youth have freely chosen prostitution, or are more sexually experienced at earlier ages; they may excuse their behavior as benevolent since the youth so clearly need the money. Thailand, Sri Lanka, the Philippines, Cambodia, and India are believed to be among the main centers of child sex tourism. Most of the countries with child sex tourism have passed laws making the trade illegal, but without enforcement these laws have not had an impact. In addition, collusion of police, hotels, and travel agencies with traffickers makes this practice difficult to root out.

Trafficking of Children

Given the large market for children in the sex trade, many young people will unfortunately be trafficked into prostitution. Sometimes children are abducted, but more typically traffickers promise young women they will have work in the other country as waitresses or domestic servants, when they are in fact being sold to brothels in their own country or in other countries where they will be held by force. The United Nations believes the number of children trafficked annually is 1.2 million. Trafficking can involve individual recruiters, but international trafficking is said to be highly organized, often involving sophisticated criminal gangs who forge passports and arrange for travel. Despite the passage of laws criminalizing and punishing trafficking, finding and prosecuting the perpetrators of these practices have proven difficult.

Until recently, girls in prostitution in developed countries were viewed as delinquents. However, documentation of the practice of trafficking of children has modified views, and many jurisdictions have passed new laws making clear that there are no "child prostitutes," but rather victims of sexual exploitation. New laws seriously criminalizing both the arranging and engaging in sex with minors signal a new interest in eliminating this kind of sexual exploitation; however, the girls' use of fake IDs makes prosecution difficult.

Child Pornography

Distribution of images of minor children engaged in sexually explicit conduct is another aspect of sexual exploitation of children. Because there is thought to be a direct linkage between the pictures and child molestation, possession of such images is always a crime.

The only way to produce child pornography is to molest a child. Experts believe that child pornography exists primarily for the consumption of pedophiles and that it is generated as a record of sexual abuse, exchanged rather than sold. Needy children involved in child pornography are often seduced by the pedophile whose caring attitude and gifts or favors

work to keep the child in the relationship. The pedophile is also thought to use the images to lower inhibitions of the child, and pictures taken of the child can also be used to blackmail the child into silence.

Statistics are scarce about this clandestine activity, but one network that was broken up had 180 members spread over 49 countries, with 750,000 pornographic images. Clearly, the Internet has facilitated the dissemination and exchange of child pornography.

Jody Raphael

See also Abolitionist Approach to Prostitution; Adult Survivors of Child Abuse; Child Sexual Abuse; Incest; Trafficking, Human

Further Readings

Finkelhor, D. (1984). *Child sexual abuse.* New York: Free Press.

Finkelhor, D. (1990). *Missing, abducted, runaway, and thrownaway children in America: First report: Numbers and characteristics, national incidence studies.* Darby, PA: Diane Publishing.

Kitzinger, J. (2004). *Framing abuse: Media influence and public understanding of sexual violence against children.* New York: Pluto Press.

Common Couple Violence

See Situational Couple Violence

Community Justice

Community justice is the label given to restorative social and criminal justice–based efforts to respond to the harm that problems such as bias, prejudice, and criminality cause in a community. Consistent with peacemaking and progressive sociological and criminological approaches, this focus leads to a concentration on education, prevention, and interdiction efforts through the prism of consequences for all members of the public. The simple goal of community justice is to make social life better for everyone in the community (which can be defined as a city, neighborhood, district, or policing jurisdiction) through social change. The core components of a community justice approach include a focus on change and rehabilitation through advocacy and efforts to shape local and national policy, restitution to victims and communities when applicable, education and programming, efforts to support strong families and individuals, respect for diversity and inclusion, and collaborative relationships between various stakeholders in the area. Decision making is structured to be democratic and shared among the identified stakeholders and activists. Key issues, strategies, and organizational goals for those involved in community justice are varied and depend upon the individual members and the group (e.g., Homelessness Outreach and Prevention Projects, the Anti-Bias Project, Take Back the Night).

Community justice efforts are often created and led by individuals concerned with local civil and civic rights at the national level (e.g., the National Center for Community Justice, Southern Poverty Law Center, Anti-Defamation League) and by neighborhood and grassroots local organizations. These activists are concerned with giving members of the community who have been disenfranchised a voice in the nature of their communities, as well as with establishing the priorities of law enforcement and crime prevention in their communities. Community justice efforts have historically been advocated by individuals and organizations of faith and conscience.

Community justice brings the justice system, advocates, and the community together in partnership efforts to solve problems, reduce crime, and build public confidence in the agencies of the criminal justice system, most notably in the area of policing, as well as advance the strength of the community through bonds of involvement and activism. Community advancement and solidarity formation through social and civic engagement are essential ingredients to community justice. For example, when offenders are given a community-based penalty, the court can order that the offender returns to court on a regular basis for analysis, treatment, and counseling. The intention is to increase oversight by the judge, magistrates, probation officers, and appointed others to increase the responsibility of offenders and encourage them to comply with the conditions of their sentences. This oversight is meant to cause a change in offenders in which they realize the harm that they have caused the community. It also gives the court the opportunity to support the offenders as they face challenges and adapt to the conditions of their sentences. Several

different efforts have grown out of these attempts to change the punitive nature of the criminal justice system, for example, community-centered courts that provide a sense of place to legal proceedings, victim–offender forms of mediation, meaningful offender counseling that examines the full sense of well-being and social location, as well as community-oriented policing models where officers are involved members of the neighborhoods they patrol.

Arthur J. Jipson

See also Community Policing; Restorative Justice; Take Back the Night; Victim–Offender Mediation and Dialogue

Further Readings

Harris, M. K. (2004). An expansive, transformative view of restorative justice. *Contemporary Justice Review, 7,* 117–141.

Jesilow, P., & Parsons, D. (2000). Community policing as peacemaking. *Policing & Society, 10,* 163–183.

Lanni, A. (2005). The future of community justice. *Harvard Civil Rights-Civil Liberties Law Review, 40,* 359–405.

Rodriguez, N. (2007). Restorative justice at work: Examining the impact of restorative justice resolutions on juvenile recidivism. *Crime & Delinquency, 53,* 355–379.

Wozniak, J. F. (2002). Toward a theoretical model of peacemaking criminology**:** An essay in honor of Richard Quinney. *Crime & Delinquency, 48,* 204–231.

Community Policing

As gatekeepers to the criminal justice system, police are typically the first responders to intimate partner violence (IPV) incidents and thus shape formal responses to domestic violence. Historically, victims of IPV received little to no support within the criminal justice system. Domestic violence was considered a private matter, a problem that most often occurred within people's homes. Consequently, police were reluctant to intervene, and often no legal actions were taken against offenders. This began to change in the 1970s, however, as the women's movement and other advocacy groups brought the issue of domestic violence to the public's attention. In addition to lobbying for the mobilization of community resources to provide assistance to victims of IPV, such as emergency shelters and counseling, advocates also lobbied for the increased use and severity of criminal sanctions against offenders of such crimes. As a result of these efforts, IPV was no longer considered a private matter existing outside the domain of the criminal justice system.

During this same period, the public, along with various advocacy groups, began to criticize other law enforcement practices, such as police use of excessive force and racial discrimination. Furthermore, police and community interaction was minimal, which subsequently led to increased citizen dissatisfaction of current policing strategies and a reluctance to rely on police to address social problems. A new philosophy, termed *community policing,* was created to transform traditional policing methods and facilitate greater trust between citizens and police. Rather than rely on traditional reactive policing strategies that exacerbated the gulf between citizens and police, community policing stressed partnerships with community members in order to increase personal contact and better address and prevent neighborhood problems. As a result of these reforms, policing strategies for handling domestic violence also changed.

Comparison of Traditional and Community Policing Strategies

Traditional policing strategies consist of reactive measures for controlling crime, with the goal of either catching a criminal after a crime occurred or deterring future crimes through police presence in the community. This focus consisted primarily of two tactics: (1) police responding to service calls placed by citizens, and (2) random vehicle patrols through business and residential districts. Because officers spent most of their time responding to calls or patrolling in their vehicles, the traditional approach thwarted development of positive relationships between officers and community members, particularly those who were not in crisis. In line with crime control strategies, police concentrated their efforts on "real" crime fighting, thus relegating IPV to nuisance calls in which police prioritized the separation of the disputants or tried to mediate the quarrels; arrest of batterers was uncommon since police were not trained to classify IPV situations as criminal matters.

Community policing focuses on proactive strategies and exists simultaneously with a change in police response to IPV. In general, community policing efforts focus on preventing and resolving issues

within the community before larger problems develop. Officers forge relationships with citizens to encourage greater respect of law enforcement, which ultimately leads to increased participation in community crime control. For example, officers may hold meetings with residents in order to address concerns and find ways to resolve problems together within their community. As such, it is important for these officers to work with the same community so that residents will get to know them and be more willing to cooperate with policing efforts. Typically, officers no longer rely solely on patrol vehicles; instead, officers utilize more foot and/or bike patrols. These new techniques encourage further interaction between community members and police officers, thus increasing the familiarity and level of trust between the two groups. In fact, although previous studies have shown that community policing has little or no impact on crime rates, the research does reveal that community policing has a positive impact on citizen attitudes toward the police and patrol officer attitudes toward their job.

Another proactive strategy entails collecting and analyzing data to find the nature and scope of various problems within the community. To do so, police again need to collaborate with community residents. Furthermore, law enforcement must collaborate with community organizations such as schools, churches, and other citizen groups in order to implement and assess effective preventive strategies. In sum, community policing altered the ways in which law enforcement utilized community support networks to combat crime and deal with other important issues.

Community Policing Strategies for Intimate Partner Violence

Because community policing models emphasize activities that are absent from the more traditional methods of policing, community policing models have altered the strategies utilized by law enforcement for tackling issues such as domestic violence. One significant change is how police interact with both victims and offenders involved in IPV. Because officers under community policing are assigned to a specific jurisdiction, they become familiar with the residents of that community. As a result of this familiarity, victims of domestic violence are more willing to assist officers during domestic violence incidents. For instance, victims are more willing to divulge personal information and report such crimes to police due to the increased level of trust between the two groups. Offenders, too, may exhibit greater cooperation with law enforcement officers because of the ongoing shared knowledge of residents and community officers.

In addition to the increased level of trust, participants in domestic violence are less likely to manipulate the criminal justice system because officers are familiar with the particular situations and households. For example, offenders are more likely to comply with court-mandated interventions because they are more likely to be shamed by the officers and the general community if they are noncompliant. Likewise, research has shown that community policing officers are more effective in monitoring court-mandated interventions such as civil protection orders, temporary restraining orders, and participation in treatment programs.

Another community policing strategy strives to develop collaborative partnerships with community organizations in order to provide resources and other support networks to victims of IPV. With the understanding that police cannot combat domestic violence alone, the community policing approach encourages the help of community leaders, organizations, and individual citizens. Through these collaborative partnerships, police can ensure that victims have the necessary resources to handle domestic violence within their homes. For example, policing goes beyond arrest as officers typically work with community organizations to provide ongoing safety and emergency shelter and offer resource referrals and financial or medical services to victims of such crimes.

In summary, by expanding the role of police officers to include a community-oriented approach that facilitates greater communication and connection between officers and citizens, the ability of police to respond more efficaciously to IPV is possible. Community police officers have a stronger connection to a range of residents, and this familiarity means that when managing a crime such as IPV, officers have a greater contextual knowledge of the situation and what problems need better monitoring, and victims and offenders experience more responsive law enforcement.

Jessica P Hodge and Susan L. Miller

See also Community Justice; Intimate Partner Violence; Police, Response to Domestic Violence

Further Readings

Giacomazzi, A. L., & Smithey, M. (2001). Community policing and violence against women: Lessons learned from a multiagency collaborative. *Police Quarterly, 4,* 99–122.

Laszlo, A. T., & Rinehart, T. A. (2002). Collaborative problem-solving partnerships: Advancing community policing philosophy to domestic violence victim services. *International Review of Victimology, 9,* 197–209.

Long, J., Wells, W., & De Leon-Granados, W. (2002). Implementation issues in a community and police partnership in law enforcement space: Lessons from a case study of a community policing approach to domestic violence. *Police Practice & Research, 3,* 231–246.

Miller, S. L. (1999). *Gender and community policing: Walking the talk.* Boston: Northeastern University Press.

Novak, K. J., Frank, J., Smith, B. W., & Engel, R. S. (2002). Revisiting the decision to arrest: Comparing beat and community officers. *Crime & Delinquency, 48,* 70–98.

Robinson, A. L., & Chandek, M. S. (2000). Philosophy into practice? Community policing units and domestic violence victim participation. *Policing: An International Journal of Police Strategies & Management, 23,* 280–302.

Sudderth, L. K. (2006). An uneasy alliance: Law enforcement and domestic violence victim advocates in a rural area. *Feminist Criminology, 1,* 329–353.

Community Violence

Community violence is broadly understood to include any violence that takes place in the public arena. Though most definitions of community violence refer to experiencing or witnessing interpersonal violence, such as gang violence, homicides, fighting, robbing, or looting, community violence can also include systematic or institutional violence perpetrated against a group of people or community with public manifestations that can be social, political, or economic. The probability of experiencing or witnessing community violence is greater for people, especially children and adolescents, in low-income communities and communities of color, than for their counterparts in more affluent communities and White communities.

The effects of community violence are myriad and pervasive, taking a toll on the quality of life, psyche, and safety of individuals, families, neighborhoods, and institutions within the given geographic area experiencing the violence. Negative consequences include, but are not limited to, increased levels of aggression, posttraumatic stress disorder (PTSD), depressive symptoms, and antisocial behavior; a reduced sense of control, efficacy, and school or workplace performance; neighborhood deterioration and weakened social bonds and control; and diminished public will and trust.

One practice model promotes the notion that effective violence prevention addresses the causes of structural violence as well as the causes of interpersonal violence at the community level. In both cases, the model asserts, community residents should be at the forefront of efforts to make their communities safe. While outsiders can stimulate action, the real impetus for change emerges when communities own the identification of problems and solutions that lead to prevention.

This work fits within a broader theoretical frame of collective efficacy (social cohesion and communal engagement needed to act on behalf of the common good) and community organizing and mobilization (intended to rebuild neighborhood cohesion and public will and trust). Both are protective factors against crime and violence, and research has demonstrated that collective efficacy can be mobilized to protect communities and promote better outcomes for children, families, and neighborhoods. The model takes this notion one step further. It posits that the development of collective efficacy is the only route for poor, disadvantaged communities to promote and sustain healthy community and individual outcomes, as it provides a venue for organized efforts to prevent interpersonal violence and collective action against structural violence.

Research indicates that there is a developmental trajectory for building collective efficacy and reducing and preventing community violence. Efficacy builds up over time as communities achieve success in addressing issues and take on more and more complex issues. Many factors are involved in collective efficacy. The extent to which communities possess characteristics associated with efficacy determines the speed with which they can be organized on behalf of a social good. Community organizing and achieving efficacy should be engaged as long-term processes whose aims are to transform the way a community works. Transformation takes the shape of changed laws, policies, and programs as well as changed behavior on the part of community members and those from outside the community whose work takes them there.

Linda Bowen and Mitchell Brown

See also Collective Efficacy

Further Readings

Bowen, L. K., Gwiasda, V., & Brown, M. (2004). Engaging community residents to prevent violence. *Journal of Interpersonal Violence, 19*(3), 356–367.

Gibson, C. L., Zhao, J., Lovrich, N. P., & Gaffney, M. J. (2002). Social integration, individual perceptions of collective efficacy, and fear of crime in three cities. *Justice Quarterly, 19,* 537–565.

Overstreet, S. (2000). Exposure to community violence: Defining the problem and understanding the consequences. *Journal of Child and Family Studies, 9,* 7–25.

Sampson, R. J. (2004). Neighborhood and community: Collective efficacy and community safety. *New Economy, 11,* 106–113.

Sampson, R. J., Raudenbush, S. W., & Earles, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science, 277,* 918–925.

Schieman, S. (2005). Residential stability and the social impact of neighborhood disadvantage: A study of gender and race contingent effects. *Social Forces, 83,* 1031–1065.

Smock, K. (2004). *Democracy in action: Community organizing and urban change.* New York: Columbia University Press.

Community Violence, Effects on Children and Youth

Parallel with the increase in homicides and violent crime that began in the mid-1980s was a growing concern over youth's exposure to community violence. Distinguished from family violence by its location—violence that occurs outside of the home—*community violence* is a relatively broad term that refers to witnessing of violence, but also frequently includes personal victimization and knowing of others who have been victimized. Community violence exposure (CVE) may affect children's socioemotional development, beliefs about the world, school performance, and mental health. Children exposed to community violence are often at greater risk for a number of clinical and adjustment problems, most notably posttraumatic stress disorder (PTSD), depression, and aggression.

Prevalence

Estimates of the number of children exposed to community violence fluctuate with the amount of violence in the larger community, the sample on which the estimate is based, and the manner in which CVE is measured. Most studies in this area have been done with children and adolescents who, because of location or income, are at risk for CVE. Measures that combine relatively minor (e.g., seeing a dead body, a drug deal, a fight) and lethal and potentially lethal events (shootings, stabbings, killings), plus victimization and hearing about violence, find that 90% of these children have CVE. Focusing on more lethal and near lethal events, research finds that 25% to 70% of children in high-violence neighborhoods have seen a shooting. Children's CVE often occurs in a cumulative manner from witnessing to victimization to perpetration. Children who perpetrate community violence frequently have been victimized by and witnessed violent events. Community violence is often characterized by its chronic nature: children frequently have experienced multiple acts and different types of violence.

Most research on CVE has been done with African American children who reside in high-violence areas. Studies with more representative populations find that White and Latino youth are also at risk for CVE, but that African American children are exposed to more violence and more serious violence.

Effects

Children traumatized by community violence may display a range of disorders and maladaptive behaviors. Most research on CVE among children and youth has focused on PTSD symptoms and externalizing behaviors (acting out, aggression, delinquency). First used to describe the reactions of soldiers during war, PTSD occurs in response to an extreme stressor and is characterized by specific behaviors in the categories of reexperiencing the event, avoidance of reminders and psychic numbing, and increased arousal that last for at least a month. In particular, traumatized children are likely to engage in repetitive play and reenactments of the event, display subdued behavior and affect with less interest in previously enjoyed activities, and have sleep disturbances. Children often have trauma-specific fears and worry about a recurrence of the event. These children may be pessimistic about their future (not believe that they will live very long) and have difficulty forming close personal relationships. In addition to PTSD, these children are at risk for depression and substance abuse.

In addition to the above internalizing symptoms children affected by community violence are more likely to display externalizing behaviors, characterized by anger, aggression, acting out and delinquency, and substance use. This aggression may be a result of modeling, or beliefs about the efficacy and acceptability of force and violence in one's relationships that comes from existence in a violent milieu. Some research has found that children exposed to chronic violence, which is characteristic of community violence, display more externalizing than internalizing symptoms or may display such symptoms in the absence of depression and anxiety-related reactions. As children often know the victims of community violence, they frequently experience grief, in addition to trauma symptoms, which further complicates their recovery. When the victim is a relative or close family friend, the entire family may be traumatized, seriously undermining its ability to support the child's recovery and healing.

Specific behaviors displayed by children traumatized by CVE depend on their developmental level. For example, very young children may show regressive behaviors such as extreme anxiety when separated from the caregiver, bedwetting, and decreased verbalization. School-age children may report more fights and academic difficulties, while teenagers' symptoms include more risk taking and self-destructive behavior. If not addressed, trauma symptoms can impact the child's development, resulting in diminished life chances over the lifespan. Intrusive images, trouble concentrating, or fatigue from sleep disturbances can lead to difficulty with learning and school performance, which has long-term implications for achievement and success. Aggressive behaviors and difficulties getting along with others may negatively impact the traumatized child's ability to form positive and supportive relationships, which, in turn, may be replaced by involvement with more deviant peers, a primary factor in subsequent engagement in antisocial activities.

Moderators

Several individual and event-related characteristics affect the strength of the relationship between CVE and any potential consequences. While boys are more likely to experience community violence, girls seem to be more affected by their exposure. In comparison to boys, violence-exposed girls report more PTSD-related symptoms. However, recent research has not found clear gender differences in externalizing behaviors, with violence-exposed girls at similar risk as boys for aggression and acting out.

Several characteristics of the incident may affect the impact of CVE. Children in the greatest physical danger and in closest physical proximity to the incident frequently have the most severe reactions. In addition, children are most distressed by incidents involving those with whom they have close personal relationships. Some research has shown that children are *only* affected by those incidents that involve known others.

Like adults, children who dissociate during the event may be most likely to develop PTSD, which has been related to the development of additional symptoms. For example, children with PTSD are most likely to also be depressed and to use substances. Such results suggest that PTSD functions as a pathway between traumatic exposure and additional negative outcomes, indicating the importance of addressing the trauma early on to avoid the occurrence of PTSD.

There is wide variation in the impact of CVE. While violence-exposed children are more likely to be distressed than their nonexposed counterparts, the majority of children experiencing CVE do not report severe symptoms. Many factors may account for this, including the operation of the moderators described above and other individual, familial, and community level variables. Children who are exposed to both community violence and family violence are more at risk for negative consequences. Also, a child's personal competency, social support from friends and family, and warm parental relationships serve some protective functions, but only when violence exposure and threat are not extreme.

Esther J. Jenkins and Carl C. Bell

See also Community Violence; National Child Traumatic Stress Network; Posttraumatic Stress Disorder; Resiliency, Protective and Risk Factors

Further Readings

Buka, S. L., Stichick, T. L., Birdthistle, S. M., & Earls, F. J. (2001). Youth exposure to violence: Prevalence, risks and consequences. *American Journal of Orthopsychiatry, 71,* 298–310.

Jenkins, E. J., & Bell, C. C. (1997). Exposure and response to community violence among African American children and adolescents. In J. Osofsky (Ed.), *Children in a violent society* (pp. 9–31). New York: Guilford Press.

National Child Traumatic Stress Network and National Center for PTSD. (2006). *Psychological first aid: Field operations guide* (2nd ed.). Retrieved from http://www.nctsn.org and http://www.ncptsd.va.gov

Ozer, E. J., Richards, M., & Kliewer, W. (Eds.). (2004). Protective factors in the relationship between community violence exposure and adjustment in youth [Special section]. *Journal of Clinical Child and Adolescent Psychology, 33*(3).

Community Violence, Relationship to Partner Violence

Community violence broadly understood is any violence that takes place in the community, but it has only been recently understood to include intimate partner violence. In the public domain, the stress and strain of living and witnessing community violence produces a decreased sense of civic control and increased levels of aggression, and contributes to the loss of collective efficacy. Community and intimate partner violence are particularly pernicious in terms of how they affect children. In private spheres, violence has direct and indirect effects on children. Children in homes experiencing partner violence are significantly more likely to become victims of physical abuse or neglect than are children in homes that are not violent. Indirectly, children who live in violent homes have a dampened ability to relate to the public world and are more likely to become victims of partner and other forms of violence as adults.

Approaches to preventing partner violence and child maltreatment tend to focus on individual rather than community change. Some consider these approaches to be shortsighted, ultimately producing suboptimal program efforts, as violence in the home and violence in the community are intricately connected, with spillover effects from each to the other. Community residents tend to treat violence in the home as private, though they may recognize the connection between the actions of those who commit violence in the streets and those who are violent or witness violence in their homes. Residents are often reluctant to intervene directly in instances of violence within the private domain, though they have become increasingly engaged in efforts to end violence in their communities.

There is growing interest in examining a broader approach to preventing partner violence by engaging community residents. One practice model, the Institute for Community Peace (ICP), believes that residents should be at the forefront of efforts to prevent not only public violence, but also violence that occurs in the home. It has found that gains in community safety are not sustainable unless there is also peace in the home. While building community capacity to understand the root causes of violence, ICP learned that residents were awakened to the prevalence of intimate partner violence and eventually engaged this form of violence as part of a comprehensive strategy for community peace.

Another practice model, Close to Home, in Dorchester, Massachusetts, takes a more direct approach to involving the community to prevent intimate partner violence. Close to Home is a resident-driven domestic violence prevention and community organizing campaign that seeks to prevent domestic violence by educating, supporting, and developing leadership from the existing network of friends, family, and neighbors. The program strategically engages the strengths of social networks and values and trusts community members' ability to develop safe, meaningful, and effective responses to domestic violence in their own neighborhoods. It works to mobilize the neighborhood's civic life through dialogue and problem solving to address domestic violence as a priority community issue. Both programs acknowledge the need for changes in norms, values, and action by community residents and the broader society to foster peace in homes and communities.

Mitchell Brown and Linda Bowen

See also Community Violence, Effects on Children and Youth; Intimate Partner Violence; Prevention Programs, Community Approaches to Intimate Partner Violence; Prevention Programs, Interpersonal Violence

Further Readings

Cole, D. (1999). *No equal justice: Race and class in the American criminal justice system.* New York: The New Press.

Hambien, J., & Goguen, C. (n.d.). *Community violence: National Center for PTSD fact sheet.* Retrieved from http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_comm_violence.html

Lynch, M., & Cicchetti, D. (1998). An ecological-transactional analysis of children and contexts: The longitudinal interplay among child maltreatment, community violence, and children's symptomatology. *Development and Psychopathology, 10,* 235–257.

National Center for Injury Prevention and Control, Centers for Disease Control. (2006). *Understanding intimate partner violence.* Retrieved from http://www.cdc.gov/ncipc/dvp/ipv_factsheet.pdf

Overstreet, S. (2000). Exposure to community violence: Defining the problem and understanding the consequences. *Journal of Child and Family Studies, 9,* 7–25.

Compassion Fatigue

See Vicarious Traumatization

Complex Trauma in Children and Adolescents

Complex trauma may be best thought of as an imprecise label that refers to children in clinical settings who present with a history that includes severe or prolonged exposure to multiple traumas and/or other adverse events and a clinical presentation of serious emotional and behavioral problems and/or conditions that extend across functioning domains. From a clinical perspective it is less important how these children are labeled than it is to help them with their problems and needs. In selecting treatment approaches, the focus should be on matching interventions that are supported by theory or empirical evidence for improving outcomes to the problems or conditions that bring the children and their families into the clinical setting.

Exposure to Trauma

It is now well established that children and adolescents are exposed to potentially traumatic events (PTEs) at significant rates, that most children have some distress following exposure to a PTE, that a nontrivial percentage of exposed children develop significant emotional and behavioral problems related to PTEs, and that exposure increases risk for a variety of subsequent problems.

Prevalence rates of exposure vary between studies due to a number of factors, including the type of PTE exposure assessed, the specificity of the screening questions, whether children are asked the questions directly, whether the design is retrospective, and the nature of the sample. For example, studies using multiple, behaviorally descriptive questions typically yield higher rates for sexual and physical abuse than those using a single, general gate question. Studies employing samples of children residing in inner-city areas report much higher rates of exposure to serious community violence than do other groups. Until quite recently, studies tended to focus on one or a few types of potentially traumatic events, making it difficult to ascertain the cumulative burden of exposure. More recent studies that have screened for multiple traumas find that it is common for children who are exposed to one type of trauma to be exposed to others, with a substantial percentage having been exposed to four or more traumas.

In terms of impact, studies also vary for similar reasons, including what outcomes are assessed; how outcomes are measured; whether the design is prospective or cross-sectional; and whether self-report, parent report, official report, or a combination of sources for outcomes is used. The degree and nature of impact tends to differ based on the source of the information. In general children report higher levels of posttraumatic stress, anxiety, and depression than caregivers. Overall, the results converge in finding that a significant percentage of exposed youth develop a posttraumatic stress response such as posttraumatic stress disorder (PTSD) and have higher rates of emotional and behavioral problems than nonexposed children. Predictors for negative outcomes include severity (e.g., sexual penetration, injury), perception of life threat, and duration. Prior exposure to trauma increases the likelihood of negative impact for a particular event, and a history of more traumas is associated with worse outcomes.

Definitions

There is currently no consensus definition of the term *complex trauma.* In part this is due to the use of the term *trauma* to describe both PTEs and their impact. In terms of defining the events, an unresolved question is what events are included. PTE was originally defined, as described in the *Diagnostic and Statistical Manual*

of Mental Disorders, Third Edition (*DSM–III*), as an event outside ordinary human experience that was associated with a threat to life and limb. Now that it is known that even conservatively defined traumas are relatively common, rareness is no longer a relevant criterion. The objective threat criterion was abandoned as it became widely accepted that such often nonviolent experiences as child sexual abuse were subjectively experienced as threatening. Direct exposure is no longer considered necessary, as individuals who know someone who died violently or offspring of trauma-exposed individuals can develop PTSD.

More recently, however, the definition of trauma has expanded further. For example, children with serious illnesses such as cancer have been studied for posttrauma reactions. Some commentators have characterized insecure attachment and neglect as forms of trauma. Others have argued that historical experiences of oppression or subjugation of a group constitute a form of trauma history for all current members of the group (e.g., Native Americans or African Americans). This departure from defining trauma as an event or series of events experienced directly or indirectly by the individual to including a whole range of adverse conditions that might negatively affect children or groups makes it difficult to arrive at a definition of trauma or complex trauma.

Broadening the definition of trauma raises questions about what constitutes trauma as distinguished from other types of adversities that negatively affect children's growth and development. Many children exposed to trauma, however it is defined, have also been exposed to other adverse life events (e.g., poverty, homelessness, parental divorce, parental substance abuse, mental illness, and/or imprisonment) and have complicating circumstances (e.g., being an undocumented immigrant, a non-English-speaker, and/or developmentally disabled). Co-occurrence of trauma and adversity is common and cumulative burden is associated with more severe outcomes.

This suggests that complex trauma might best be defined by the presence of severe and pervasive psychological distress and impairment in a child who has a history of trauma. In almost all cases where children exposed to trauma have significant persisting psychological and functional problems there will be a constellation of historical and contemporaneous variables that include multiple trauma exposures and other adversities.

Treatment

In terms of treatment effectiveness, the evidence for children exposed to trauma is highly consistent with research on child psychotherapy in general. What is most relevant to treatment planning is the nature and severity of the problems, not the source. Key principles are matching interventions with theoretical and empirical support to identified problem areas, systematically applying the interventions, and focusing on skill acquisition.

Trauma-focused cognitive-behavioral therapy is the best researched trauma-specific intervention, with multiple randomized clinical trials. It has been shown to reduce PTSD symptoms, anxiety, and depression and moderate trauma-related behavioral reactions in sexually abused children, community violence–exposed youth, and children exposed to multiple traumas.

A variety of other interventions that target other outcomes have been applied to children with trauma histories and shown to have empirical support. Parent–child psychotherapy, a dynamically informed, attachment-based intervention for mothers who have been exposed to domestic violence and their young children, has produced very promising results in a randomized trial. An efficacious version of parent behavior management, parent–child interaction therapy, has been shown to be effective for children exposed to physical abuse, neglect, and domestic violence in reducing behavior problems, in improving the parent–child relationship, and in cases of physical abuse, in reducing referrals to Child Protective Services. Abuse-focused cognitive-behavioral therapy for physically abusive families similarly reduces child behavior problems and violent family behavior. There is emerging evidence on the application to adolescents of an intervention called dialectical behavior therapy that was originally designed for self-harming adults, most of whom had trauma histories. Although clinical trials of youth given other proven treatments have not always collected data on trauma exposure, it is likely that many of the youth have significant trauma histories and benefit by the treatment that the intervention targets (e.g., multisystemic therapy, functional family therapy for delinquents).

Lucy Berliner

See also Adult Survivors of Childhood Abuse; Child Exposure to Intimate Partner Violence; Trauma-Focused Therapy

Further Readings

Turner, H. A., Finkelhor, D., & Ormrod, R. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science and Medicine, 62,* 13–27.

Conflict Tactics Scales

The Conflict Tactics Scale (CTS) and the Revised Conflict Tactics Scale (CTS2) are the best known and most widely used quantitative techniques used to obtain estimates of violence in intimate relationships. Murray Straus developed the CTS in the 1970s and the original or a modified version appears in over 150 scientific journal articles and at least 15 North American books. The CTS generally consists of eighteen items that measure three different ways of handling interpersonal conflict in intimate relationships: reasoning, verbal aggression (referred to by some researchers as psychological abuse), and physical violence. The items are ranked on a continuum from least to most severe, with the first ten describing nonviolent tactics and the last eight describing violent strategies. The last five items make up what Straus and his colleagues refer to as the "severe violence index."

The CTS used to measure violence that occurred in the past year is usually introduced to respondents as follows:

> No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. I'm going to read a list of some things that you and your partner might have done when you had a dispute, and would first like you to tell me for each one how often you did it in the past year.

The CTS is commonly recognized as a reliable method of capturing data on violence in intimate relationships. Moreover, many social scientists contend that CTS data are the best available when it comes to estimating the extent of intimate heterosexual violence in the population at large. Still, scores of researchers criticize the CTS for the following reasons:

- Since the CTS rank orders behaviors in a linear fashion, it incorrectly assumes that psychological abuse and the first three violence items (e.g., slaps) are less injurious than those in the severe violence index. This is problematic because emotional abuse is often more painful than physical violence, and a slap can often draw blood or break teeth.
- The CTS misses many types of abuse, such as scratches, burns, and sexual assault.
- The CTS simply counts the raw number of violent acts committed and thus cannot tell us why people use violence. Even though CTS data almost always show that men and women are equally violent, the fact is that they use violence for different reasons, with women using violence primarily to defend themselves and men using violence mainly to control their partners.
- The CTS only situates violence in the context of settling conflicts or disputes. Hence, it ignores assaults that "come out of the blue" and control-instigated assaults that are not rooted in conflicts or disputes.
- The CTS overlooks broader social psychological and social forces (e.g., patriarchy) that motivate people to assault their partners.

These and other critiques have been widely voiced for close to 20 years. Still, few researchers who use the CTS seem aware of them. However, in the mid-1990s, Straus and his colleagues developed the CTS2 to address some of the criticisms. For example, it includes more physical and psychological abuse items, as well as seven types of sexual assault. Further, to help researchers determine the difference between behaviors that cause physical injury and those that do not, the CTS2 includes several injury or physical outcome measures, such as "I needed to see a doctor because of a fight with my partner."

The CTS2 contains 39 questions and is deemed by many researchers to be much better than the CTS. Nevertheless, the CTS2 still situates abuse in the context of settling disputes or conflicts, and it provides no data on the contexts, meanings, and motives of violence. This is a major problem because fathers' rights groups and others critical of woman abuse research use sexually symmetrical CTS2 data to support their claim that men and women are equally violent. This has devastating effects on abused women and their struggles for effective social support services.

Both versions of the CTS have serious pitfalls, but this does not mean that social scientists should not use them. For example, researchers such as Daniel Saunders, Walter DeKeseredy, Martin Schwartz, and Shahid Alvi show that one key problem can be avoided by adding questions about motives, meanings, and contexts in different sections of the CTS or CTS2. Further, using supplementary open- and closed-ended questions provides respondents with more opportunities to disclose abusive experiences than they have by only completing the CTS or CTS2. For example, many people may not report incidents for several reasons, such as embarrassment, fear of reprisal, shame, or reluctance to recall traumatic memories. However, if respondents are asked again later by an interviewer or asked to complete self-report supplementary questions, some silent or forgetful participants will reveal in this second round having been assaulted or abusive.

The CTS and CTS2 have strengths and limitations, and researchers devote a substantial amount of time and effort to either attacking or defending their scientific value. Such debates will never end. Still, the CTS and CTS2 can help elicit rich data on intimate violence if researchers use one or the other, as well as supplementary measures of violence and questions about the specific context, meanings, and motives of respondents.

Walter S. DeKeseredy

See also Incidence; Measurement, Interpersonal Violence; Prevalence, Measuring

Further Readings

DeKeseredy, W. S., Saunders, D. G., Schwartz, M. D., & Alvi, S. (1997). The meanings and motives for women's use of violence in Canadian college dating relationships. *Sociological Spectrum, 17,* 199–222.

DeKeseredy, W. S., & Schwartz, M. D. (1998). *Measuring the extent of woman abuse in intimate heterosexual relationships: A critique of the Conflict Tactics Scales.* Retrieved from http://www.vaw.umn.edu/documents/vawnet/ctscritique/ctscritique.html

Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and the Family, 41,* 75–88.

Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17,* 283–316.

Contract Killings

A contract killing is a unique type of homicide in which one person enters into an agreement with another to have him or her kill a third person for monetary or other gain. Absent reliable baseline data, and given the paucity of research on contract killings, a reliable profile of offender and victim characteristics and offense circumstances has yet to be established. Although contract killings occur with far less frequency than other types of homicides, anecdotal evidence from news articles, case studies, novels, and historical works suggests that such killings have been a persistent part of the landscape of American lethal violence since the beginning of the country.

Several distinctive patterns of contract killing have emerged over time, including entrepreneurs, professionals/independents, and amateurs. Perhaps the most interesting change has occurred in recent decades, as contract killings have become more personalized and amateurish, been less embedded in organized underworld criminal organizations, and less frequently involved professionals. Along with this change have been variations in the motives of solicitors and "hit men" from ideological, economic, and protective ones to those that are more personal and intimate.

Contract killings involve distinctive relationships between a solicitor, a contract killer, and a victim that are different from those found in other types of homicides. Exploratory studies suggest that the emerging personalized contract killings differ from other types of homicides in important respects. Among their more interesting features are a greater proportion of females as solicitors, their taking place in suburban and small town areas as well as highly urbanized areas, the middle-class backgrounds of participants, the killings' lack of connection to the organized criminal underworld, and the participants, both solicitors and killers, usually being White.

The process of conceiving the use of a contract killer, entering into and negotiating a contract, planning and executing the killing, and dealing with the aftermath involves various stages that begin when the solicitor decides that this is the only solution to a problem perceived as otherwise insurmountable. Next, a killer must be found and convinced to participate in the murderous scheme. Then, a contract is negotiated between the solicitor and killer, the details (e.g., choice of weapons, time, location, payment) of

which will vary from incident to incident, depending on the degree of professionalism of the participants. That is followed by various specifics related to planning for and executing the killing and deciding on how the final payment is to be collected.

It is important to note that a number of would-be contract killings are never completed because the solicitor is put in touch with an undercover law enforcement officer posing as a killer for hire.

James A. Black

See also Homicides, Criminal; Honor Killing/Crime

Further Readings

Black, J. A. (2000). Murder for hire: An exploratory study of participant relationships. In P. H. Blackman, V. L. Leggett, B. Olson, & J. P. Jarvis (Eds.), *The varieties of homicide and its research: Proceedings of the 1999 annual meeting of the Homicide Research Working Group*. Washington, DC: Federal Bureau of Investigation.

Black, J. A., & Cravens, N. M. (2001). Contracts to kill as scripted behavior. In P. H. Blackman, V. L. Leggett, & J. P. Jarvis (Eds.), *The diversity of homicide: Proceedings of the 2000 annual meeting of the Homicide Research Working Group*. Washington, DC: Federal Bureau of Investigation.

Mouzos, J., & Venditto, J. (2003). *Contract killings in Australia.* Canberra: Australian Institute of Criminology.

Coordinated Community Response

Coordinated community response (CCR) refers to communitywide efforts to bring together relevant stakeholders to address complex social problems (e.g., intimate partner violence, sexual assault, child abuse, substance abuse). Efforts to coordinate responses to social problems developed out of an awareness that (a) many stakeholders (such as parents, friends, neighbors, social service agencies, law enforcement, educators, religious leaders, employers, government officials) interact with those affected by social problems and have a potential role to play in addressing such problems and that, (b) unless these stakeholders work together in a coordinated way, there will be gaps and duplication in the community response. Importantly, a coordinated effort emphasizes that it is the entire community, rather than isolated agencies or stakeholders, which is responsible for responding to social issues. While coordinated efforts exist in response to a wide variety of social problems, the phrase *coordinated community response* was coined regarding the response to intimate partner violence.

Attempts to coordinate the community response to intimate partner violence have become widespread in the United States and elsewhere. Goals for these efforts usually include victim safety, batterer accountability, and community education and prevention. While many CCRs initially focused on reforming policies and protocols in the criminal justice system (e.g., police, prosecutors, judges, probation), there is increasing recognition that stakeholders in other arenas must be included in such efforts (e.g., health care, education, human service and social services systems, all levels of government, religious organizations, and businesses).

To date, there have been few examinations of the efficacy of CCRs, but early evaluations and anecdotal evidence suggest that where these efforts exist, greater strides are being made toward addressing the complex issues that arise when responding to intimate partner violence. For example, one study found that when police action was coordinated with other systems, perpetrators were less likely to reoffend. In fact, this study found that arrest alone—in the absence of coordination—increased perpetrators' use of violence against women. Similarly, another study found that batterers who were arrested but not mandated to attend batterers' intervention were more likely to recidivate than those arrested *and* mandated to attend treatment.

The development of a CCR to domestic violence has taken three forms: (1) free-standing organizations responsible for encouraging cooperation and institutional change (e.g., the Domestic Abuse Intervention Project, or DAIP, in Duluth), (2) programs within existing organizations that are responsible for encouraging coordination and institutional change (e.g., new policies and protocols within a prosecutor's office), and (3) domestic violence coordinating councils (i.e., free-standing committees formed to lead the coordinating effort). While there is no empirical evidence determining which of these three strategies is most effective in facilitating a CCR, domestic violence coordinating councils have become very popular and are increasingly formed as a way to meet the collaboration requirement to receive federal and state funding.

Importantly, coordinating councils are not uniformly effective; these councils must foster an inclusive climate that incorporates input and active participation from the wide array of stakeholders who have a role to play in the community response to domestic violence. Further, it is essential that the dual goals of survivor safety and batterer accountability are central in coordinated efforts. Finally, it is important that coordination is not viewed as an end unto itself. That is, the goal is not simply coordination across stakeholders, but coordination that increases survivor safety and batterer accountability.

Nicole E. Allen and Amy Lehrner

See also Battered Women's Justice Project; Domestic Violence Courts; Duluth Model; Health Care Response to Intimate Partner Violence; Intimate Partner, Violence; Legal System, Advocacy Efforts to Affect, Intimate Partner Violence; Police, Response to Domestic Violence

Further Readings

Allen, N. E. (2005). A multilevel analysis of community coordinating councils. *American Journal of Community Psychology*, *35*(1/2), 49–63.

Allen, N. E. (2006). An examination of the effectiveness of domestic violence coordinating councils. *Violence Against Women, 12*, 46–67.

Burt, M. R., Newmark, L. C., Jacobs, L. K., & Harrell, A. V. (1998). *Evaluation of the STOP Formula Grants under the Violence Against Women Act of 1994* [Urban Institute report]. Washington, DC: Urban Institute.

Clark, S. J., Burt, M. R., Schulte, M. M., & Maguire, K. (1996). *Coordinated community responses to domestic violence in six communities: Beyond the justice system.* Final Report to the U.S. Department of Health and Human Services by the Urban Institute. Washington, DC: Urban Institute.

Edleson, J. L. (1991). Coordinated community responses. In M. Steinman (Ed.), *Woman battering: Policy responses* (pp. 203–220). Cincinnati, OH: Anderson Press.

Gamache, D., & Asmus, M. (1999). Enhancing networking among service providers. In M. F. Shepard & E. Pence (Eds.), *Coordinating community responses to domestic violence: Lessons from Duluth and beyond* (pp. 65–88). Thousand Oaks, CA: Sage.

Murphy, C. M., Musser, P. H., & Maton, K. I. (1998). Coordinated community intervention for domestic abusers: Intervention system involvement and criminal recidivism. *Journal of Family Violence, 13*(3), 263–284.

Pence, E. L. (1999). Some thoughts on philosophy. In M. F. Shepard & E. Pence (Eds.), *Coordinating community responses to domestic violence: Lessons from Duluth and beyond* (pp. 25–40). Thousand Oaks, CA: Sage.

Shepard, M. F., & Pence, E. (Eds.). (1999). *Coordinating community responses to domestic violence: Lessons from Duluth and beyond.* Thousand Oaks, CA: Sage.

Steinman, M. (1990). Lowering recidivism among men who batter women. *Journal of Police Science and Administration, 17,* 124–132.

Syers, M., & Edelson, J. L. (1992). The combined effects of coordinated criminal justice intervention in woman abuse. *Journal of Interpersonal Violence, 7,* 490–502.

Corporate Violence

Scholars of corporate violence study the ways in which corporations—not simply individual actors within a corporation—engage in activities that are harmful or socially injurious. Sometimes these acts are illegal; other times they are not. In other words, it is not only illegal corporate activity that is capable of causing harm.

Acts of corporate violence may include the harms caused by corporate action or inaction. Corporate actions that are violent may be intentional or unintentional, and corporate inaction includes all the things corporations fail to do that cause harm. Corporate violence, then, may include a wide array of activities and/or failures to act.

Victims of Corporate Violence

There are several categories of victims of corporate violence, such as individuals, groups of individuals (e.g., employees and consumers), and the natural environment. Several case studies conducted by scholars of corporate violence illustrate the harms caused to these categories of victims.

One case that illustrates violence against workers is the Imperial Food Products fire in Hamlet, North Carolina. In this instance, 25 workers died in a fire at the Imperial Foods processing plant when plant managers locked the fire escapes to prevent employees from stealing chicken nuggets. Other forms of violence against workers can result when companies do not follow Occupational Safety and Health Administration (OSHA) laws, thus failing to protect workers.

For example, with the deaths of several miners in recent years, attention has been given to the subject of unsafe working conditions. However, those who study corporate violence have noted that there is a long history of some corporations in the mining industry failing to adequately protect workers (e.g., "black lung" disease, collapsing mines, fires and explosions). Finally, some corporations have been accused of conspiring with paramilitary death squads in economically undeveloped countries to prevent unionization through acts of violence directed toward union organizers and/or employees.

Consumers have also been victimized by corporate violence, which has been documented in a substantial body of research. One example is the crash of ValuJet Flight 592 in 1996 where 105 passengers (and 5 crew members) were killed as a result of ValuJet's failure to follow Federal Aviation Administration (FAA) regulations. Other groups of consumers who may have been victims of corporate violence include those killed or injured because of fires in Ford Pinto cars resulting from design flaws, women who were harmed by the Dalkon Shield (an IUD birth control device known to be the cause of uterine infections, blood poisoning, and the deaths of 12 women), children born with birth defects because their mothers had taken thalidomide (a drug used to offset morning sickness), those who have died or have serious illnesses caused by the effects of products sold by major tobacco companies, and those involved in accidents linked to unsafe tires.

While consumers and workers are easy to identify as victims, violence to the environment and its subsequent harmful effects on humans have not always been easily recognized as corporate violence. Recently, however, researchers have begun exploring the ways in which corporate violence to the environment is a significant threat to the natural habitat as well as to large groups of people.

One of the most widely publicized cases of corporate violence to the environment was Love Canal. Between 1942 and 1953, the Hooker Chemical Company dumped toxic chemicals in Love Canal, near Niagara Falls, New York. The toxic site was sold to the community for a dollar, and local officials decided to build a school there. Schoolchildren, as well as the families living near Love Canal, were exposed to toxic waste. The results were increased health problems in the community, including significantly higher rates of miscarriages of pregnancies, increased rates of birth defects, and chromosomal abnormalities in the children born to mothers exposed to the toxins.

Another significant environmental disaster was the 1989 *Exxon Valdez* oil spill where nearly 250,000 barrels of oil were spilled when the *Valdez* oil tanker ran aground on a reef off the coast of Alaska. The spill covered nearly 1,000 miles of Alaskan coastline, and the environmental impact of the *Valdez* oil spill was devastating: tens of thousands of birds and coastal mammals were killed, significant damage was done to the fish population, and hundreds of millions of dollars were spent to clean it up.

Other examples of corporate violence against the environment include the toxic waste dumped by the nuclear weapons industry, asthma and other respiratory illnesses caused by air pollution, and the environmental and human damage caused by the chemical herbicide known as Agent Orange used during the Vietnam War. In recent years, some multinational corporations have moved production plants to countries that do not have many laws regulating pollution, and the environmental damage has been significant.

Differences Between Corporate Violence and Interpersonal Violence

While the harms caused by corporate violence and interpersonal violence may have similar consequences, David Friedrichs has argued that corporate violence is different from other forms of interpersonal violence in at least four distinct ways. These differences may be summarized as follows: first, corporate violence is indirect in that one person is not directly assaulting another; second, corporate violence, by its very nature, is collective; third, the effects of corporate violence are usually difficult to link to the policy or policies that created them; fourth, corporate violence is motivated by a desire to maximize profits while reducing costs. Examples that illustrate each of these differences can be found in the extant literature on corporate violence.

The indirect and collaborative nature of corporate violence can easily be seen in that the managers and other people of power within the corporation do not have direct contact with the victims of corporate violence. As such, it is easy for corporate managers to view the victims in abstract terms (i.e., to view them as "units" or "costs" rather than people). Oftentimes, the moral accountability for decisions that are made within the corporation to move forward with the

production and distribution of a dangerous product is diffused among several people (i.e., it is someone else's responsibility). For example, Kermit Vandivier has documented the ways in which groups of B. F. Goodrich managers and engineers attempted to hide design flaws in the aircraft brakes they were creating, because of time constraints in getting the brakes to their customers. At each turn, managers and engineers displaced any personal responsibility for the consequences that were likely from the design flaws, and were ready to release a defective and potentially harmful product into the market.

In addition, it is difficult to uncover specific policies that lead to corporate violence. When corporate violence occurs, it is often difficult to link the harms caused to specific policies and/or individuals making the corporation responsible. In some cases, "whistleblowers" will come forward and shed light on the misconduct of a corporation. Oftentimes, however, it is not until great harm is caused and someone in the media or a governmental agency conducts an investigation that the policies are uncovered.

Finally, the motivation for corporate violence is not malevolence directed toward the victim, but rather the desire to maximize profits while reducing costs. Indeed, many forms of corporate violence could be eliminated or drastically reduced if corporations reduced profits by spending extra money to reduce pollution, recall unsafe products, and provide safe working conditions for employees. However, this is not likely to happen since there are strong corporate mandates to externalize—or pass on to someone else—the costs associated with making profits.

Rick A. Matthews

See also State Violence

Further Readings

Aulette, J. R., & Michalowski, R. J. (1993). Fire in Hamlet: A case study of state-corporate crime. In K. Tunnell (Ed.), *Political crime in contemporary America* (pp. 171–206). New York: Garland.

Bakan, J. (2004). *The corporation: The pathological pursuit of profit and power.* New York: Simon & Schuster.

Derber, C. (2004). *The wilding of America: Money, mayhem and the new American dream* (3rd ed.). New York: Worth.

Ermann, D., & Lundman, R. (Eds.). (2002). *Corporate and governmental deviance: Problems of organizational behavior in contemporary society.* New York: Oxford University Press.

Friedrichs, D. O. (2004). *Trusted criminals: White collar crime in contemporary society.* Belmont, CA: Wadsworth/Thompson.

Kauzlarich, D., & Kramer, R. C. (1998). *Crimes of the American nuclear state: At home and abroad.* Boston: Northeastern University Press.

Matthews, R. A., & Kauzlarich, D. (2000). The crash of ValuJet flight 592: A case study in state-corporate crime. *Sociological Focus, 3,* 281–298.

Couple Counseling

Couple counseling focuses on interpersonal relationships, with problems related to the couple relationship becoming the central focus of treatment. Its use with couples involved in intimate partner violence (IPV) is controversial.

Why Couple Counseling?

Sustaining a couple relationship is a difficult endeavor because of the myriad adjustments that couples must make when beginning their life together. The realities of being in a couple relationship often conflict with the romanticism of fairy tales and movies. The first year is likely to be the most difficult year of the relationship as new couples adjust to being together. Even when couples come from similar backgrounds, the daily living habits they have developed in their family of origin may contribute to tension. They may have different expectations of the relationship and different values. These differences may be accentuated in cross-cultural couples. When the challenges of being in a relationship accumulate (in particular, when facing IPV), some couples seek professional help and consult a couple counselor.

Couple counseling is a type of short-term psychotherapy that focuses on interpersonal relationships, with problems related to the couple relationship becoming the central focus of treatment. There are many approaches to couple counseling, and its effectiveness varies as a function of the form of intervention.

Behavioral marital therapy, emotionally focused therapy, and integrative behavioral couple therapy have received the most research support. Cognitive-behavioral marital therapy, strategic therapy, and insight-oriented

marital therapy are also somewhat effective, as are programs such as marital and premarital enrichment programs. Couple counseling has also been shown to be helpful in the treatment of mental health disorders co-occurring with relationship distress (for example, depression, agoraphobia, obsessive-compulsive disorders, and substance abuse). Key to success in all of these approaches is interrupting cycles of negative emotion and rebuilding emotional connections.

The research is clear that not all couples do equally well in counseling. Most important, from the perspective of IPV, there is disagreement as to whether couple counseling is even appropriate for couples experiencing physical aggression.

Couple Counseling for Couples Experiencing IPV

One of the advantages of couple counseling for those experiencing IPV is that it may be possible for the counselor to get more accurate information about the violence when the couple presents together. When the partners are interviewed apart, the aggressor is likely to underrepresent the severity of the violence. Having both members of the couple in the counseling room at the same time also allows the two of them to get the same information at the same time about what is acceptable behavior, what constitutes violence, and how the counseling will proceed. Working together as a couple allows the individuals to postpone discussions about volatile or controversial issues until the next counseling session, thus decreasing the likelihood of escalating arguments at home. Proponents of couple counseling for those experiencing IPV contend that interrupting cycles of negative emotion and negative communication in counseling leads to a decrease in violence because it changes the patterns of interaction that lead to physical aggression in these couples. Because bidirectional violence is present in some of these couples, both partners can learn to control their use of physical aggression better when learning how to do this at the same time.

Arguments Against Couple Counseling

Opponents of couple counseling argue that it is never appropriate to work with a couple together once IPV has been identified until all evidence of physical aggression has been absent for some time (6 months to 1 year is the typical time frame stated). They give a number of reasons why it is inappropriate, ineffective, and, in some cases, dangerous to do couple counseling when IPV is present. The most important limitation to using couple counseling is that by its very nature it communicates that it is the system (the relationship) that is faulty, rather than the behaviors of the individual members that are problematic. What this subtly communicates is that both partners are responsible for the violence. However, there is a great deal of evidence that IPV is a disorder of the abuser and attributing coresponsibility to the victim could in fact exacerbate the cycle of violence. Abusers chronically blame others for the unfortunate things that happen to them. Attributing coresponsibility to the victim could be interpreted by the aggressor as confirming his or her basic belief that the victim is in fact wholly responsible for the violence. Moreover, since victims tend to blame themselves for the violence, attribution of coresponsibility could contribute to the victim's belief system that it is indeed his or her fault.

Opponents of couple counseling cite research that it is not effective in stopping abusive behavior since the individual's abusive behaviors are unrelated to the behaviors of the partner, whether the behaviors are conflict engaging, conflict lessening, or conflict avoidant. Thus, focusing on the problems in the relationship would not be effective in stopping abusive behavior. Focusing on relational issues in a couple when violence continues could instead increase the danger to the victim.

Opponents of couple counseling recommend instead that the aggressor be referred to a treatment group for abusers—perhaps one incorporating anger management in a psychotherapy group—until such a time as the violence has come under clear control. The victim may receive supportive counseling during this time either in individual counseling or in a group modality.

Common Beliefs About Couple Counseling

Proponents and opponents of couple counseling for those experiencing IPV agree that when the victim of physical aggression is afraid of the partner, when risk of lethality exists, or when one member of the couple wants to end the relationship, couple counseling is not appropriate. All also agree that it is appropriate and even

desirable to do couple counseling to resolve underlying relational issues after the violence has ceased.

Michele Harway

See also Anger Management; Marriage Education and Violence; Social Cognitive Programs for Violence

Further Readings

Geffner, R., & Rosenbaum, A. (Eds.). (2002). *Domestic violence offenders: Current interventions, research, and implications for policies and standards.* Binghamton, NY: Haworth Maltreatment & Trauma Press.

Harway, M., & Hansen, M. (2004). *Spouse abuse: Assessing and treating battered women, batterers and their children* (2nd ed.). Sarasota, FL: Professional Resource Press.

Holtzworth-Munroe, A., Clements, K., & Farris, C. (2005). Working with couples who have experienced physical aggression. In M. Harway (Ed.), *Handbook of couples therapy* (pp. 289–312). Hoboken, NJ: Wiley.

Court-Appointed Special Advocates

In every state in the United States (but not in every court) there are programs in which trained, volunteer, court-appointed special advocates (CASAs) serve to protect a child before the court. There are more than 50,000 advocates serving in some 1,000 state, county, or local program offices nationwide. CASA programs across the country are known by several different names, including Guardian ad Litem (GAL), Child Advocates, and Voices for Children. Since the inception of CASAs, volunteers have helped over 1,000,000 abused and neglected children by providing judges with objective, unbiased recommendations to support the best interests of each child.

The movement began in 1977 when a Seattle Superior Court Judge named David Soukup was concerned about trying to make decisions on behalf of abused and neglected children without sufficient information. He conceived the idea of appointing community volunteers to speak up for the best interests of these children in court. Fifty citizens responded to his request for volunteers, and the CASA movement was born. So successful was the Seattle program that soon other judges across the country began using citizen advocates. In 1990, the U.S. Congress encouraged the expansion of CASA programs with the passage of the Victims of Child Abuse Act.

The National Court Appointed Special Advocate Association now provides leadership, training, technical assistance, and grants to CASA programs across the nation. It also stages an annual conference and promotes CASA programs through public awareness efforts. The National Association is a 501(c)3 nonprofit organization that offers consultation and resources to start new CASA programs and provides continuing assistance to established programs.

The role of local CASA programs is to recruit, train, and support volunteers in their work with abused and neglected children. The national organization provides and continuously improves a core volunteer training curriculum, conducts national campaigns to help recruit volunteers and raise awareness about child abuse, and provides pass-through funding to local and state CASA/GAL programs. Grant funding comes primarily from the Department of Justice but also from private corporations and foundations. State organizations provide additional support to local programs and try to develop new CASA programs within the state. The state organizations also work to promote increased awareness of CASA work and the needs of children who are abused and neglected in the state.

Local (usually county or city) CASA programs work to prevent abused, neglected, and abandoned children from becoming lost in the Juvenile Dependency system, and aim to find them safe, permanent homes as soon as possible. To accomplish these goals, each volunteer is matched with a child and is expected to fulfill the advocate role by (a) meeting with the child once per week for at least an hour; (b) gathering information from all interested parties, such as attorneys, social workers, teachers, caregivers, therapists, and so on; (c) being alert to any unmet needs of the child and advocating those needs be met; (d) writing a report to the juvenile or family court judge for each hearing concerning the child to give the judge the information the advocate has gathered, what the advocate believes to be in the child's best interest, and what the child would like to have happen; (e) attending all court hearings regarding the child (usually once every 6 months, sometimes more frequently); and (f) monitoring the case by doing all of the above until the child is placed in a safe, permanent,

nurturing home. Generally, volunteers receive at least 30 hours of expert training in skills relevant to accomplishing their tasks as well as ongoing mentoring.

As court-appointed advocates, CASA volunteers are unique in providing information often not available to the court. A CASA's objective, unbiased recommendation to support the best interest of the child is an invaluable aid to judges, and judges do value the information these trusted advocates present.

C. Terry Hendrix

See also Abandonment; American Professional Society on the Abuse of Children; Child Neglect; Child Physical Abuse; Child Sexual Abuse; Complex Trauma in Children and Adolescents; Failure to Protect; Failure to Thrive; Family Preservation and Reunification Programs; Fathers as Perpetrators of Child Maltreatment; Female Perpetrators of Violence Against Children; Foster Care; Legal System and Child Protection; Legislation, Child Maltreatment; Professional Journals on Child Maltreatment; Professional Journals on Victimization; Prosecutorial Practices, Child Maltreatment; Runaway and Thrownaway Children

Web Sites

National Court Appointed Special Advocate (CASA) Association: http://www.nationalcasa.org

Crime Victims Compensation Program

Victims of violent crimes suffer serious psychological, social, and economic injuries resulting from the crime that may continue long after their physical injuries have healed. In recognition of the financial consequences of crime victimization, the Crime Victims Compensation program is designed to reimburse crime victims for expenses incurred as a consequence of the crime.

The Office for Victims of Crime (OVC) in the U.S. Department of Justice administers the federal Crime Victims Compensation (CVC) program. CVC is funded through fines and penalties paid by federal criminal offenders. Federal regulations require each state to offer CVC to victims of "compensable crimes," including crimes involving sexual assault, child abuse, and domestic violence.

OVC reimburses state programs for 60% of all eligible payments from the previous year. Each state may add its own funds to its program. Eligible expenses include medical bills, mental health counseling, loss of wages, funeral expenses, and relocation expenses for battered women. Other expenses that may be covered are eyeglasses, dental services, prosthetic devices, crime scene clean-up, replacement costs for clothing and bedding held as evidence, and annuities for child victims for loss of support. States are also required to pay the full out-of-pocket cost of sexual assault medical forensic examinations to receive STOP Violence Against Women Formula Grant funds even if the victim did not report the crime to law enforcement. Expenses not covered by most programs include theft and property loss.

Laws governing compensation vary from state to state, with each state responsible for establishing limits on awards, guidelines, and procedures for applying for benefits. Victims must report the crime to the police, cooperate with law enforcement and prosecutors, and apply for compensation within a stated period to be eligible for compensation, whether or not the offender is caught or convicted. Victims must also show that they did not contribute to the crime. Maximum awards generally range from $10,000 to $25,000, though compensation is paid only when other financial resources, such as private insurance and offender restitution, do not cover the total loss associated with the crime.

Victims must present evidence of their losses, which may include police reports and investigative files, medical or funeral bills, employer's reports for lost wages, prosecutor's reports, presentence reports, and insurance reports. Law enforcement officers and victim advocates provide information about CVC to victims. Information can also be found through the state attorney general's office.

Fran S. Danis

See also Office for Victims of Crime; Victims of Crime Act; Victims' Rights Movement

Further Readings

Danis, F. S. (2003). Domestic violence and crime victim compensation: A research agenda. *Violence Against Women, 9,* 374–390.

Office for Victims of Crime. (1999). *Victims of Crime Act crime victims' fund.* Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Crisis Hotlines

Crisis hotlines are dedicated telephone numbers available for persons who need immediate assistance. Hotlines may provide services to individuals experiencing specific problems or address a variety of emotional and/or health related issues. Hotlines are often the first link persons in crisis have with formal services.

In the late 1960s, the first crisis hotlines were organized around suicide prevention. Since then, hotlines have been established for rape crisis, domestic violence, teen dating violence, teen runaways, missing and abducted children, and the reporting of abuse of children, elders, or persons with disabilities.

Crisis telephone hotlines are answered 24 hours, 7 days a week. Hotlines are sponsored by community-based organizations, state and national organizations, and governmental agencies. While most hotlines target the general population, some hotlines specialize in providing services to specific populations. For example, a community-based program serving the Latino community may offer a hotline in which the services are offered in Spanish. For persons with hearing disabilities, crisis hotlines are accessible through relay services in the United States (by calling 711), and many hotlines also have TTY capacity (the ability to receive text telephone calls).

When an individual calls a crisis hotline, he or she is provided emotional support, information about the problem he or she is facing, potential short- and long-term options, and referrals to appropriate service providers. Because people respond to a crisis in different ways, the overall goal of crisis hotline services is to help callers reduce their crisis responses long enough to identify their next steps. Information on the dynamics of abuse and sexual assault, safety planning, options such as protective orders or criminal justice system involvement, and referrals for counseling services are all provided over the telephone. Rape crisis and domestic violence hotlines may send an advocate to meet a caller in need of hospital-based advocacy services or help a caller gain immediate admittance to an emergency shelter. Because of the sensitive nature of the calls, information that a caller reveals over a hotline is confidential. Callers also have the option to remain anonymous.

Hotlines receive calls from persons directly experiencing violence or they may receive calls from relatives, friends, neighbors, and coworkers seeking information on ways they can assist someone. Other service providers may also call the hotline with referrals for individuals they have been seeing.

Crisis hotlines are answered by paid staff or trained volunteers. Staff and volunteers receive training in crisis intervention theory and information on specific issues such as domestic violence, sexual assault, child abuse, teen dating violence, elder abuse, and the role of other community resources such as law enforcement, hospitals, and agencies addressing child and elder maltreatment. Hotline workers also receive training for specific skills in active listening, crisis intervention strategies, and call documentation. Records are kept about the time and date of the call, specific problems addressed, any referrals made, and whether follow-up is necessary. Identifying information such as names and addresses are not kept to respect the confidentiality of callers.

Hotline telephone numbers are widely publicized. The numbers for local, state, and national hotlines are often located in the emergency numbers pages of local telephone books. Hotline numbers are also available over the Internet. To protect hotline workers, the physical addresses of hotlines are often kept confidential.

Fran S. Danis

See also National Domestic Violence Hotline

Web Sites

The Childhelp National Child Abuse Hotline: http://www.childhelp.org/home
National Domestic Violence Hotline: http://www.ndvh.org/
National Teen Dating Abuse Hotline: http://loveisrespect.org/
The Rape, Abuse & Incest National Network: http://www.rainn.org/

Cultural Competence

Cultural competence refers to the set of attitudes, practices, and policies that enables a person or agency to work well with people from differing cultural groups. Other related terms that have been used are *cultural sensitivity, transcultural skills, diversity competence,* and *multicultural expertise.*

Until the early 1990s literature on cultural competence in interpersonal violence was virtually unknown, although there were a few limited studies on particular

problems (e.g., rape, battering) among members of specific groups. The literature began to grow in the 1990s, but many areas remain underexplored. There is a particular dearth of information on the effectiveness of cultural competency training and culturally competent approaches to interpersonal violence.

Discussions of cultural competence can be divided broadly into two groups. The first takes a *cultural literacy approach.* In this approach, information is provided about working with people from a specific culture on issues of interpersonal violence in general, or on a particular problem of interpersonal violence. Cultural literacy approaches emphasize learning about the history, values, and practices of members of particular cultural groups, so work can be adapted to them. While the cultural literacy approach is helpful, it can also be misleading since not everyone from a single culture behaves the same way or shares the same values, and the culture itself evolves and changes every day.

The second broad group of discussions takes a *multicultural approach.* The multicultural approach describes ways to be as fair, supportive, and effective as possible to individuals and families from a variety of cultural groups. Rather than offering information or guidelines about people from a specific group, the multicultural approach takes the position that there are ways to address interpersonal violence that "fit" a variety of cultures. Multicultural approaches emphasize openness, flexibility, and a respectful curiosity toward the people with whom one is working.

Individual Cultural Competence

Cultural competence is often described as a direction in which to head rather than as a plateau to be reached. Individual cultural competence includes skills such as building rapport, conducting assessments, and interviewing people from diverse backgrounds. Cultural competence also includes attitudes such as respect toward all people, an appreciation of the diversity of solutions to common problems, and openness. Other components of cultural competence include a willingness to engage in introspection and be humbled by the limits of one's own experience and knowledge, a developed sense of the role of power in social relations, and willingness to advocate for members of oppressed groups encountered within one's professional role. Linguistic competence is a subset of cultural competence and refers to providing services in the language preferred by the consumers of those services.

Culturally competent practice in interpersonal violence includes fair assessments, so that given problems are neither over- nor underreported among members of specific cultural groups. Culturally competent intervention ensures a fit between the professionals' practices and the cultures of the people who are experiencing the intervention. Common practices that have been developed by and used with members of the dominant culture may need to be adjusted so they can fit better with people from particular cultural groups. In addition, culturally competent interventions include practices that are indigenous to the cultures in question and build upon existing strengths.

Culturally Competent Policies

Culturally competent policies are those that make it most likely that people from diverse cultural groups will benefit from the services offered and not be overpenalized by punitive interventions. Culturally competent policies also work to support the hiring of professionals who are well suited to working with members of a variety of cultural groups. Sometimes this implies matching for ethnicity or race, whereas at other times it implies language competence or comfort with minority religious values.

Culturally Competent Agencies

Just as individuals vary in their cultural competence, so do organizations. In organizations, cultural competence refers to meeting the needs of stakeholders outside the agency such as clients, as well as meeting the needs of diverse members of the organization, such as employees. At one extreme are *monocultural organizations,* which are primarily Eurocentric and ethnocentric and which do not take cultural diversity into account. In the middle are *nondiscriminatory organizations,* which have inconsistent policies and practices regarding multicultural issues and where changes that are implemented to promote diversity are often superficial. On the far end of the spectrum are *multicultural organizations,* which see diversity as an asset; their commitment to diversity is infused throughout the organization.

A diverse staff (in terms of training, age, gender, class, religion, race, ethnicity, sexual orientation, and ability) improves the likelihood of cultural competence

and enhances an agency's ability to generate creative approaches to diverse client experiences. Diverse staff communicates an openness toward culture that may be key to working in ethnic minority communities.

Culturally Competent Research

Research within the field of interpersonal violence is often seen as ethnocentric and lacking cultural competence, resulting in an overemphasis on problems and an underemphasis on solutions in members of minority and oppressed groups. Culturally competent research in interpersonal violence not only conforms to the highest ethical principles within the professions, but also integrates extra sensitivity in the design, execution, and dissemination of studies, to take cultural variations into account. Such research makes sure the key concepts are relevant to the cultures being studied, that groups are labeled in ways that make sense, and that the results will be used to enhance the well-being of the cultures studied. Common errors, such as the confounding of ethnicity and social class, or the collapsing of subgroups into larger groups with limited validity, are avoided.

Culturally competent theory in interpersonal violence is based on principles that are either universal or especially relevant to the cultures in question, not theories that are imposed by theorists who lack knowledge of the culture being discussed. Discussions of cultural competence in the various areas of interpersonal violence such as child abuse, rape, intimate partner violence, and youth violence have developed largely independently of one another. These problems frequently are interrelated and co-occur within individuals, families, and communities; thus achieving cultural competence in the field of interpersonal violence will most likely require a knitting together of the diverse approaches generated in each of these areas and others.

Lisa A. Fontes

See also Culturally Sensitive Intervention

Further Readings

Fontes, L. A. (2005). *Child abuse and culture: Working with diverse families.* New York: Guilford Press.

Incite! Women of Color Against Violence. (2006). *Color of violence.* Cambridge, MA: South End Press.

Lewis, A. D. (1999). *Cultural diversity in sexual abuse treatment: Issues and approaches.* Brandon, VT: Safe Society Press.

Sokoloff, N. J. (2005). *Domestic violence at the margins: Readings on race, class, gender and culture.* New Brunswick, NJ: Rutgers University Press.

Cultural Defense

A cultural defense is an affirmative defense used by defendants to explain their behavior and the inability to conform their behavior to the law. This rationale is used by defendants to argue that the beliefs of their culture dictate their actions and therefore make them less culpable when committing a crime. In their most discussed form, cultural defenses have been used by immigrant defendants in cases involving the commission of violent crimes, specifically those involving acts of domestic violence. Typically the argument presented is that the woman acted in a way that the defendant's culture views as morally wrong and this same culture has taught him to correct the woman's wrongs through the use of violence.

Cultural defenses attempt to get at the question of whether or not the defendant had the requisite state of mind, *mens rea,* at the time of committing the crime in order for him or her to be found criminally liable. The *mens rea* required to find a defendant guilty varies depending on the specific crime. A defendant using a cultural defense may argue that his culture caused him to misinterpret the victim's actions or words. For example, in rape cases, defendants have argued that their culture caused them to interpret a victim's protests as consent and that they did not possess the state of mind required to be found guilty of rape. In other cases, defendants have asserted that their cultural background influenced their mental state at the time of the crime and, therefore, they were incapable of forming the intent necessary to commit the crime.

The debate over the validity of the cultural defense centers on the extent to which a person's cultural background should be taken into account when explaining behavior. Critics of the cultural defense argue that it condones violence against women and children by excusing a defendant's actions on the basis of his or her cultural background. In the end, it protects the perpetrators of violence and leaves vulnerable a group of

victims the criminal legal system is supposed to protect. Proponents of the cultural defense assert that the U.S. legal system historically has been racist and prosecuted and punished people of color in disproportionately large numbers. This discrimination is perpetuated when the system ignores the fact that individuals from different cultures have different values and beliefs than those of dominant White American culture. Others argue for a compromised version of cultural defense that allows courts to take culture into account in deliberations and sentencing, while at the same time arguing for a complex vision of culture that is not static or one dimensional. Under this theory, views about a defendant's culture should not be reduced to stereotypes and should take a critical approach to understanding traditional systems of oppression.

Tracy J. Davis

See also Cultural Retaliatory Homicide

Further Readings

Tunick, M. (2004). "Can culture excuse crime?": Evaluating the inability thesis. *Punishment & Society, 6,* 395–409.

Volpp, L. (1994). (Mis)identifying culture: Asian women and the "cultural defense." *Harvard Women's Law Journal, 17,* 57–101.

Culturally Sensitive Intervention

This entry briefly identifies the major issues surrounding a specific form of batterer intervention program (BIP), namely Afrocentric or culturally sensitive intervention with African Americans. For the purposes of this discussion, Afrocentric and culturally sensitive interventions are those that acknowledge the intersection of gender and race, adopt a constructivist perspective in learning about the different cultural views of clients, and account for different cultural pathways regarding courtship and marriage. Importantly, culturally sensitive interventions do not sanction violence against women, but acknowledge that the cultural backgrounds of the participants may create different pathways to violence. Although culturally sensitive programs for batterers exist, two important issues have yet to be addressed: (1) a lack of any systematic evaluations of the models being used, comparing their effectiveness with the model that is being institutionalized through state standards, and (2) the adoption of state program standards without empirical evidence that the model being adopted works for minority batterers.

Batterer Intervention Programming Effectiveness

Recently, more rigorous evaluation studies of BIPs have indicated mixed success. Importantly, however, an issue inadequately addressed in the evaluation literature is the appropriateness of these programs for ethnic/racial minorities. Although there is no empirical research investigating the differential effect of the standard cognitive-behavioral treatment program on outcomes for Caucasian and African American batterers, some authors have argued that the lack of cultural competence among treatment programs has a severe negative impact on African American participants. In brief, survey research has documented the absence of culturally sensitive intervention approaches among treatment providers nationally. This absence of culturally sensitive intervention approaches is a concern, given both the high rate of violence occurring in African American relationships and the high attrition rate among African American men in batterer treatment programs.

Few studies of BIPs have evaluated the effect of different types of intervention efforts on batterers of different ethnic/racial backgrounds. Consequently, the mixed findings on BIP effectiveness may be attributable either to (a) the fact that batterers are not a homogenous group or (b) the fact that minority batterers may have responded differently to the standardized intervention model being evaluated. Such conclusions seem plausible, as the limited data available on this issue suggest a possible need for a specialized response to African American men arrested, convicted, and sentenced to a BIP for domestic violence. Importantly, this should not be misconstrued as a suggestion that there is a lack of culturally sensitive BIPs available, as many culturally sensitive intervention programs for violent men have been created.

State Program Standards

States have legislated standards for treatment providers in an effort to create uniformity in BIPs. In

fact, by January 2006, 43 states had instituted such standards. Among the many aspects of batterer intervention addressed by these standards is the formalizing of program structure and length. As a result, most treatment programs nationally, regardless of theoretical perspective, offer a feminist informed, cognitive-behavioral, group treatment approach for batterers. In short, these programs incorporate a patriarchal analysis of male–female intimate relationships and attempt to help participants modify their beliefs about intimate relationships and develop new skills for nonviolent conflict resolution. The impact of this trend on culturally specialized programming is not entirely clear. The unintended consequence of this legislation for treatment programs seeking to create culturally sensitive approaches for batterers of color is that they must now seek to create such services within the constraints of current state guidelines. Specifically, treatment providers must figure out how to provide specialized, culturally sensitive intervention services to diverse groups of batterers, while, at the same time, adhering to state standards that set basic uniform guidelines.

Frederick P. Buttell and Michelle M. Carney

See also Batterers; Batterers, Factors Supporting Male Aggression; Batterers, Treatment Approaches and Effectiveness

Further Readings

Almeida, R., Woods, R., Messineo, T., & Font, R. (1998). Cultural context model. In M. McGoldrick (Ed.), *Re-visioning family therapy: Race, culture, and gender in clinical practice* (pp. 404–432). New York: Guilford Press.

Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23,* 1023–1053.

Buttell, F., & Carney, M. (2006). A large sample evaluation of a court mandated batterer intervention program: Investigating differential program effect for African-American and Caucasian men. *Research on Social Work Practice, 16,* 121–131.

Holtzworth-Munroe, A., Meehan, J., Herron, K., Rehman, U., & Stuart, G. (2000). Testing the Holtzworth-Munroe & Stuart (1994) batterer typology. *Journal of Consulting and Clinical Psychology, 68,* 1000–1019.

Cultural Retaliatory Homicide

Homicide, the killing of one person by another, can have many motivations. Retaliation, which is simply getting even with another person for some real or perceived wrong, has long been a motivation for committing homicides. Some experts argue that culture, defined as knowledge, beliefs, and values shared by members of society, can help explain higher rates of retaliatory homicides among certain segments of society.

As early as the 1930s, criminologist Thorsten Sellin argued, in a monograph titled *Culture Conflict and Crime,* that the beliefs and values people immigrating to America brought with them often clash with those of mainstream American society. To illustrate his theory, Sellin discussed an actual case of an immigrant who killed a young man accused of dishonoring his daughter. The immigrant, who had responded in the way he had been socialized to respond in the old country, was surprised when arrested for murdering the young man. Marvin E. Wolfgang, a former student of Sellin's, and Italian legal scholar Franco Ferracuti delved further into the role of culture in homicide by identifying what they termed a *subculture of violence.* Examining homicide rates among African Americans, which were six times higher than rates for Whites, Wolfgang and Ferracuti suggested that the Black subculture in fact values violence as a means of punishing those who violate subcultural norms. Noteworthy is their theory that members of this subculture of violence interpret stimuli such as a jostle, a derogatory remark, or the presence of a weapon in the hands of others differently from the way those in the dominant culture interpret them.

Subsequently, those attempting to confirm the subculture of violence theory discovered that the South and West experienced significantly higher rates of retaliatory homicides. Several studies have confirmed that in these regions a "culture of honor" exists in which insults are perceived by males much more negatively than by their counterparts in other regions, prompting violent and sometimes lethal responses.

Some of the most interesting and insightful findings were made by Elijah Anderson, an ethnographer who conducted research in Philadelphia neighborhoods. Anderson found that there exists among low-status African American young men a "code of the streets," which dictates how they respond to shows of disrespect and personal attacks by other males.

Failing to respond violently to such displays is interpreted by others as weakness and makes the man vulnerable to further victimization. So ingrained is the code in certain neighborhoods that even family members and neighbors give lip service to such retaliatory violence. Preliminary quantitative research has confirmed some of Anderson's qualitative findings.

Recent research attaches greatest importance to the role of structural disadvantage in explaining how culture spawns retaliatory homicide in certain neighborhoods. As persuasive as the evidence is for cultural retaliatory homicide, there remains disagreement on appropriate data and methods of analysis. Legal scholars contend that as important as culture may be in shaping individual behavior, it is not yet an acceptable defense for committing retaliatory homicide.

Mark S. Davis

See also Honor Killing/Crime; Subcultures of Violence

Further Readings

Anderson, E. (1999). *Code of the street: Decency, violence, and the moral life of the inner city.* New York: Norton.

Kubin, C. E., & Weitzer, R. (2003). Retaliatory homicide: Concentrated disadvantage and neighborhood crime. *Social Problems, 50,* 157–180.

Nisbett, R. E., & Cohen, D. (1996). *Culture of honor.* Boulder, CO: Westview Press.

Sellin, T. (1938). *Culture conflict and crime.* New York: Social Science Research Council.

Wolfgang, M. E., & Ferracuti, F. (1967). *The subculture of violence.* London: Tavistock.

Custody, Contact, and Visitation: Relationship to Domestic Violence

Domestic violence harms children, and usually escalates, or less commonly only begins, after their parents' separation. It is involved in at least 50% to 70% of contested custody cases. Many batterers lack empathy for their children and may put their own needs before those of their children. They may also use the court process and visitation to continue the abuse, and 11% of them abduct their children.

While less is known about abusive mothers, 30% to 60% of fathers who abuse their female partners also abuse their children, and abusive fathers sexually molest their daughters at least 6 times as often as nonabusive fathers. Abused gay and lesbian parents face similar issues, plus bias from courts and helping agencies.

Contested custody cases are very costly, averaging $90,000 per abuse family and causing 27% of battered women to file for bankruptcy. Custody courts can help children by supporting protective parents to protect themselves and their children from abusive parents.

Custody and Visitation Standards

In intact families, the parents are presumed to share custody of the minor children, although a few states presume that mothers should have custody of children born out of wedlock. If parents separate and cannot reach a suitable custody agreement, courts determine physical custody (with whom the child will live, visitation arrangements, and whether children may relocate) and legal custody (who may make the major religious, educational, and medical decisions). Physical and legal custody can be shared or sole. Custody is decided based on a best interest of the child (BIOC) standard, whose criteria are codified or listed in case law. The standard is criticized as being too subjective. Appellate courts reverse custody decisions when the trial court abused its discretion, a difficult standard to meet.

Batterers' families often fight for custody, particularly when the batterer is denied access. To win, they must meet a higher standard than the BIOC one, often the same unfitness or unavailability standard required for the child protection system to remove a child from parents. Grandparent visitation laws have been struck down in some states, but also require a higher standard than the BIOC criteria provide. When parents are not in the picture, the custody battles of nonparents are typically decided on a BIOC standard.

Domestic Violence Ramifications

Many states' laws encourage parents to have shared or joint legal or physical custody; some use shared parental rights language instead of *custody* and *visitation.* While most cooperative parents can coparent reasonably well, shared parenting increases the tension and abuse in families with violent members. At

least 32 states have added "friendly parent" provisions (FPPs) to their BIOC laws that favor giving custody to the parent who will encourage the child to have a better relationship with the other parent. Although written to encourage cooperation, FPPs discourage victims from raising abuse allegations lest they be labeled "unfriendly" and lose custody, and FPPs reward abusers who reframe their partners' protective behaviors as "unfriendly" by depriving victims of custody. Batterers may use FPPs, shared parenting, and unsupervised visitation to increase and prolong their hostility and control, and facilitate further abuse.

Laws Discourage Giving Abusers Custody

Spurred by battered women's advocates, the findings of court gender bias studies in the 1980s and 1990s, and *the model code,* every state enacted gender-neutral statutes, enabling or requiring judges to consider domestic violence in their custody determinations. These laws often specifically encourage protecting victims and giving batterers restricted, supervised visitation. At least 24 states have enacted a rebuttable presumption that it is not in the BIOC to award custody to an abusive parent. Federal laws and uniform codes now permit courts to consider domestic violence in interstate custody disputes to protect victims, and require police and courts to honor and enforce custody and protective provisions issued in courts of other states, including those in protective orders.

Laws Are Not Always Implemented, Disadvantaging Victims

Although domestic violence is a BIOC factor or presumption in every state, states and judges vary in how much weight to give it. Some minimize its importance, particularly in states with FPPs, a joint custody preference or a harsh relocation standard. Others use BIOC factors like stability to disadvantage abused victims particularly when they move often or are homeless. Protective judges are thwarted from protecting victims by the paucity of supervised visitation programs. Supervision by family members may be as dangerous as unsupervised visitation.

Practices in the criminal justice system often leave victims with no record of the criminal abuse they have endured. Police may wrongfully arrest the victim, prosecutors may never charge the batterer, or courts may ultimately dispose of cases without any record of conviction. Protective orders entered by agreement of both parties may not be admissible in other cases.

In addition, mental health professionals (MHPs), who influence custody determinations in their roles as guardians ad litem, mediators, custody evaluators, and expert witnesses, often lack adequate training in domestic violence. Most were schooled in a family systems dynamic perspective, which minimizes domestic violence, assumes both parents cause it, and favors shared custody. Some advocate FPPs or more punitive, discredited theories like parental alienation syndrome to deny custody and even visitation to protective parents. Custody evaluators often give psychological tests that bias abuse victims, failing to correct for the abuse. Most courts follow the advice of MHPs, even when it is at odds with the state's custody laws.

These practices result in many protective parents losing custody.

Visitation Problems

A child who has been abused by a parent may refuse to see the abuser, or a protective parent may refuse to allow the abuser to see the child. Rarely do mothers make deliberately false allegations of incest or domestic violence in custody cases, although courts may believe such allegations are rampant. Some courts jail protective parents or, more rarely, the children when abusers are denied access, often with the encouragement of MHPs. Children forced to visit occasionally run away, abuse themselves, or even commit suicide. Some protective parents have fled with their children hoping to protect them, only to find that they face contempt or abduction charges. Some adult children are speaking out about these injustices, and a few judges are reconsidering their approach.

New Proposed Child Custody Standard

After meeting for 10 years, the prestigious American Law Institute has proposed granting custody by the "approximation rule," whereby each parent would presumptively receive roughly the same percentage of time spent with the child prior to the separation. The approximation rule would streamline most custody disputes, and maximize stability for children. But it is still too early to see if it will be adopted. Many MHPs oppose it, some fearful it will eliminate their jobs.

Victims able to file costly appeals win custody reversals 40% of the time.

Joan Zorza

See also Child Exposure to Intimate Partner Violence; Parental Alienation Syndrome

Further Readings

American Psychological Association. (1996). *Violence and the family: Report of the American Psychological Association Presidential Task Force on Violence and the Family.* Washington, DC: Author.

Bancroft, L., & Silverman, J. G. (2002). *The batterer as parent: Addressing the impact of domestic violence on family dynamics.* Thousand Oaks, CA: Sage.

Jaffe, P. G., Lemon, N. K. D., & Poisson, S. E. (2003). *Child custody and domestic violence: A call for safety and accountability.* Thousand Oaks, CA: Sage.

Myers, J. E. B. (1997). *A mother's nightmare: Incest. A practical legal guide for parents and professionals.* Thousand Oaks, CA: Sage.

National Council of Juvenile & Family Court Judges. (1994). *Model code on domestic and family violence.* Reno, NV: Author.

Zorza, J., & Rosen, L. (Eds.). (2005). *Violence against women* [Special issue on child custody and domestic violence], *11*(8).

Cyberstalking

The term *cyberstalking* is used to describe stalking behaviors that (a) involve repeated threats and/or harassment, (b) use electronic mail or other information technology-based communication, or (c) would cause a reasonable person to be afraid or concerned for his or her safety. Cyberstalkers most commonly harass their victims through email, but may also use Web sites, chat rooms, discussion forums, and open publishing Web sites (e.g., blogs and online journals). Cyberstalking may involve direct harassment of a victim or may use indirect means such as email to employers or postings in online newsgroups. Cyberstalking may be part of a systemic pattern of online harassment and may include sending repeated email or instant messages that may or may not directly threaten the recipient; flooding a victim's email box with unwanted mail; sending the victim files with a virus; using a victim's email address to subscribe her or him to multiple listservs or to purchase books, magazines, or other services in her or his name; sending misinformation and false messages to chat rooms, Usenet groups, listservs, or places of the victim's employment; stealing a person's online identity to post false information; sending a victim's demographic information and/or picture to sexually oriented or pornographic sites; or seeking and compiling various information that a victim may have posted on newsgroups with the intent to locate personal information and then use this information to harass, threaten, and intimidate the victim, either online or in the real world.

Reasons for Cyberstalking

Stalking has been viewed by some theorists as aberrant behavior involving obsessive behavior or personality disorder. Feminists, however, view stalking and cyberstalking as related to sexism, a means to gain power and control over a victim. Others believe stalking has a long history among the general public and is rooted in the romantic tradition in which a reluctant female must be wooed from "no" to "yes" by a persistent suitor. In any case, cyberstalking is an extension of the traditional stalking methods of following, making telephone calls, and writing letters. As with stalking in the physical world, cyberstalking can result from an attempt to initiate a relationship, to repair a relationship, or to threaten and traumatize a person. Recent research, however, found differences between real-world and cyberstalking. Cyberstalking is more likely to involve strangers and to take place over a shorter period of time than real-world stalking. In addition, cyberstalkers are more likely not to know their victims, to have multiple victims, and to have no history of criminality, substance abuse, or restraining orders.

The Internet medium itself may contribute to cyberstalking. The online environment can promote a false sense of intimacy and misunderstanding of intentions. People may feel in proximity to each other when they are online despite the actual physical distance involved. In addition, emotionally intensified interactions often develop in online communication. The limited nonverbal, historical, and contextual information available in online contexts may enable potential cyberstalkers to develop idealized perceptions of those with whom they

communicate online and to misjudge the intentions of the messages they receive. In addition, the relative anonymity, the lack of social status cues, and the propensity for disinhibited behavior in the online environment may promote greater risk taking and asocial behavior by a greater number of people. The availability of free email and Web site space, as well as the anonymity provided by some chat rooms and newsgroups, has contributed to the increase of cyberstalking as a form of harassment. Finally, the ease of using a search engine to find someone's alias, real name, or email address contributes to cyberstalking.

Extent of Cyberstalking

There is no comprehensive national study of the extent of cyberstalking, but estimates have been made based on local research studies, reports of abuse to Internet Service Providers, FBI crime statistics, and reports to Web sites that provide online assistance to victims of violence. Cyberstalking has been described by the Department of Justice as a serious and growing problem. Cyberstalking can be just as threatening as stalking in the real world, and can lead to mental anguish and stress reactions including paranoia, panic attacks, chronic sleep disturbances, weight fluctuations, persistent nausea, increased usage of alcohol or cigarettes, headaches, depression, physical harm, and even homicide. Cyberstalking may occur in combination with real-world stalking, and research indicates that this occurs in approximately one in five cases of reported stalking or cyberstalking. Research suggests that the majority of cyberstalkers are men and their victims are women. There have been reports, however, of women cyberstalking men and of same-sex cyberstalking. Studies are very difficult to compare due to differences in the definition of cyberstalking and research methods employed. Several studies have used surveys of college students to estimate the extent of cyberstalking since almost 100% of this group is online and they are the age at which stalking is most likely to occur. College samples estimate that between 13% and 25% of women have experienced cyberstalking or online harassment. Estimates from Internet safety groups such as Working to Halt Online Abuse, SafetyEd, and CyberAngels reveal an increasing number of cyberstalking reports, with 50 to 500 requests per day for help from victims of cyberstalking. It is likely that research underestimates the true extent of cyberstalking since many cases go unreported and the number of people online is increasing each year.

Legal Issues

Both federal and state laws have addressed some forms of cyberstalking. Federal law makes it a crime to cross state lines to injure, harass, or intimidate a person. Certain forms of cyberstalking may be prosecuted under federal communications laws (47 U.S.C. 223). Section 113, which was signed into law by President George W. Bush on January 5, 2006, amends 47 U.S.C. 223 to prohibit anyone from using a telephone or a telecommunications device "without disclosing his identity and with intent to annoy, abuse, threaten, or harass any person." It includes "any device or software that can be used to originate telecommunications or other types of communications that are transmitted, in whole or in part, by the Internet." While this law may cover some aspects of cyberstalking, it does not cover harassment in which no explicit threat has been made or harassment in which messages are sent to third parties. In addition, Title 42 of the Civil Rights Act has been interpreted to prohibit sexual harassment in work environments. Conduct producing a hostile environment is specifically included in this statute. Sexual harassment via email may therefore be prosecuted under this statute.

Currently all but four states (Idaho, Nebraska, New Jersey, and Utah) have laws prohibiting harassing conduct of adult victims through the Internet, email, or other electronic means. Laws vary by state in terms of specificity, prohibited behavior, and consequences. For example, in Massachusetts, a perpetrator must have intent to cause "imminent fear," while in Arizona the standard is that the victim is "seriously alarmed" or "annoyed." In some states, such as New York, cyberstalking is part of the general stalking or harassment laws, while other states, such as North Carolina, have a separate section under special computer crime legislation. The patchwork of laws and recent definition of the problem make prosecution of cyberstalking confusing and more difficult for law enforcement.

Survival in Cyberspace

Socialization for survival in cyberspace was not part of the normal growing-up experience of most people. For their safety, people who use the Internet, especially

those who have been victims of violence or are emotionally vulnerable, need education about the kinds of victimization that can occur online, how best to prevent it, and what to do if victimization occurs. They need information about password protection, encryption software, blocking and filtering software, anonymous remailers, alternate email receiving sites, chat room and newsgroup safety, the potential for misinformation, how privacy may be lost, how to deal with online harassment, policies and laws regulating interactions in cyberspace, and where to get help if victimization occurs. Several Web sites are currently dedicated to providing education and assistance regarding cyberstalking.

Jerry Finn

See also Stalking

Further Readings

Finn, J., & Banach, M. (2000). Victimization online: The downside of seeking services for women on the Internet. *Cyberpsychology and Behavior, 3*(2), 776–785.

Fisher, B. S., Cullen, F. T., & Turner, M. G. (2002). Being pursued: Stalking victimization in a national study of college women. *Criminology & Public Policy, 1*(2), 257–308.

Lee, R. (1998, Spring). Romantic and electronic stalking in a college context. *The College of William and Mary Journal of Women and the Law*, pp. 373–409.

U.S. Department of Justice. (1999). *Cyber stalking: A new challenge for law enforcement and industry—A report from the attorney general to the vice president.* Washington, DC: Author. Retrieved April 16, 2006, from http://www.usdoj.gov/criminal/cybercrime/cyberstalking.htm

Valtek, H. A. (2002). *A guide to the maze of cyberstalking laws.* Retrieved April 16, 2006, from http://www.gigalaw.com/articles/2002-all/valtek-2002-07-all.html

Working to Halt Online Abuse (WHO@). (2006). *Online harassment statistics.* Retrieved April 16, 2006, from http://www.haltabuse.org/resources/stats/offline.shtml

Web Sites

CyberAngels: http://www.cyberangels.org

SafetyEd International: http://www.safetyed.org

Working to Halt Online Abuse (WHO@): http://www.haltabuse.org

Cycle of Violence

There are two cycles of violence often referred to in the literature on interpersonal violence. One is the "intergenerational transmission of violence" and the other is the cycle of intimate violence that escalates to violence and then subsides only to escalate again. This entry focuses on the cycle of escalation and de-escalation during violent incidents between intimates.

The best known proponent of a cycle of violence model is Lenore Walker, whose landmark 1979 book titled *The Battered Woman* devoted an entire chapter to a "cycle theory of violence." In this chapter, Walker suggested there are three phases that couples move through in this cycle of violence: (1) tension building, (2) acute battering incident, and finally (3) kindness or contrite loving behavior. She also suggested that the full cycle varies greatly and that treatment may be more successful in one phase than in another.

Tension-Building Phase

Walker suggested that a series of "minor battering incidents" occurs during this phase. As these so-called minor incidents occur battered women react through a variety of coping mechanisms, including working harder to please the batterer and managing children toward the same goal, denying the seriousness of the violence, and making other efforts to restore stability to the home. As these battering incidents accumulate, Walker noted, the batterer increasingly escalates his battering behavior and this increasingly overwhelms the battered woman's ability to cope with it.

Acute Battering Incident

A period of increasingly escalating tension will eventually lead to a severe violent incident in which, Walker wrote, "an uncontrollable discharge" of tensions takes place. The cycle of violence theory suggests that this phase is the shortest of the three and both the batterer and the battered recognize that this violence is significantly different from the violence in the earlier, tension-building phase. Walker also noted that occasionally a battered woman will "provoke" an acute incident in order to get past the tension that has been building to the inevitable severe event.

Kindness and Contrite Loving Behavior

The final phase in Walker's cycle of violence theory is a period of calm following an acute violent incident. She suggested that it immediately follows the acute incident and is seen as a relief by both parties involved. The battered woman will often seek help during or immediately after an acute incident and this is when, Walker suggested, many battered women come into contact with service providers. The batterer is also likely to seek help during this period and he is often on his best behavior, promising to make changes so he is not violent again and aiming his affection and behaviors in a way to win back his partner's affection and loyalty. His positive behavior often creates confusion for his victim. Walker also suggested that this phase is usually longer than the one immediately prior to it but shorter than the first, tension-building phase. Sometimes this phase can be extremely brief, and others have suggested that chronic batterers stop trying to make up for their behavior, thus eliminating this phase over time.

Critiques

The cycle of violence, learned helplessness, and battered woman's syndrome, all originally promoted by Walker, have been heavily criticized and are discussed elsewhere in this encyclopedia. Many, including Walker, have argued that the cycle of violence is not automatic and does not always follow a predictable script by moving from one phase to another. Walker's use of the term *minor battering incidents* and suggestion that battered women learn helplessness as part of the cycle are problematic in the view of many. How does one define "minor" incidents? A slap or a shove can have severe consequences if one looks at it in context. Terms like *learned helplessness* have been countered by the use of the term *survivors* of violence and a greater focus on women's strategies to resist violent behavior.

Jeffrey L. Edleson

See also Battered Woman Syndrome; Intergenerational Transmission of Violence; Learned Helplessness

Further Readings

Stith, S. M., Rosen, K. H., Middleton, K. A., Busch, A. L., Lundeberg, K., & Carleton, R. P. (2000). The intergenerational transmission of spouse abuse: A meta-analysis. *Journal of Marriage and the Family, 62,* 640–654.

Walker, L. E. (1979). *The battered woman.* New York: Harper & Row.

Widom, C. S. (1989). Does violence beget violence? A critical examination of the literature. *Psychological Bulletin, 106,* 3–28.

D

Danger Assessment Instrument

The Danger Assessment (DA) instrument is designed to assess the likelihood of lethality or near lethality occurring in a case of intimate partner violence (IPV). The most important risk factor for intimate partner homicide (IPH) is prior domestic violence. Even though abused women are fairly good assessors of their own risk of reassault, they often underestimate the risk of homicide. In a major multi-city case control study of intimate partner femicide (IPF), only about half (46%) of victims accurately predicted that her husband, boyfriend, or ex-partner was capable of killing her.

Original Development

The DA was developed in consultation on item wording and content validity from battered women, advocates, law enforcement officials, and other clinical experts on battering. The initial DA items were developed from Jacqueline C. Campbell's research reviewing police IPH records as well as reviews of other studies of IPH or serious injury from IPV.

The DA first assesses severity and frequency of battering by asking an abused woman to mark on a calendar the approximate days when physically abusive incidents occurred, ranking their severity on a scale of 1 to 5. Using a calendar increases accurate recall in general and the DA calendar helps raise the woman's consciousness and reduce the normal minimization of IPV. In one study, 38% of 97 abused women initially reporting no increase in severity and frequency of violence in the past year changed their response to "yes" after filling out the calendar portion.

The second part of the original DA was a 15-item yes/no dichotomous response format of risk factors associated with IPH. Both portions of the DA take approximately 20 minutes to complete. The woman can complete the DA by herself or with professionals from the health care, criminal justice, or victim advocate systems. The original DA was scored by counting the "yes" responses, with more "yeses" indicating more danger.

The original DA has published psychometric support in eight studies with internal consistency acceptable (.70–.80) and two studies of test-retest reliability of 0.89 and 0.94. Discriminant group validity was supported by significant differences in DA mean scores among contrasting groups of women, the lowest among nonabused women and the highest in women in the emergency department. Convergent construct validity was supported with moderate to strong correlations between the DA and validated instruments (e.g., Conflict Tactics Scales) measuring severity and frequency of IPV. All of the studies testing the DA have had substantial proportions (33% to 77%) of women of color, primarily African American and Hispanic, with psychometric properties at least as strong among minority ethnicity women. Additionally, three independent predictive validity studies in the United States and one in Taiwan were published that at least partially support the DA's ability to predict IPV reassault.

Revision

The most important validation is based on data from the 11-city case-control study designed to identify risk factors for IPF and to test the DA. Consecutive police or medical examiner records of IPF from 1994

to 2000 were examined for victim–perpetrator relationship. Cases were eligible if they involved a victim aged 18 or older, a current or ex-intimate partner perpetrator, and were designated as "closed" by the police. Records were abstracted for data specific to the homicide and for potential proxy informants (i.e., mother, sister, brother, or friend) knowledgeable about the victim's relationship with the perpetrator. A knowledgeable proxy was located in 68% (373 out of 545) of the cases, and 83% (310 out of 373) agreed to participate.

A sample of 194 *attempted femicides* was identified through district attorneys, law enforcement, community domestic violence advocacy, or trauma centers in each city. Attempted femicide was defined as nonfatal gunshot or stab wound to the head, neck, or torso; strangulation or near drowning with loss of consciousness; or severe injuries inflicted that easily could have led to death of a female current or former IP of the perpetrator. The attempted femicide cases allowed direct interviews with victims rather than proxies, but yielded lower location rates (56%), since many women had moved from the attempted murder site. Once located, 90% of the attempted femicide victims (n = 215) agreed to participate (n = 194).

The control group of abused women was identified by stratified random-digit dialing for English- and Spanish-speaking women ages 18 to 50 years involved "romantically or sexually" in a relationship during the past 2 years in the same 11 cities. A total of 3,637 (76.6%) women of 4,746 meeting inclusion criteria consented to participate. Four hundred twenty-seven (8.5%) had been physically abused or threatened with a weapon by a current or recent intimate partner in the past 2 years, but never seriously enough to qualify as an attempted femicide.

The interview for all participants included the DA along with demographic and relationship characteristics including type, frequency, and severity of any violence, psychological abuse, and harassment. Safety protocols were carefully followed.

Victims and perpetrators of femicides and attempted femicides were similar in social and demographic characteristics except for a larger proportion of African American perpetrators of attempted femicides (64.1% vs. 48.9%). In multivariate analysis, the only significant demographic difference between the femicide and attempted femicide cases and the abused controls was more unemployment among the more lethal perpetrators.

The DA was revised based on the findings by adding four items—abuser unemployment, a child of the victim not the offspring of the abusive partner, abuser stalking, and the victim leaving her abuser—plus rewording of the child abuse item to read "Does he threaten to harm your children?" and the division of "threaten to kill you" and "perceive him as capable of killing you" into two items to separately assess victim perception. An item on the "prior arrest of the abusive partner for IPV" was substituted for one on the abuser "being violent outside of the home," since arrest for IPV was more predictive in the multivariate analysis. With these revisions, there is a total of 20 items.

Validation of Revised 20-Item DA

The adjusted odds ratios from the multivariate analyses of the femicide cases in comparison to the controls (abused women) were used to develop a weighted scoring algorithm identifying four levels of danger. The levels of danger and DA scores are (1) variable danger (0–7), (2) increased danger (8–13), (3) severe danger (14–17), and (4) extreme danger (18+). The language used to label the levels of danger was chosen in consultation with survivors and advocates for its meaning to abused women and to convey that even at the lowest level (variable danger), the risk of lethal violence is never negligible and can change quickly.

In a comparison of the mean scores on the revised 20-item DA of the three study groups, it was found that the femicides and attempted femicides had similar mean and median scores on the revised DA, which were more than twice as high as that of the abused control group ($p < .001$).

The ability of the revised DA to correctly identify the attempted femicide cases, an independent sample, was tested through plots of receiver operating characteristic (ROC) curves. ROC curves represent the sensitivity and specificity of a measure at each successive unit. Estimates of the area under the ROC curve (AUC) are compared to the average value under random prediction methods (.500).

The AUC for the ROC curve comparing attempted femicides to the abused controls was .916 ($p < .001$; 95% CI .892 to .941). Sensitivity of the revised DA for identifying attempted femicides ranged from .545 for the *extreme danger* level to .987 if *increased danger* is used to designate high-risk status. The sum of sensitivity and specificity is maximized if the *severe danger* level is the threshold for high-risk designation

(sensitivity = .750; specificity = .863). Sensitivity and specificity were acceptable with higher values for the revised DA than victim perception of risk of lethal or near lethal violence (sensitivity = .622; specificity = .770).

Future Directions

Although limited by restrictions of an urban sample and retrospective data, the ROC curve analysis is strongly supportive of the predictive accuracy of the revised DA, far better than the .70 AUC considered acceptable in risk assessment instruments. Further testing of the DA is needed, especially independent evaluations, prospective studies, and meta-analyses, as with all of the current IPV risk assessment strategies. The DA also needs to be psychometrically evaluated with various ethnic groups and rural and immigrant populations for cultural and linguistic appropriateness. The DA is only the first step in a process of safety planning or "risk management." Protocols addressing issues such as confidentiality and communication of results and training for assessors need to be developed in each system where it is used. The science in the field is as yet young, but supports the use of the DA with IPV victims as they make important decisions about their safety in collaboration with domestic violence advocates, health care professionals, and/or criminal justice practitioners—with both practitioner expertise and the woman's perception of risk taken into account. The DA can help women come to a more realistic appraisal of their risk as well as improve the predictive accuracy of those who are trying to help them.

Jacqueline C. Campbell

See also Femicide; Gun Violence; Marital Rape/Wife Rape; Pregnancy, Violence Against Women During; Risk Assessment Instruments, Intimate Partner Violence

Further Readings

Block, C. R. (2003). How can practitioners help an abused woman lower her risk of death? *NIJ Journal, 250,* 5–7.

Campbell, J. C. (2002). Safety planning based on lethality assessment for partners of batterers in treatment. *Journal of Aggression, Maltreatment, and Trauma, 5*(2), 129–143.

Campbell, J. C. (2004). Helping women understand their risk in situations of intimate partner violence. *Journal of Interpersonal Violence, 19*(12), 1464–1477.

Campbell, J. C. (2005). Assessing dangerousness in domestic violence cases: History, challenges, and opportunities. *Criminology and Public Policy, 4,* 653–672.

Campbell, J. C. (2007). *Assessing dangerousness: Violence by batterers and child abusers.* New York: Springer.

Dutton, D. G., & Kropp, P. R. (2000). A review of domestic violence risk instruments. *Trauma, Violence & Abuse, 1,* 171–181.

Heckert, D. A., & Gondolf, E. W. (2004). Battered women's perceptions of risk versus risk factors and instruments in predicting repeat reassault. *Journal of Interpersonal Violence, 19,* 778–800.

Weisz, A., Tolman, R., & Saunders, D. G. (2000). Assessing the risk of severe domestic violence. *Journal of Interpersonal Violence, 15*(1), 75–90.

Web Sites

Danger Assessment: http://www.dangerassessment.com

Date and Acquaintance Rape

Endemic to college campuses in North America and elsewhere, date and acquaintance rapes are the most common threats to female students' safety. Many researchers, rather than restricting their focus to forced sexual intercourse, now define date and acquaintance rape as involving a wide range of unwanted sexual acts stemming from physical force, threats of physical force, verbal coercion, and emotional coercion. Contrary to popular belief, an alarmingly high number of women experience these harms on an annual basis, as shown by surveys conducted in the late 20th and early 21st centuries. For example, the Canadian National Survey on Woman Abuse in University and College Dating Relationships found that 28% of the female participants stated that a male dating partner sexually assaulted them in the past year, while 11% of the males reported having sexually victimized a female dating partner during the same time period. The U.S. National College Women Sexual Victimization Survey estimated that 9 of 10 women knew the male perpetrator who raped them. Of course, the types of assaults uncovered by these and other widely cited studies begin to occur well before women reach college age, as documented by several North American surveys.

Even though a broad spectrum of college students is affected by sexual assault, the problem appears to be of little concern to many students, faculty, and

administrators. Date and acquaintance rapes are often dismissed as "boys will be boys," or as some sort of exaggeration by the woman or something she was "asking for." There are a number of reasons for this, including ideologies of gender inequality.

Researchers have gathered quantitative data on these crimes. Most studies use some rendition of the Sexual Experiences Survey (SES). Developed by Mary Koss and Cheryl Oros in 1982, the SES consists of 12 yes/no items that can be examined in their totality for one measure of sexual abuse or can be divided into four types of sexual abuse:

- *Sexual contact*, which includes unwanted sex play (fondling, kissing, or petting) arising from menacing verbal pressure, misuse of authority, threats of harm, or actual physical force
- *Sexual coercion,* which includes unwanted sexual intercourse arising from the use of menacing verbal pressure or the misuse of authority
- *Attempted rape,* which includes attempted unwanted sexual intercourse arising from the use of or threats of force from the use of drugs or alcohol
- *Rape,* which includes unwanted sexual intercourse arising from the use of or threats of force and other unwanted sex acts (anal or oral intercourse or penetration by objects other than the penis) arising from the use of or threat of force or from the use of drugs or alcohol

Social scientists have also identified various risk factors, including male peer support, alcohol and drug consumption, men's adherence to the ideology of familial patriarchy, and experiencing sexual abuse prior to coming to college. However, theoretical developments in this field have not kept pace with the empirical literature. Theories attempt to explain what many people define as deviant or criminal behaviors. In response to calls for theory integration in explaining male-to-female victimization, Alberto Godenzi, Martin Schwartz, and Walter DeKeseredy have offered a relatively new theory of conformity. This social bond/male peer support theory asserts that since so many college men sexually abuse their female dating partners and acquaintances, it is college men who *do not* victimize women who are the deviants and whose bond to the dominant social order is weak or broken.

Most of the safety measures implemented by campus officials to lower date and acquaintance rape have often served to perpetuate the widespread but outdated view that women are most likely to be victimized by strangers. If the problem is defined as stranger rapists wandering around the campus, then curbing sexual assault is mostly a matter of architectural design. For this reason, the typical measures taken across North America include increased lighting, changed landscaping (e.g., removing trees), the provision of escort services, the monitoring of public places, and the installation of alarms and security phones. The main problem with these initiatives is that women are most likely to be sexually assaulted by male intimates in private places, such as houses or apartments.

In addition, because alcohol use is a major correlate of date and acquaintance rape, many colleges throughout North America have shut down student pubs, prohibited campus parties that involve alcohol consumption, and banned alcohol from dormitories and campus apartments. Further, some schools have begun to deal with the fact that many students drink off campus by extending their alcohol codes to include violations by students in off-campus environments. This may not have much more effect than on-campus bans because bar owners and bartenders may not report their patrons to campus officials for fear of losing business.

No matter what alcohol policies are developed and implemented, many sober people sexually assault women. Programs that focus on eliminating alcohol use by themselves do little, if anything, to address the broader social forces that perpetuate and legitimate sexual assault. A man may stop drinking, but this does not mean that he will no longer be exposed to sexist media, other patriarchal institutions, and pro-abuse male peer groups. For this and other reasons, scholars, practitioners, and activists are increasingly calling for prevention and control initiatives that target macro-level and social psychological factors that motivate men to victimize women.

Walter S. DeKeseredy

See also Athletes/Athletics and Sexual Violence; Male Peer Support, Theory of; Peer Influences on Youth Violence

Further Readings

DeKeseredy, W. S., & Schwartz, M. D. (1993). Male peer support and woman abuse: An expansion of DeKeseredy's model. *Sociological Spectrum, 13,* 393–413.

Fisher, B. S., Sloan, J. J., Cullen, F. T., & Lu, C. (1998). Crime in the ivory tower: The level and sources of student victimization. *Criminology, 36,* 671–710.

Godenzi, A., Schwartz, M. D., & DeKeseredy, W. S. (2001). Toward a gendered social bond/male peer support theory of university woman abuse. *Critical Criminology, 10,* 1–16.

Koss, M. P., & Oros, C. (1982). Sexual Experiences Survey: A research instrument investigating sexual aggression and victimization. *Journal of Consulting and Clinical Psychology, 50,* 455–457.

Schwartz, M. D., & DeKeseredy, W. S. (1997). *Sexual assault on the college campus: The role of male peer support.* Thousand Oaks, CA: Sage.

Schwartz, M. D., & Pitts, V. (1995). Toward a feminist routine activities approach to explaining sexual assault. *Justice Quarterly, 12,* 10–31.

Dating Violence/ Courtship Violence

Dating or courtship violence is a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse perpetrated by an individual against a current or former dating partner. Abuse may include insults, coercion, intimidation, sexual harassment, and threats. The effects of dating violence can last a lifetime, particularly for those who are victims of the abuse in their teens and young adult years.

Occurrence

Dating violence occurs in the intimate relationships of persons in a range of ages, from the preteen years through adulthood. Dating violence can occur in heterosexual and homosexual relationships. Statistics indicate that a majority of reported cases of teen dating violence involve male-on-female violence. One in five teenage girls is a victim of dating violence. The highest rates of intimate violence affect women aged 16 to 24 years. Forty percent of teenage girls 14 to 17 years old report knowing someone their age who has been hurt or beaten by a boyfriend. Fifty percent of dating violence victims report the violence to someone else; of these, 88% report the violence to a friend and 20% to criminal justice authorities.

Teen Dating Violence and Adult Intimate Partner Violence

Teen or young adult dating violence mirrors adult intimate partner violence in several ways. For example, teen dating violence covers the same continuum of different types of abuse as adult intimate partner violence. Also similar to adult intimate partner violence, research shows that ending an abusive relationship is the most dangerous time for the victim. However, teen dating violence is different from adult intimate partner violence in two key ways. First, for teens, who are just starting to develop thoughts on dating and love, recognizing that their partner is controlling or abusive is challenging. Second, once they recognize the abuse, teenagers are less likely to disclose the abuse to anyone due to fear that disclosure may lead to backlash by their peers and/or legal guardians.

Barriers

Confidentiality

Most state laws require teens to obtain parental consent to services and mandate agencies and certain professionals to report any abuse that comes to their attention. Therefore, many teenagers are hesitant to share what is happening in their relationship with service providers, such as teachers and doctors. Teens may not want their parents to know about the relationship or about the abuse. They fear that their parents will call the police or medical professionals for assistance in ending the relationship. Although mandatory reporting laws may not apply to lawyers, seeking legal help may be difficult since attorneys may not be able to represent minors who are not emancipated from their legal guardians.

Shelters and Safety Planning

Many shelters are not equipped to handle teenage victims of dating violence. Therefore, teenagers face different roadblocks in their safety planning than adult intimate partner violence survivors. Safety planning may need to incorporate teachers, school administrators, family members, and friends.

Protection Orders for Teens

Protection orders usually only cover adult relationships. Nineteen states and the District of Columbia extend protection orders to teenagers. In some states, such as California, teenagers can petition the civil court for a protection order with the consent of a parent or legal guardian.

Adult Misconceptions

Research shows that adults often minimize the seriousness of dating violence. They generally fail to recognize the severity of the abuse. Adding to this problem is the fact that teenagers themselves sometimes mislabel the abuse as "passionate love."

Self-Blaming and Peer Pressure

Some teens may blame themselves for the abuse. They may feel that others are judging them and the relationship. Gay and lesbian teens may not be able to tell others about their relationship for fear of "outing" themselves and the consequences that would entail. And some teenagers may stay in a relationship due to peer pressure.

Chaitra P. Shenoy

See also Cycle of Violence; Date and Acquaintance Rape; Intimate Partner Violence; Restraining and Protective Orders

Further Readings

Dating Violence Resource Center. (2002). *Teen dating violence fact sheet*. Retrieved April 27, 2006, from http://www.ncvc.org/ncvc/AGP.Net/Components/documentViewer/Download.aspxnz?DocumentID=38057

Green, C., & Mohlenrich, L. M. (2005). *Dating violence: Can teens access protection orders?* Retrieved April 27, 2006, from http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=42052

National Resource Center on Domestic Violence. (2004). *Teen dating violence: Overview*. Retrieved April 27, 2006, from http://www.vawnet.org/NRCDVPublications/TAPE/Packets/NRC_TDV.pdf

Death Penalty

See Capital Punishment

Decriminalization of Sex Work

From this perspective, the act of selling sex for money is not inherently harmful to women. Advocates for sex workers' rights view consensual sexual activity among adults for money as an occupational choice of individual sex workers who decide to sell sex for money. *Sex work* is a term consciously used by advocates to identify sex for money as legitimate work. To these activists, there is no difference between a woman who chooses to sell her vagina for intercourse and one who sells her hands for dishwashing, her body for modeling, or her brain for calculating.

These advocates posit that to believe that all women in prostitution are exploited is to reject a fundamental feminist principle of valuing and accepting the existence of multiple realities in women's lives. Further, dismissing the claims of sex workers that they are not exploited and are choosing sex work denies their reality, is maternalistic, and serves to silence their voice.

Sex work disturbs the sensibilities of society and is therefore deemed a crime. When prostitution is made a crime, sex workers are oppressed and prevented from exercising their right to self-determination and denied the basic human right to control their own body. Feminists agree that women should control the decision to have an abortion, because each woman's body is her own, but in the same breath will not assign ownership and decision making to a woman who chooses to sell her body for money.

In recent years sex worker rights advocates have argued and lobbied for decriminalization of sex work and for protection of sex workers under a free and democratic society. Their argument is rooted in the American ideal of free choice and free enterprise denied under a society that stigmatizes sex workers and asserts political control over an often misinterpreted and largely misunderstood issue.

Advocates put forth several reasons why sex work among consenting adults is demonized by society. At the core of their argument is the fundamental belief about women and male ownership of a woman's sexuality through marriage or commitment. Sex workers challenge the very system built to maintain this status quo. Because prostitution is one of the few work experiences where women dominate the field financially and challenge beliefs about gender and sexuality, it remains stigmatized and unaccepted. Indeed it is this stigma, labeling, and demonizing by society that creates a perspective and societal milieu that pushes sex work underground where it can be dangerous and psychologically and physically harmful to women.

Policies and Programs Supported by Sex Worker Rights Advocates

Legalization of prostitution is not popular among sex worker advocates because it typically means state control over a woman's activities. To them, legalization may involve new taxes, restrictions, and regulations on when, where, and how to work; mandated licenses and registration; and a host of other costs designed to be financially coercive. Advocates for sex worker rights support the decriminalization of all aspects of adult prostitution, including those who purchase or manage the women involved.

Sex worker advocates acknowledge that although sex work may be a temporary job for some women, all sex workers need proper health care and prevention, awareness, and interventions to keep them safe, healthy, and prosperous. Thus, these advocates support and operate harm reduction programs designed to reduce and/or prevent violence, HIV, and poor health outcomes and to promote health, safety, and overall well-being. Sex worker advocates conduct outreach, operate clinics, and provide needed social services. Beyond direct service with sex workers, advocates engage in local, national, and international advocacy to facilitate discussion; promote sex worker decriminalization; and push for more sex work–friendly agendas in their own communities as well as in other parts of the world.

Reducing Violence Against Women by Decriminalizing Prostitution

Preventing violence against women in sex work is at the forefront of the sex worker rights agenda. However, attempting to rescue women who are not victims is viewed as demeaning and disrespectful to these women. Advocates acknowledge that street-based prostitution, the bottom rung of sex work, is fraught with violence, risks of HIV, poor mental health outcomes, and drug addiction.

While street-based prostitution is estimated to occupy upwards of 30% of all prostitution, most published research is focused on street prostitution and generalized to the experiences of all women in prostitution. Critics argue that this is an unfair and biased reporting of the experience of prostitution.

Advocates believe that violence against women in sex work would be reduced if such work were a legitimate profession in which sex workers were afforded all of the protections of society that women in other professions have. The example of the sexually harassed secretary, who without the protections of workplace policies and the support of society would have to suffer continued victimization at the hands of her employers and other male employees, serves as a case in point. The secretary who is victimized has access to formal complaints and protections under the law.

Decriminalizing sex work is, in the minds of these advocates, the best way to respond to violence against this population of women. Decriminalizing prostitution removes the fear that women have to report the violence inflicted on them to authorities.

Advocates for the Cause

The following are among the trendsetting leaders in the movement regarding sex workers' rights: Robin Few, Margo St. James, Carol Leigh, and Norma Almovodar. Some of the most notable U.S.-led movements have come from Call Off Your Old Tired Ethics (COYOTE), International Sex Worker Foundation for Art, Culture, and Education (IASFACE), St. James Infirmary, and the Sex Workers Outreach Project (SWOP).

Celia Williamson

See also Abolitionist Approach to Prostitution; Prostitution

Further Readings

Jenness, V. (1990). From sex as sin to sex as work: COYOTE and the reorganization of prostitution as a social problem. *Social Problems, 37,* 403–420.

Kinnell, H. (2002). *Why feminists should rethink on sex workers' rights.* UK Network of Sex Work Projects. Retrieved from http://www.nswp.org/pdf/kinnell-feminists.pdf

Pheterson, G. (1990). The category "prostitute" under scientific inquiry. *Journal of Sex Research, 27*(3), 397–405.

Prostitutes Education Network. (2006). *International Committee for Prostitutes' Rights: Human rights.* Retrieved August 10, 2006, from http://www.bayswan.org/ICPRChart.html

Prostitutes Education Network. (2006). *Prostitution in the United States—The statistics.* Retrieved August 10, 2006, from http://www.bayswan.org/stats.html

Scott, M. S. (2006). *Street prostitution.* Retrieved August 15, 2006, from http://www.popcenter.org/Problems/problem-street_prostitution.htm

Simmons, M. (1999). Theorizing prostitution: The question of agency. In B. M. Dank & R. Refinetti (Eds.), *Sex work and sex workers* (pp. 125–148). New Brunswick, NJ: Transaction.

Sloan, L., & Wahab, S. (2000). Feminist voices on sex work: Implications for social work. *Affilia, 15*(4), 457–479.

Vanwesenbeeck, I. (2001). Another decade of social scientific work on sex work: A review of research 1999–2000. *Annual Review of Sex Research, 12,* 242–289.

Delinquency and Dating Violence

A history of delinquency, aggression, or conduct problems is linked to dating violence—defined as physical, sexual, or psychological violence within a dating relationship. However, research on family violence and other kinds of violence and antisocial behavior has been generally conducted separately, and examination of links between these phenomena, especially for teenagers, is relatively new.

Initially, focus on violence between intimate partners was placed exclusively on violence between married partners since it was believed that dating violence, particularly among teenagers, was rare or inconsequential. In the last decade it has become clear that it is neither, as national studies have established more accurate estimates of prevalence and correlates. Since violence between married partners has been linked consistently to patterns of antisocial behavior, investigation of overlap between delinquency, aggression, and dating violence is of interest, especially since both partner violence and antisocial behavior are most prevalent during adolescence and early adulthood.

Prevalence of Dating Violence

Estimates of teen dating violence vary widely. Data gathered in the context of criminal victimization by the National Crime Victimization Survey (NCVS) show low estimates in general, and much higher estimates of victimization reported by teenage females (12.4%) compared to teenage males (1.2%). Other national studies of high school students gathered in the context of a survey of general behaviors, such as the Youth Risk Behavior Survey conducted in 2003 by the Centers for Disease Control and Prevention, have suggested higher and more gender-equivalent estimates, with about 1 in 11 students having reported physical victimization in the past year. Another national estimate of adolescents in high school indicated that almost one third of respondents report experiencing some lifetime dating violence, including psychological and physical violence, again with similar rates for males and females. Other studies of dating violence have reported even higher prevalence rates of some violence in a current dating relationship. Differences in estimates across studies are due to many factors, including different samples, varying confidentiality of responses, time frames, and instrumentation. The most widely used measure to survey partner violence is the Conflict Tactics Scales developed by Murray Straus, which assess the occurrence and frequency of a range of violent behaviors during arguments, ranging from hitting to injuring with a weapon.

Despite earlier focus on male violence perpetration, surveys that include both genders have found that young women and young men indicate similar rates of violence perpetrated and received, and also indicate they are involved in mutual or reciprocal violence. Both men and women display clinically significant levels of relationship violence, that is, at levels that are more typically seen in shelters or court-mandated treatment, although much violence does not fall into that category. It appears that young women are more likely than men to suffer serious harm and to experience sexual violence.

Risk Factors

Many studies have indicated that a history of aggression and antisocial behavior during childhood or adolescence is a risk factor for adult male partner violence perpetration. Longitudinal studies conducted in different contexts and countries also have indicated that delinquency and conduct problems in childhood and adolescence prospectively predict young adult partner violence in both genders (i.e., having experienced conduct problems in youth significantly increases individuals' risk of being in a relationship where dating violence occurs). In general, delinquency and conduct problems are measured by youth or parent report, and not arrest. The much smaller amount of research on teenagers also has suggested that people of both sexes who display violence toward their dating partners are more aggressive than their peers, as well as more likely to display other risk behaviors, including engaging in sex, attempting suicide, and heavy drinking.

Since there is overlap between dating violence and antisocial behavior, it is important to understand the similarities and differences in the risk profiles of adolescents who engage in one or the other or both

behaviors. As is the case with adult partner violence, many variables appear to be linked to dating violence, including personal, contextual, and interpersonal variables of those experiencing violence as well as of the perpetrators. Individual risk factors that cross both sets of behaviors include poor parenting; socioeconomic disadvantage; and, importantly, a history of violence in the family of origin, including physical child abuse and witnessing parental violence. Psychological risk factors are less studied, but also include personality characteristics such as reactivity, impulsivity, and negative emotionality, which may have a genetic basis but could also arise from or be exacerbated by lack of warmth and bonding in early family relationships.

Some studies have tried to elucidate developmental pathways that might link risk factors like experiencing family violence to delinquency, violence, and dating violence. A learning theory approach suggests that early coercive, hostile relationship patterns in the family are learned and carry through into individuals' relationships with their peers and dating partners. Another hypothesis is that exposure to violence in the family leads to failure in adolescents' ability to regulate emotions, especially anger and anxiety, and also difficulties in forming rewarding relationships with others. In addition, adolescents who have been exposed to violence are hypothesized to gravitate toward an aggressive deviant peer group, including opposite sex peers who share similar characteristics and are also ill equipped to negotiate developmentally appropriate intimate relationships.

In the few longitudinal studies that have been conducted, early family risk such as ineffective parenting or exposure to family violence predicted early adolescent antisocial behavior, which then predicted dating violence. Other studies have found that experiences of family violence predict later dating violence, without an intervening history of conduct problems or aggression outside the family. Thus, these behaviors do not completely share an underlying propensity. It appears that dating violence and aggressive behavior are partly overlapping phenomena but are also distinct, and that a history of conduct problems is not a necessary prelude to being in violent dating relationships. Some studies have indicated that having both problems is linked with higher levels of cumulative risk. Both females and males seem to display continuity in aggressive and antisocial behavior at young ages. There is also some evidence of pathways that may differ by gender: Males engaging in partner violence may have more undercontrolled personality histories, whereas females engaging in partner violence may experience more depressive symptoms, and may age out of dating violence at higher rates. Inconsistent and incomplete findings result from the few tests of these hypotheses.

Prevention and Intervention

The continued investigation of theoretically and clinically informed risk factors for dating violence in teenagers should inform prevention and intervention programs. Some researchers feel intervention is premature in view of the still emerging state of research on at-risk teenagers. However, dating violence interventions for high-risk teens, including those who have been victims of child maltreatment or who have witnessed domestic violence between parents, show promising results in modifying teens' cognitions and norms about the acceptability of violence. There is no strong justification for focusing on males exclusively since patterns for males and females are more similar than different. Given the links between delinquency and dating violence, successful delinquency interventions could also modify trajectories toward dating violence, particularly if the target was broader antisocial, aggressive behaviors that included violence to dating partners. It is of special concern that antisocial teens and teens in violent dating relationships also frequently become young parents, thus perpetuating intergenerational transmission of antisocial behavior and relationship conflict.

Carolyn Ann Smith

See also Dating Violence/Courtship Violence; Delinquency and Violence; Intergenerational Transmission of Violence; Prevention Programs, Adolescent Dating Violence

Further Readings

Avery-Leaf, S., Cascardi, M., O'Leary, K. D., & Cano, A. (1997). Efficacy of a dating violence prevention program on attitudes justifying aggression. *Journal of Adolescent Health, 21,* 11–17.

Centers for Disease Control and Prevention. (2006). *Physical dating violence among high school students—United States, 2003.* Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5519a3.htm

Ehrensaft, M. K., Cohen, P., Brown, J., Emailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology, 4,* 741–753.

Giordano, P. C., Millhollin, T. J., & Cernkovich, S. A. (1999). Delinquency, identity, and women's involvement in relationship violence. *Criminology, 37*(1), 17–36.

Halpern, C. T., Oslak, S. G., Young, M. L., Martin, S. L., & Kupper, L. L. (2001). Partner violence among adolescents in opposite-sex romantic relationships: Findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health, 91*(10), 1679–1685.

Hickman, L. J., Jaycock, L. H., & Aronoff, J. (2004). Dating violence among adolescents: Prevalence, gender distribution and prevention program effectiveness. *Trauma, Violence and Abuse, 5,* 123–142.

Lewis, S. F., & Fremouw, W. (2003). Dating violence: A critical review of the literature. *Clinical Psychology Review, 21,* 105–127.

O'Keefe, M. (1998). Factors mediating the link between witnessing interparental violence and dating violence. *Journal of Family Violence, 13,* 39–57.

Simons, R. L., Lin, K.-H., & Gordon, L. C. (1998). Socialization in the family of origin and male dating violence: A prospective study. *Journal of Marriage and the Family, 60,* 467–478.

Straus, M. A. (1990). Measuring intrafamily conflict and violence. The Conflict Tactics (CT) Scales. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 403–424). New Brunswick, NJ: Transaction Press.

Delinquency and Violence

Delinquency is commonly associated with violent behavior. Chances are that when people are asked what they commonly perceive as delinquent behavior, youth violence will not be far from their minds. Although the specter of youth violence has fueled fears about crime generally, and moral panics erupt every so often about so-called superpredators or youth gangs, the vast majority of delinquent behavior is nonviolent. Delinquent behavior generally peaks at around age 16, yet the peak for violent crime comes a little later in the life course. This is not to say that young people under the age of 18 do not commit violent acts—they do—but they do so in fewer numbers than is commonly perceived. This entry discusses not only the extent of violent delinquency in the United States but also the explanations for and public responses to violent delinquency.

The Extent of Violent Delinquency in the United States

Delinquency is an illegal act committed by a minor, and what is known about delinquency has been gleaned from a number of different sources. The first source of data on delinquency is the annual arrest data collated by the Federal Bureau of Investigation (FBI) from most law enforcement agencies in the United States. Recent arrest data show that law enforcement agencies made an estimated 2.14 million juvenile arrests in 2005. In terms of juvenile arrests for violent behavior, there were 95,300 made for violent index crimes—murder, rape, robbery, and aggravated assault—and a further 247,900 arrests made for other assaults. What this means is that in real terms only 4.4% of juvenile arrests were for serious violent offenses, and a further 11.5% were for simple assaults or assaults where no weapon was used.

There are advantages and disadvantages to using official sources of data. The advantage is that one can get a sense of the trends in arrests over time because the data are collated annually. So in terms of violent delinquency the trends of the past two decades illustrate that arrests for serious violent crime peaked in the early 1990s, with the juvenile arrest rate for murder peaking in 1991 at 13.1 per 100,000. Since then, juvenile arrests for violence have decreased markedly, the arrest rate for murder being 3.8 per 100,000 in 2005. There have been similar declines in arrests for other serious violent offenses. For instance, between 1996 and 2005, juvenile arrests for rape declined 25%, while there were declines of 34% and 20% for robbery and aggravated assault, respectively. In terms of arrest then, one can conclude from the available data that violent delinquency has decreased from its high water mark in the early 1990s, though there is a perception that the United States is poised for another increase. While arrest statistics give one a general idea of the trends in violent delinquency, there are a number of drawbacks with respect to relying solely on official data. In the first place the data only count the total number of arrests, which does not account for an individual being arrested multiple times in a year, nor for an individual arrested once, but charged with

multiple offenses. More importantly, official data do not count those who committed illegal acts but who were never arrested.

Self-reports are a second set of data that researchers commonly rely upon for a sense of the extent of violence among minors. Self-report studies are designed to capture the so-called hidden figure of crime, that is, those acts committed but never officially recorded, and they do this by simply asking individuals to self-disclose delinquent acts. Generally, self-report studies have shown delinquency to be more widespread than official statistics would have one believe. There are several notable self-report studies that illustrate the prevalence of violent behavior among young people. For example, Monitoring the Future is an ongoing national sample of 12th graders that is conducted annually by the University of Michigan, and it calculates a violence index, based on how respondents answer five questions about violent behavior. The violence index has remained remarkably stable over time, and it shows that approximately 30% of 12th graders surveyed have engaged in at least one of the five violent acts specified, which range from hitting a teacher to injuring a person badly enough that he or she required medical attention. The latter category, called assault with injury, had an average prevalence of about 12% over the 10-year period from 1988 to 1998. That this prevalence rate is high reveals the disjuncture between official and self-report data, but it is also indicative of the fact that the subjects interviewed had an average age of 18, which is just about the peak age for violent offending. Other self-report studies use different questions to assess the prevalence rate for violence among minors, but their results reveal similar prevalence rates. The National Youth Survey reports an average of 9% prevalence in serious violent delinquency-aggravated assault, gang fights, robbery, and rape among 17-year-olds interviewed in the 1976 and 1982 waves of that longitudinal study.

The self-report studies demonstrate how the arrest data underestimate the prevalence of violence among minors, but as with official statistics, there are drawbacks to relying solely on self-reports. In the first place, there are differences between self-report studies in the questions that they use to ascertain prevalence levels and, in some cases, the questions used focus on trivial offenses. There is also the possibility that respondents may exaggerate their involvement, thus inflating the prevalence levels.

The third variant of data that is used to assess violent delinquency is victimization data, specifically those data reported in the National Crime Victimization Survey (NCVS). The NCVS is collected annually from a large sample of households, and it asks people to report victim experiences. Routinely, the results from the NCVS show that individuals do not report about half of all violent crime, and this holds true for minors as well as adults.

Taken together, these three sources of data illustrate that while only a small amount of delinquent behavior is violent, a large proportion of youth admit to engaging in violent behavior. It is known from studies of desistance that the vast majority of offenders will eventually cease engaging in illegal behavior, but because the peak age for committing violent offenses occurs in the mid- to late teens, it follows that violent delinquency garners a great deal of attention from scholars and policymakers. The former group has proffered a variety of explanations as to why minors engage in violence, while the latter group has come up with ways to prevent and/or reduce juvenile violence.

Explanations for Violent Delinquency

Explanations for the causes of youth violence are plentiful, and this entry concentrates on three broad types of argument: those that advocate structural, cultural, or psychological lines of reasoning. The first category of explanation examines how structural factors are largely what drive youth violence. So, for example, some scholars see violent delinquency as being due to demographics, in that when there is a large generation of teenagers, there will be more crime. However, the simple demographic model has come under criticism in that it failed to predict the steady decreases in youth violence that have occurred from the mid-1990s into the present at the same time as the teenage population has increased. A more widely accepted structural argument concerning violent delinquency is one that views it as an epidemic. This explanation holds that violence behaves in ways similar to disease, and can spread rapidly when a certain mix of factors is in place. So, for example, the much vaunted high water mark of youth violence in the United States in the late 1980s and early 1990s was due to the structural factors that sustained this epidemic, such as the increased availability of guns and the instability of urban drug markets, and levels of youth violence have decreased as the contributory conditions have changed. A final variant of structural

explanations examines the ecological and structural context in which much youth violence occurs. Scholars in this tradition point to the fact that youth violence is concentrated in certain types of neighborhoods, characterized by concentrated disadvantage, low social controls, and low levels of collective efficacy. It is the combination of these ecological factors that allows youth violence to flourish, though not all young people exposed to these conditions commit violent acts. In sum, structural explanations focus more on the aggregate than on the individual, which contrasts with cultural explanations of violent delinquency.

Cultural explanations of youth violence hold that young people engage in violent acts because they are conforming to the norms of their group. Such cultural analyses are used to explain the presence and activities of youth gangs and the violence that is often associated with them. Though there are several variants of the cultural approach, the most widespread are those that argue for a subculture of violence, and those that view violence as part of a wider cultural adaptation to a marginal status. The subculture of violence theory argues that cultural norms and values, particularly among lower class people, call for the use of violence in certain social situations, and violence is thus normative for people socialized into this culture. The cultural adaptation approach is a variation on the subculture of violence explanation and holds that many people adapt to a marginal social position by imbuing a tough reputation and the maintenance of respect with an elevated status. One must maintain one's reputation by violent means if necessary, and similarly, any disrespect must be met with violence or the threat thereof. This so-called street code then explains how high levels of violence endure in many low status neighborhoods. Subcultural explanations of violent delinquency, and of gang violence especially, have proven popular and controversial in equal measure. The chief criticism of the cultural approach is that it overstates the normative nature of violent behavior and overestimates the extent of immersion in an oppositional culture on the part of subjects.

Psychological explanations form a third major approach commonly used to account for youth violence. Psychological explanations focus on the individual and explain youth violence as being due to an excess of risk factors for violent behavior over protective factors that inhibit such acting out. Common risk factors that can predispose individuals to violence are exposure to violence, being a victim of violence, and displaying early antisocial behavior. Several scholars in the psychological camp argue that violence is an adaptation to risk factors, which can cause future problems for the individual but which also is an alternative to depression or other self-destructive behaviors. A frequent criticism of psychological explanations is that they underplay the fundamentally situated and group nature of much violent delinquency.

Public Policy Responses

Violent delinquency is an area of periodic controversy, and public policy responses tend to reflect this fact in that they have been mainly reactive and punitive in the recent past. As levels of violent delinquency rose to their high point in the early 1990s, the most widespread policy response became the waiver system, in which cases involving minors are waived from the jurisdiction of juvenile to adult courts. All states have juvenile waiver laws for certain serious violent crimes, usually homicide and robbery, and this has resulted in a more punitive approach being taken toward violent delinquents. Trying juveniles as adults and incarcerating them in the adult prison system has not been effective in reducing recidivism, though advocates argue that the deterrent effect has been instrumental in reducing rates of violent delinquency.

A second type of delinquency intervention program that has been linked with some success is the intensive parole and probation programs that formed the mainstay of the so-called Boston model. In this approach, authorities singled out the youth most likely to be violent, who were either on probation or being paroled from juvenile detention, and they aggressively monitored them and attempted to build upon their prosocial attachments in terms of education and employment. The program, which entailed multiagency cooperation, claimed success in that there were no youth homicides in Boston over an 18-month period. Though the Boston model has been imitated elsewhere, the successes have not been as spectacular.

There are other approaches that are reactive but less punitive, such as the use of restorative justice approaches, including shaming circles. These programs are designed as alternatives to the conventional juvenile justice system and require that the juvenile offender encounter the people that she or he has wronged and, in many cases, make reparation and restitution to them. Though restorative justice is more commonly used for nonviolent crimes, it is

increasingly being employed in cases of violent delinquency, with mostly positive results in terms of recidivism and victim satisfaction.

Though it is uncertain as to whether the punitive turn has had the desired effects with regard to reducing violent delinquency, being tough on young violent offenders is still the predominant policy response in the United States.

Patrick J. Carr

See also Community Violence, Effects on Children and Youth; Gang Violence; Moral Panics; Prevention Programs, Youth Violence; Restorative Justice; Subculture of Violence; Youth Violence

Further Readings

Butts, J. A., & Snyder, H. N. (2007, Spring). Where are the juvenile crime trends headed? *Juvenile and Family Justice Today,* pp. 16–21.

Cook, P. J., & Laub, J. H. (1998). The unprecedented epidemic in youth violence. In M. Tonry & M. H. Moore (Eds.), *Youth violence* (pp. 27–64). Chicago: University of Chicago Press.

Cook, P. J., & Laub, J. H. (2002). After the epidemic: Recent trends in youth violence in the United States. In M. Tonry (Ed.), *Crime and justice: A review of research* (pp. 1–29). Chicago: University of Chicago Press.

Satcher, D. (2001). *Youth violence: A report of the surgeon general.* Washington, DC: U.S. Department of Health and Human Services.

Department of Homeland Security, Asylum

Every year, thousands of people come to the United States seeking asylum. Asylum is given to those individuals fleeing persecution on account of their race, religion, national origin, political opinion, or membership in a particular social group. A person seeking asylum must do so within a year of his or her arrival in the United States. Those granted asylum must stay in that status for 1 year before they are allowed to file for lawful permanent residency status. Although the standard asylum seekers must meet is governed by the law defining *refugee,* asylum status differs from refugee status in that people seeking asylum file applications from within the United States or at the border, while refugees are identified and file for refugee status while outside of the United States. However, in both categories applicants must prove that they qualify under one of the previously listed categories of persecution.

There are two pathways to asylum: affirmative and defensive. The affirmative process is when an applicant seeks asylum by filing his or her own application with the United States Citizenship and Immigration Services (USCIS). The asylum seeker affirmatively initiates contact with the Department of Homeland Security (DHS). The asylum seeker has not been picked up by DHS and placed in immigration removal (formerly deportation) proceedings before an immigration judge. The defensive process involves applicants who are in removal proceedings. These applicants must request asylum before an immigration judge during these proceedings.

Affirmative Process

Applicants fill out a USCIS application form, attach relevant supporting material/documents, and send it to the USCIS Service Center that has jurisdiction over their place of residence. Asylum applicants may also include applications for their spouse and/or children in their applications. Once the Service Center has received the forms, it will send the applicant a notice acknowledging receipt of the application. Applicants then go through a security check. After the applicant passes the background check, interviews are scheduled with an asylum officer. If an applicant is applying for others as well (e.g., his or her spouse and/or children), then the others must also attend the interview. In this interview, the applicant must prove that he or she meets the definition of *refugee.* To do so the applicant must prove that he or she was persecuted on account of race, religion, nationality, political opinion, or membership in a particular social group. After the asylum officer has a chance to review and discuss the interview with supervisory officers, the applicant returns to the asylum office to receive a decision. If asylum is approved, the applicant receives a final approval letter. If asylum is denied, the applicant will either be referred to an immigration court for removal or receive a notice of intent to deny asylum. The decision on whether to send an applicant to immigration court depends on what his or her immigration status is at the time asylum is denied.

Defensive Process

Immigration judges hear asylum applications in the context of "defensive" asylum proceedings where applicants request asylum as a defense against removal from the United States. Immigration judges hear such cases in courtroom-like proceedings. The immigration judge hears both the applicant's side and the government's side of the case, and then makes a determination of eligibility for asylum. If the applicant is not found eligible for asylum, the immigration judge determines whether the applicant is eligible for any other forms of relief from removal. If the immigration judge determines that there is no other relief available, the individual is ordered removed from the United States.

If applicants are denied asylum after having filed either an affirmative or defensive asylum application, they are entitled to have their denial reviewed by the Board of Immigration Appeals (BIA), the immigration appeals court. If their claim is denied by the BIA, the asylum applicant can appeal the case to a United States Circuit Court of Appeals for what is usually a final decision. The appeals process can be lengthy and very costly, so most asylum seekers do not pursue this path. Additionally, people seeking asylum have no legal right to an attorney. Many of those denied often cannot afford the expensive legal representation it can take to have an asylum application granted. Furthermore, asylum offices do not provide interpreters for applicants. Many applicants speak little to no English, may not be able to understand American accents, may have difficulty getting their thoughts across in English, and may not be able to afford or find proper interpreters. Worthy asylum seekers, who genuinely fear returning to their countries of origin, may be unable to access asylum because they lack access to interpreters and/or legal representation.

Asylum seekers can also come to the United States across borders or through various other ports-of-entry. If they are undocumented, many stopped by immigration officials may be subject to *expedited removal*—a method of removing people without allowing them the opportunity to plead their case in court. However, some people subject to expedited removal are genuine asylum seekers fleeing persecution. Because of the circumstances of their flight from their homes, they may have arrived in the United States with no documents or with fraudulent documents.

Any person subject to expedited removal who raises a claim for asylum—or expresses fear of removal—will be given the opportunity to explain his or her fears. Immigration officers are required to ask people about their fears. This requirement was created based on an understanding that unless asked, many asylum seekers may be afraid to reveal details about the persecution they have suffered.

Leslye Orloff and Amanda Baran

See also Department of Homeland Security and Immigration Services; Refugee/Asylee

Web Sites

Department of Homeland Security: http://www.dhs.gov
U.S. Citizenship and Immigration Service: http://www.uscis.gov

Department of Homeland Security, Response to Battered Immigrants and Immigrant Victims of Violence Against Women

In 1986, Congress enacted the Immigration Marriage Fraud Amendments (IMFA) to deter marriage-related immigration fraud. In an effort to ensure that lawful permanent resident status was granted only to immigrant spouses in valid marriages to U.S. citizens, IMFA required that immigrant spouses who obtained permanent residence based on a marriage to a U.S. citizen or lawful permanent resident fulfill a 2-year conditional residence requirement before being granted lawful permanent residence. The law required a joint petition to be filed 90 days before the expiration of the 2-year conditional resident status period, possibly followed by a joint interview with a Department of Homeland Security (DHS) official.

For immigrant victims of domestic violence, the joint filing requirement proved difficult. Immigrant women who were being abused remained in dangerous and abusive relationships in order to fulfill the joint filing requirement. In 1990, Congress enacted the first piece of federal legislation designed to help immigrant domestic violence victims—the *battered spouse waiver.* The waiver allowed battered immigrants to file an application for the purpose of removing the conditions on their permanent residence without the knowledge or assistance of the abusive spouse.

A range of additional legal remedies now exists to aid battered immigrants and immigrant victims of violence against women. The Violence Against Women Act (VAWA) of 1994, which was amended and expanded through VAWA II in 2000 and VAWA III in 2005, contains several provisions designed to prevent abusers from using immigration as a tool to control their victims. The VAWA self-petition is an important form of relief that service providers, health care providers, and justice system personnel and counselors need to be familiar with so that they can educate immigrant victims who qualify about the forms of access to legal immigration status that have been created to help immigrant victims of violence against women. The VAWA self-petition enables a battered immigrant to obtain lawful permanent resident status without the help, knowledge, or cooperation of her U.S. citizen or lawful permanent resident abusive spouse or parent. The filing of this self-petition can occur at any time and, due to the changes in 2000, can even occur after a divorce if the petition is filed within 2 years of the divorce and if the divorce was related to the abuse. Approval of a VAWA self-petition provides the immigrant victim access to work authorization, protection from deportation, and ultimately access to legal permanent residency status, which is a required precursor to applying for U.S. citizenship status. VAWA 2005 extended the benefits of VAWA self-petitions to abused parents of U.S. citizen adult sons and daughters.

Changes to VAWA in 2000 created additional remedies for survivors of violence. Congress created two new nonimmigrant visas to help battered victims and immigrant victims of sexual assault, trafficking, and other violent crimes. The first nonimmigrant visa is the U-visa, also known as a crime victims' visa. An applicant must prove that she has been a victim of a certain type of serious crime, has suffered substantial physical or mental abuse as a result of the crime, has information about the crime, and can provide a certification from a law enforcement official, prosecutor, judge, or other government official (e.g., the Equal Employment Opportunity Commission, or EEOC) that the victim has been, is, or is likely to be helpful in investigating or prosecuting criminal activity. The other type of nonimmigrant visa is the T-visa. An applicant must prove that she has been a victim of a severe form of trafficking and has either complied with any reasonable request for assistance in the investigation or prosecution of trafficking or has not yet turned 15 years old. Both applications require law enforcement involvement, but only the U-visa requires a law enforcement letter or affidavit. If either the U-visa or the T-visa is approved, the applicant may be eligible to apply for lawful permanent resident status under certain circumstances.

Self-Petitions Under the Violence Against Women Act

VAWA of 1994 created a way for victims to obtain lawful permanent residency without depending on their abusive husbands or parents to apply for such residency. This form of relief is known as a VAWA self-petition. If an immigrant woman is or was married, and her husband has abused her or her child, she may qualify for this relief. Unmarried children under the age of 21 who are being or were abused by a parent who is a citizen or a lawful permanent resident are also eligible for VAWA relief. Those who were abused while under the age of 21 may file a VAWA self-petition while they are still minors, or their nonabusive parents may file for them. Children have until the age of 25 to file a VAWA self-petition so long as they were abused when they were under 21 years of age. VAWA relief is only available to women and children whose abusive husbands or parents are U.S. citizens or lawful permanent residents. Nonabusive immigrant parents whose citizen or lawful permanent resident spouse has abused the immigrant parent's natural or adopted child or stepchild can also file a VAWA self-petition so that they can come forward without fear of deportation to protect their child. The nonabusive immigrant parent can qualify for a VAWA self-petition without regard to the immigration or citizenship status of the abused child.

A victim may be eligible for a self-petition if she is

1. married to a U.S. citizen or a lawful permanent resident, or
2. was divorced less than 2 years ago from a U.S. citizen or lawful permanent resident spouse, or
3. the child of a U.S. citizen or lawful permanent resident.

Additionally, a victim

4. must live in the United States, or
5. if living abroad,
   a. must have been abused in the United States, or
   b. her abusive spouse or parent must either be an employee of the U.S. government or a member of the U.S. armed forces.

Furthermore,

6. a victim or her child must have been physically or sexually abused or suffered extreme cruelty perpetrated by her citizen or lawful permanent resident husband or parent.

If a victim qualifies for a self-petition she will be able to obtain a "green card" (permanent residence in the United States) without her abuser's help or knowledge.

Crime Victims' Visas

In October of 2000, Congress created an immigration remedy that expanded the categories of victims covered by VAWA. This remedy, the U-visa, offers legal immigration status to immigrant victims of domestic violence, sexual assault, trafficking, and other violent crimes. This visa is especially helpful to victims abused by intimate partners who are not spouses, or by spouses or parents who are not citizens or lawful permanent residents. It also helps those victims whose abusers are employers, other family members, or strangers. The immigration status of the abuser is not a factor in the U-visa case. The abuser or crime perpetrator can be undocumented, a diplomat, a person with a legal work visa, a citizen, or a permanent resident.

To qualify for a U-visa a victim must prove

1. substantial physical or emotional abuse from criminal activity,
2. possession of information about the criminal activity,
3. that the criminal activity occurred in the United States or otherwise violates U.S. law.

In addition, a victim must obtain a certification from law enforcement stating that she has been, is likely to be, or is being helpful to an investigation or prosecution of criminal activity. The certification must come from a federal, state, or local law enforcement official, prosecutor, judge, or EEOC officer investigating or prosecuting the criminal activity.

A victim must have been the victim of at least one of the following criminal activities: rape, torture, trafficking in persons, incest, domestic violence, sexual assault, prostitution, female genital mutilation, being held hostage, peonage, involuntary servitude, slave trade, kidnapping, abduction, false imprisonment, blackmail, extortion, manslaughter, murder, felonious assault, witness tampering, obstruction of justice, perjury or attempt, conspiracy, or solicitation to commit any of these crimes. A victim must be willing to cooperate in the investigation or prosecution of criminal activity committed against her. Usually this will require a victim to make a police report and a willingness to speak with law enforcement about the crime.

A victim may apply for the U-visa as soon as she gets the needed certification and can gather the proof of the substantial physical or emotional abuse she has suffered. The goal of the U-visa protections is to encourage immigrant victims to come forward and cooperate in criminal investigations as well as prosecutions. U-visas are available even if the criminal case has not yet been filed, if prosecutors decide not to file the criminal case, if the perpetrator cannot be found, if a case is filed and the applicant is not needed as a witness, or if the abuser is not ultimately convicted of the crime. Applicants' children can also receive U-visas.

Leslye Orloff and Amanda Baran

See also Department of Homeland Security and Immigration Services; Domestic Violence Among Immigrant Women; Immigrant and Migrant Women; Violence Against Women Act

Further Readings

Bui, H. N. (2004). *In the adopted land: Abused immigrant women and the criminal justice system.* Westport, CT: Praeger.

Raj, A., Santana, M. C., & Orloff, L. E. (Eds.). (2007). Gender-based violence against immigrant women in the United States [Special issue]. *Violence Against Women, 13*(5).

Raj, A., & Silverman, J. G. (2002). Intimate partner violence against immigrant women: The roles of immigrant culture, context, and legal status. *Violence Against Women, 8*, 367–398.

Department of Homeland Security and Immigration Services

On November 25, 2002, President George W. Bush signed the Homeland Security Act of 2002 into law. This law transferred the Immigration and Naturalization

Service's (INS's) functions to the new Department of Homeland Security (DHS). DHS then created three separate bureaus: United States Citizenship and Immigration Services (USCIS), United States Immigration and Customs Enforcement (ICE), and United States Customs and Border Protection (CBP). As of March 1, 2003, the former Immigration and Naturalization Service was dismantled, and its functions delegated to DHS.

USCIS is the immigration services branch of DHS. It processes applications for immigration benefits filed by immigrants filing affirmative applications for immigration benefits. These include family-based petitions, employment-based petitions, asylum and refugee processing, document issuance and renewal, and other special status programs. Immigrants come into contact with USCIS regularly. For example, those who have had family-based petitions filed on their behalf, or who are filing family-based petitions for others, route their paperwork through this branch. Those filing applications for lawful permanent residency and refugees and asylees have their paperwork processed by this branch. Most notably, immigrants who are or have been victims of violence send their applications (VAWA self-petitions, U-visa applications, and T-visa applications) to a specialized unit within the Vermont Service Center. This unit is staffed by adjudicators who have been trained on the different aspects of violence and how it operates in intimate and nonintimate relationships. Sending these sensitive types of applications to a well-trained group of adjudicators makes the immigration process more efficient, impartial, and safer for victims.

ICE is the enforcement and investigative branch of DHS. Among its duties are operating detention centers, putting immigrants into removal proceedings, investigating immigration crimes, and investigating human trafficking and smuggling. Immigrant victims can come into contact with ICE in a variety of ways. ICE officers regularly identify women who are trafficked for commercial sex or labor purposes through their investigations and sting operations. Sometimes ICE officers acting on "tips" from abusers will arrest undocumented immigrant women who are eligible for or have pending VAWA self-petitions and U-visa applications. To stop these practices, Section 384 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 prohibits an adverse determination of an immigrant victim's deportability from being made using information gathered solely from an abuser. Additionally, immigrants seeking asylum, or who have VAWA, U-visa, or T-visa immigration relief available to them, can be detained at U.S. ports of entry by ICE after they have passed through immigration inspection. Some of these victims are removed expeditiously, without any opportunity to plead their case before a judge, in a practice known as *expedited removal.*

CBP patrols and secures the U.S. land and ocean borders. Its articulated mission is to enforce all applicable U.S. laws and keep terrorists and their weapons from entering the United States while welcoming all legitimate travelers and trade. CBP officers are the immigration inspectors who examine the documents of visitors to the United States through a program called US-VISIT. For many immigrants seeking asylum or who have VAWA, U-visa, or T-visa immigration relief available to them, CBP is the first point of contact they have with the immigration system.

Leslye Orloff and Amanda Baran

See also Department of Homeland Security, Asylum; Department of Homeland Security, Response to Battered Immigrants and Immigrant Victims of Violence Against Women; Immigrant and Migrant Women; Refugee/Asylee

Further Readings

U.S. Customs and Border Patrol. (n.d.). *CBP: Securing America's borders.* Washington, DC: Author. Retrieved from http://www.cbp.gov/xp/cgov/border_security/antiterror_initiatives/border_sec_initiatives_lp.xml

U.S. Department of Homeland Security. (2007). *DHS US-VISIT program.* Retrieved from http://www.dhs.gov/dhspublic/interapp/content_multi_image/content_multi_image_0006.xml

Depression

Depression is a common aftereffect of abuse and violence. The Commonwealth Fund Adolescent Health Survey found that physically and sexually abused girls were five times more likely to report depressive symptoms than nonabused girls. In a primary-care sample, 65% of sexually abused women reported feeling blue or depressed compared with 35% of nonabused women. And in a study of chronic pain in primary-care patients, women with a history of child

or domestic abuse were significantly more likely to be depressed than a matched group of nonabused women. Unfortunately, depression can lead to poor health in abuse survivors.

Immune Dysfunction in Depression

For several years, researchers considered depression to be primarily immunosuppressive. More recent studies indicate that depression causes an immune dysfunction, meaning that some aspects of immunity are suppressed, while others are elevated. For example, depressed people have fewer lymphocytes, making them more vulnerable to infection. However, depressed people also have elevated levels of inflammation—and this increases the risk of disease.

How Depression Influences Health

A number of significant health problems have been associated with depression, including coronary heart disease, chronic pain syndromes, premature aging, impaired wound healing, and Alzheimer's disease. The National Comorbidity Study found that childhood physical abuse, sexual abuse, and neglect increased the risk of cardiovascular disease ninefold. In this study, however, it was trauma history, rather than depression, that accounted for the increased risk of cardiovascular disease.

Although these findings are still preliminary, depression is something that must be identified and treated in abuse survivors to effect a positive impact on their health.

Kathleen Kendall-Tackett

See also Adult Survivors of Childhood Abuse; Health Consequences of Child Maltreatment; Health Consequences of Intimate Partner Violence

Further Readings

Batten, S. V., Aslan, M., Maciejewski, P. K., & Mazure, C. M. (2004). Childhood maltreatment as a risk factor for adult cardiovascular disease and depression. *Journal of Clinical Psychiatry, 65,* 249–254.

Campbell, J. C., & Kendall-Tackett, K. A. (2005). Intimate partner violence: Implications for women's physical and mental health. In K. A. Kendall-Tackett (Ed.), *Handbook of women, stress and trauma* (pp. 123–140). New York: Taylor & Francis.

Hulme, P. A. (2000). Symptomatology and health care utilization of women primary care patients who experienced childhood sexual abuse. *Child Abuse & Neglect, 24,* 1471–1484.

Kendall-Tackett, K. A. (2003). *Treating the lifetime health effects of childhood victimization.* Kingston, NJ: Civic Research Institute.

Kendall-Tackett, K. A., Marshall, R., & Ness, K. E. (2003). Chronic pain syndromes and violence against women. *Women and Therapy, 26,* 45–56.

Kiecolt-Glaser, J. K., & Glaser, R. (2002). Depression and immune function: Central pathways to morbidity and mortality. *Journal of Psychosomatic Research, 53,* 873–876.

Kop, W. J., & Gottdiener, J. S. (2005). The role of immune system parameters in the relationship between depression and coronary artery disease. *Psychosomatic Medicine, 67,* S37–S41.

Developmentally Disabled Sex Offenders

The term *developmental disability* (DD) when applied to sex offenders is largely synonymous with the terms *intellectual disability, mental retardation,* and *learning disability.* These descriptors are used to refer to sex offenders who have IQ scores below 70 and who display concurrent deficits in adaptive behavior. There are particular challenges in the service delivery, assessment, and treatment of sex offenders with DD.

It wasn't too long ago that this group was labeled "feebleminded imbeciles" and thought to be untreatable. As such, little attempt was made to provide them with even basic human rights, let alone understand their abilities, disabilities, or behavior. Through a change in professional and societal views, the knowledge base regarding sexual offenders with DD has grown extensively in the last 25 years. Clinical efforts initially worked on adapting the approaches used with mainstream offenders, often with limited success.

In the past 10 years, the clinical and research focus has moved to the development and evaluation of specific assessment and intervention approaches for individuals with DD. This approach has yielded a plethora of theoretical, clinical, and ethical advancements in the treatment of sex offenders with DD.

When working with individuals with DD it is important to identify their strengths and developmental

challenges in order to provide successful assessment and intervention. Individuals with DD display a range of information-processing deficits. These may include difficulties with attention, memory, and language comprehension. Cognitive and language deficits should be comprehensively assessed and incorporated into individualized assessment and treatment strategies. This may limit the use of complex language and self-report questionnaires and increase the need for multimodal presentation of information (i.e., pictorial or visual presentation). In addition, a comprehensive assessment should include information regarding personal history, social history, psychiatric history, offending history, coping strategies, and cognitions.

A range of treatment approaches have been utilized with DD sexual offenders. There is very little research evidence for the efficacy of psychopharmacology approaches. Behavioral approaches have been used to teach self-control techniques, improve social/sexual skills, and decrease inappropriate arousal. Cognitive-behavioral approaches have received the most empirical validation. These approaches apply behavioral methods in conjunction with challenging cognitive distortions regarding the offense (e.g., minimization or denial). This work is tailored from the relapse prevention literature and has been developed specifically for DD offenders. There is some evidence that treatment programs of greater than 1 year duration are better at reducing recidivism than shorter programs.

A range of etiological models have been developed to help explain sexual offending in this population. They include impulsivity models, sexual abuse theories, deviant sexual interests and arousal patterns, lack of sexual knowledge, and poor social skills.

Jeff Salt

See also Sex Offenders

Further Readings

Lindsay, W. R., Michie, A., Whitefield, E., Martin, V., & Grieve, A. (2006). Response patterns on the Questionnaire on Attitudes Consistent with Sexual Offending in groups of sex offenders with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities, 19,* 47–53.

Lindsay, W. R., Taylor, J. L., & Sturmey, P. (2004). *Offenders with developmental disabilities*. Chichester, UK: Wiley.

Diminished Capacity Defenses

See Insanity Defense

Disability and Pornography

Pornography is any medium that depicts erotic behavior for the sake of sexual arousal. This controversial subject is most often associated with magazines and movies but also includes books, art, cartoons, and other media. With the advent of Internet-based media and commerce, the pornography industry has expanded into cyberspace, thus allowing for greater product accessibility while maintaining relative user anonymity.

One of the many genres of pornography is pornography depicting people with disabilities. This genre, which spans nearly every media type, displays people with a wide range of disabilities engaged in sexual acts alone or with others. Most often, in this type of pornography people with physical disabilities play characters with disabilities, those with amputated limbs, who use wheelchairs, or who have vision impairment; however, people without disabilities have also been cast to play characters with disabilities. Overall, women with disabilities are more prevalent in the industry than men.

With respect to interpersonal violence, a critical feminist perspective views pornography as degrading, oppressive, and exploitive for women, as they are objectified for the sake of sexual arousal of pornography consumers, who are mostly men. This male-centered objectification ultimately promotes inequality and subjugation, which are seen not only as forms of violence but also as pathways to other types of abuses such as physical and emotional abuse. When considering women with disabilities in pornography, this critical view is expanded, as women with disabilities are perceived to be more vulnerable and therefore in greater danger of sexual abuse, exploitation, and subjugation.

Other feminist perspectives view disability pornography differently. Many sex-positive feminists tend to believe that everyone should have freedom to make their own sexual choices, including accepting a broad array of human sexuality, which includes pornography. In this view, pornography is but an

avenue for individuals to freely display their sexuality, both in creating it and in using it. From this perspective, people with disabilities participating in the pornography industry are exerting their sexual freedom by displaying their sexuality in ways they choose. Therefore, pornography tends not to be viewed as a violent act toward women with disabilities, as they, like all others participating, are displaying their sexual power and freedom.

Third-wave feminism tends to view pornography more pluralistically, as it may have both beneficial and damaging effects at the same time. For example, women with disabilities who participate in pornography may benefit others by reducing the social stigma where people with disabilities are viewed as asexual, unattractive beings. Conversely, by participating in pornography, women with disabilities may promote the emotional and physical abuse of women with and without disabilities. This feminist view differs from others, as it does not present a dichotomy, where pornography is either good or bad. Instead, it acknowledges that those participating in its creation may interpret the pros and cons differently, thus leaving the interpretation to the participant women.

Disability, Sexual Abuse, and Pornography

Exploring the topic of disability and pornography from the various feminist perspectives allows for a broad discussion; however, those with disabilities and the practitioners working in the field tend to be more focused on pornography's impact on sexual abuse. In fact, it is widely accepted that the presentation of pornography to people with disabilities, without their informed consent, is a form of sexual abuse. Those most vulnerable to such abuses tend to include people with intellectual and/or developmental disabilities (ID/DD). This higher risk can be attributed to a variety of factors, including communication difficulties, lack of understanding about the event or its legality, desire for acceptance, power differentials, and/or fear. Similarly, as identified in the literature, pornography usage by people with disabilities, particularly those with ID/DD, may be an indicator of sexual abuse.

Derek Nord

See also Acrotomophilia; Sexual Abuse

Further Readings

Benjamin, J. (1983). Master and slave: The fantasy of erotic domination. In A. Snitow, C. Stansell, & S. Thompson (Eds.), *Powers of desire: The politics of sexuality* (pp. 460–467). New York: Monthly Review Press.

Dworkin, A. (1990). *Pornography: Men possessing women.* New York: Dutton.

Elman, A. R. (1997). Disability pornography: The fetishization of women's vulnerabilities. *Violence Against Women, 3*(3), 257–270.

Heywood, L., & Drake, J. (Eds.). (1997). *Third wave agenda: Being feminist, doing feminism.* Minneapolis: University of Minnesota Press.

MacKinnon, C. A., & Dworkin, A. (1997). *In harm's way: The pornography civil rights hearings.* Cambridge, MA: Harvard University Press.

McElroy, W. (1995). *XXX: A woman's right to pornography.* New York: St. Martin's Press.

Queen, C. (1996). *Real live nude girl: Chronicles of sex-positive culture.* Pittsburgh, PA: Cleis Press.

Sobey, D. (1994). *Violence and abuse in the lives of people with disabilities.* Baltimore, MD: Paul H. Brookes.

Waxman-Fiduccia, B. F. (1999). Sexual imagery of physically disabled women: Erotic? Perverse? Sexist? *Sexuality and Disability, 17*(3), 277–282.

Dissociation

Dissociation is a neurophysiological process by which individuals become disconnected from their behavioral, affective, cognitive, or sensory reality. This process occurs for some individuals when they are in a terrifying situation and have no perceived means of escape. This is one of two primary neurophysiological processes that occur when individuals are confronted with a terrifying situation and is associated with a "freeze" response. The other process is better known as the fight-or-flight response. The dissociative response is more typical of females, and the fight-or-flight response is more typical of males. Certain individuals appear to have a greater genetic predisposition to dissociate under terrifying conditions. Children are especially prone to dissociation.

Dissociative experiences encompass a continuum of internal states, ranging from the most basic daydreaming on one end of the continuum to dissociative identity disorder (formerly multiple personality disorder) on the other. Dissociative experiences so problematic as to be considered maladaptive are labeled

dissociative disorders. These experiences can be isolated or repetitive. In dissociative fugue, individuals suddenly and unexpectedly travel away from home and assume a new identity without being able to recall their previous identity. In dissociative amnesia, individuals cannot recall essential information about themselves, often of a traumatic nature. Depersonalization disorder occurs when individuals' sense of their own reality is temporarily lost or distorted, as when individuals experience themselves as being in a dream or outside their body.

Dissociative Identity Disorder

Dissociative identity disorder is the most serious dissociative disorder. When children respond to repeated terrifying experiences by dissociating, they find it progressively easier to move into a dissociative state. Over repeated episodes of abuse, this state may develop its own unique knowledge or history of the abuse as well as its own sensory, affective, and behavioral realities. When these four realities converge within a single state, individuals typically experience this state as a unique identity or personality that is capable of taking control over behavior. Individuals may or may not be aware of this personality state. Once individuals are able to develop a single personality state, they also become capable of developing multiple personality states. Thus, most individuals with dissociative identity disorder have more than one personality state. Although treatment for individuals with the disorder is typically long term, the disorder can be resolved over time with appropriate therapeutic attention to the incipient traumas. Successful treatment can culminate with complete integration of personality states or with multiple personality states that have learned to coexist in harmony with the individual.

Rebecca M. Bolen

See also Adult Survivors of Childhood Abuse; Child Exposure to Intimate Partner Violence; Complex Trauma in Children and Adolescents

Further Readings

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text rev.). Washington, DC: Author.

Silberg, J. L. (2000). Fifteen years of dissociation in maltreated children: Where do we go from here? *Child Maltreatment, 5,* 119–136.

Divorce and Intimate Partner Violence

Intimate partner violence (IPV) has consistently been shown to be a strong predictor of relationship dissolution. Research generally finds that a majority of victimized women leave their abusive partner within 2 years of marriage. One research group found that couples with a history of IPV were twice as likely as couples with no history of IPV to be separated after 2 years. Consistent with existing literature, this study also found that severe violence was more strongly related to relationship dissolution than was moderate violence. Similar to nonviolent divorces, the process of leaving a violent relationship may be characterized by self-doubt and a decision to return to the partner. The literature suggests that a majority of people who ultimately leave their violent partner will reunite with the aggressive partner at least once. Reasons victimized women give for returning to the relationship often relate to the perpetrator apologizing, expressing remorse, and promising to change.

In addition to being a determinant of relationship separation, IPV has also been found to be a consequence of or exacerbated by separation. Indeed, victimized women frequently endorse fear of retaliation and increased violence as major reasons for remaining in abusive relationships. This fear may be warranted; separation is predictive of continued violence and increases the frequency and severity of violence. Moreover, many nonviolent relationships become violent at the time of separation. At the extreme, separation has been identified as a risk factor for lethal violence, including being killed by an intimate partner. Recent estimates suggest that, compared to married women, separated women are five times more likely to be murdered.

Barriers to Leaving a Violent Relationship

In addition to the threat of continued violence, several other factors have been associated with the decision to stay in or leave a violent relationship. Women with more financial independence (e.g., personal income,

employment) are more likely to leave a violent relationship than economically disadvantaged women. Additionally, women who are less invested in the relationship (e.g., in terms of resources, time, love for their partner) and who exhibit fewer positive feelings toward their violent partner are more likely to leave their abuser. The size and quality of women's social support network is positively related to leaving and not returning to a violent relationship. The receipt of psychological abuse has also been implicated as a barrier to leaving a physically violent relationship. Psychologically abused partners may lose feelings of self-worth and assertiveness, possibly making it even more difficult for them to leave the relationship.

The decision to leave a violent relationship is considerably more complicated when children are involved. In addition to coping with the stressors of single parenthood (e.g., income, employment, child care), women separating in the context of victimization are at an increased risk of being revictimized during visitations and frequently worry about the safety of their children. Violent partners often use custody threats and threats to abduct or otherwise harm the children as a form of manipulation.

Based on the aforementioned difficulties with leaving a violent relationship and on the finding that women often separate from abusive partners, the focus should not be on why individuals stay in abusive relationships, but rather on what gives them the ability to leave.

Postseparation Psychological Well-Being

It is generally assumed that psychological distress improves after leaving a violent relationship. While mental health tends to improve over time, research suggests that problems such as depression, anxiety, and posttraumatic stress disorder persist for months after exiting a violent relationship. This is likely the result of a combination of the lingering effects of the erstwhile abuse, the continued threat of physical and psychological aggression, and the stressors associated with leaving any relationship, albeit a violent one. This has important implications for how mental health workers treat individuals who have left or are contemplating leaving an abusive relationship. Treatment should usually persist well after the violent relationship has ended. In addition to helping abused individuals process and cope with their erstwhile abusive relationship, mental health workers should also assist with newly acquired situational stressors (e.g., child care, finances).

Cultural Influences

A person's decision to stay or leave a violent relationship is likely influenced by that person's cultural and religious beliefs. For example, studies have shown that Hispanic women tend to more strictly interpret gender roles and have a strong belief in the sanctity of marriage, suggesting they may have less of an inclination to leave a violent relationship. In addition, Asian women and men may be less likely to seek help from community resources for fear of bringing shame to their family. Although religion can be an instrumental resource for women coping with IPV and divorce, there is some evidence that clergy, while not excusing the violence, may encourage victimized women to avoid divorce and remain in a violent relationship. Of course, religious and cultural influences vary across individuals, and thus the above findings should not be overgeneralized. An individualized, tailored assessment of these factors should be carefully undertaken for each person.

It should be noted that much of what is known about IPV and divorce is limited to studies of victimized women and studies of relationship separation (i.e., not divorce per se). Thus, additional research is needed on divorce and victimized men and on how relationship status (e.g., married, cohabiting) influences the dissolution of violent relationships.

Jeff R. Temple and Gregory L. Stuart

See also Battered Women, Leaving Violent Intimate Relationships; Custody, Contact, and Visitation: Relationship to Domestic Violence; Divorce in Relation to Child Abuse; Intimate Partner Relationship Quality and Domestic Violence

Further Readings

Anderson, D. K., & Saunders, D. G. (2003). Leaving an abusive partner: An empirical review of predictors, the process of leaving, and psychological well-being. *Trauma, Violence, & Abuse, 4,* 163–191.

Bradbury, T., & Lawrence, E. (1999). Physical aggression and the longitudinal course of newlywed marriage.

In X. Arriaga & S. Oskamp (Eds.), *Violence in intimate relationships* (pp. 181–202). Thousand Oaks, CA: Sage.

Walker, R., Logan, T. K., Jordan, C. E., & Campbell, J. C. (2004). An integrative review of separation in the context of victimization: Consequences and implications for women. *Trauma, Violence, & Abuse, 5,* 143–193.

Divorce in Relation to Child Abuse

For many child welfare professionals, the connection of child abuse and divorce brings to mind false allegations. A recent study in Australia examined the "myth of abuse in divorce" and found that there is reason to believe that allegations made from families experiencing marital breakup may actually have a high incident of truth. Much depends on the child welfare system's process of investigating, as well as the knowledge and understanding of professionals involved with the family.

The Myth

The classic child abuse allegation coming from a parent in a divorce action involves children spending time with one parent, and when returned to the other parent, an allegation of abuse being made. In a study of child abuse reports involving emergency room staff, the participants were asked what reports they considered false. Eighty percent believed that if a divorce was involved and the allegation was against the "other" parent, then the information should be considered suspect. Many times this was reinforced by the reporting parent asking for a record of the medical visit. Child welfare systems tend to abrogate these reports by insisting that a follow-up be done with either a medical doctor or a therapist. Basically these systems are looking for a second professional opinion on the validity of the allegation.

Current Research

The Australian study examined close to 200 divorce actions with child abuse allegations. The study found that only 9% were actually false allegations. A larger percentage were allegations that were not able to be proved to the extent of the legal standard; however, there was shared opinion among professionals that the abuse did happen. Further findings from the study showed that the separation of courts involved in marriage dissolution and the child welfare courts presented a problem in communicating issues relating to children's welfare.

What research has been done in this area has not linked the underlying reasons for divorce and the incidents of child abuse. Anecdotal evidence shows that if family violence is part of the reason for marriage dissolution, the incidents of child abuse may be very high. Family violence research has a history of segmenting the violence into categories, thus not showing overlaps or correlations. One study did find evidence that child abuse may persist even after the parents physically separated. This may be due to underlying violence in the family system.

The Children as Victims

Children who experience marital dissolution often become much more vulnerable. They struggle with security and abandonment issues following the breakdown of their family structure. This may lead to their being vulnerable to abuse. These children often seek security and acceptance from their parents, and if they are victims of parental child abuse they may be very reluctant to disclose. Furthermore, disclosure that leads to the child welfare system's intervention can result in blame being put on the reporting child. Thus the child ends up being even more alienated from the abusing parent.

Timothy Brett Zuel

See also Child Abuse Prevention; Collaborative Divorce, Benefits to Children; Divorce in Relation to Youth Violence; Family Therapy and Family Violence

Further Readings

Brown, T., Frederico, M., Hewitt, L., & Sheehan, R. (2001). The child abuse and divorce myth. *Child Abuse Review*, *10,* 113–124.

Humphreys, C. (1997). Child sexual abuse allegations in the context of divorce: Issues for mothers. *British Journal of Social Work, 27*, 529–544.

Johnson, J., & Campbell, J. (1993). Parent–child relationships in domestic violence families. *Family and Conciliation Courts Review, 31,* 282–312.

Schuman, D. C. (1986). False accusations of physical and sexual abuse. *Bulletin of the American Academy of Psychiatry and the Law, 14*(5), 6–20.

Divorce in Relation to Youth Violence

Divorce is a permanent marital breakup that has both short- and long-term links to youth violence. Research does not universally support this relationship directly, and may be related to measurement of single-parent families rather than divorce specifically. Divorce has been identified as a significant risk factor for adolescent violence, albeit not the only one. Short-term effects have been likened to experiencing an accident where the effects are immediate. Long-term effects have been viewed as a disintegration of the family, one that begins before divorce and persists long after. The relation of divorce to youth violence also appears at both the individual and neighborhood levels. Violence includes a range of behaviors, from very serious behaviors such as murder and rape to fighting and bullying, and can also include suicide as an act of violence against oneself.

At the individual level, youth whose parents divorce are subject to the loss of a parent, experienced as a negative life event, that is a stressor linked to violence, the effects of which can be seen often in the short term, for example, fighting or even suicide. In some cases, this is exacerbated by marital conflict leading to the divorce. Long term, divorce can also lower supervision and interrupt the formation of attachments or positive connections between parents and children, which inhibits the internalization of prosocial norms. In addition, divorce can lead to numerous transitions in the child's life, such as adjusting to stepparents and moving, which have been linked to delinquency and violence. This, in turn, can lead to greater peer influence. However, the continued involvement of the displaced parent has been shown to decrease delinquent youth outcomes. Theories that contribute to these areas include general strain theory, social control theory, and social learning/differential association theory.

Divorce rates have also been linked to youth violence. Youth from neighborhoods with higher levels of single-parent families commit a higher number of violent acts. This association has remained when research has assessed the influence of other important variables and for crimes measured through official police reports as well as those self-reported by adolescents. These findings may be related to high numbers of youth who have experienced the circumstances indicated above and live in an area characterized by a cumulative lack of supervision and heightened peer influence. Research on neighborhood effects on violence often uses a social disorganization or underclass theoretical framework. Another potential link to violence comes from an increased use of guns in the commission of crimes in disadvantaged neighborhoods, those often characterized by high divorce rates, which increases the likelihood of a violent result.

Gender is also important to consider when examining the relationship between divorce and youth violence, yet little research focuses on gender specifically. Although males are consistently more outwardly violent than females, recent research shows divorce may have a greater influence on females' violent offending than on males' offending. Recent findings show divorce increases the likelihood of female perpetration of dating violence more than it does male perpetration of dating violence.

Jeb A. Booth

See also Delinquency and Dating Violence; Divorce and Intimate Partner Violence; Divorce in Relation to Child Abuse; Parenting Practices and Violence, Youth Violence

Further Readings

Banyard, V. L., Cross, C., & Modecki, K. L. (2006). Interpersonal violence in adolescence: Ecological correlates of self-reported perpetration. *Journal of Interpersonal Violence, 21,* 1314–1332.

Knoester, C., & Haynie, D. L. (2005). Community context, social integration into family, and youth violence. *Journal of Marriage and the Family, 67,* 767–780.

McMahon, J., & Clay-Warner, J. (2002). Child abuse and future criminality: The role of social service placement, family disorganization, and gender. *Journal of Interpersonal Violence, 17,* 1002–1019.

Rebellon, C. J. (2002). Reconsidering the broken homes/delinquency relationship and exploring its mediating mechanism(s). *Criminology, 40,* 103–136.

Sampson, R. J., & Groves, W. B. (1989). Community structure and crime: Testing social disorganization theory. *American Journal of Sociology, 94,* 774–802.

Simons, R. L., Lin, K.-H., Gordon, L. C., Conger, R. D., & Lorenz, F. O. (1999). Explaining the higher incidence of adjustment problems among children of divorce compared with those in two-parent families. *Journal of Marriage and the Family, 6,* 1020–1033.

Domestic Violence, Trauma, and Mental Health

Domestic violence can have a range of mental health consequences. According to the Domestic Violence & Mental Health Policy Initiative's training manual *Access to Advocacy,* women experience poorer physical and mental health as a result of abuse. Advocates confirm this, with many noting that the number of clients—women and children—with trauma-related, mental health needs has been increasing. Likewise, over half of women seen in a range of mental health settings either currently are experiencing or have experienced abuse by an intimate partner. Nonclinical studies examining the prevalence of intimate partner violence in the general population also reveal multiple associated mental and physical health effects.

Although for many women symptoms abate with increased safety and social support, for others this is not the case. And, while many abuse survivors do not develop psychiatric conditions, a number of studies have shown that women who have been victimized by an intimate partner are at significantly higher risk for depression, anxiety, posttraumatic stress disorder (PTSD), somatization, medical problems, substance abuse, and suicide attempts, whether or not they have suffered physical injury. Researchers have found that nearly 50% of survivors of domestic violence experience depression, over 60% experience PTSD, and nearly 20% experience feelings associated with suicidality. Domestic violence also increases women's risk for substance abuse. Abusive partners frequently coerce women into using drugs or alcohol, and substance abuse is a common method of relieving pain and coping with anxiety and depression. Substance abuse, itself, puts women at greater risk for victimization.

For many women, abuse by an adult partner is their first experience of victimization; for others, domestic violence occurs in the context of other lifetime trauma. A number of studies have begun to explore the link between histories of physical and sexual abuse in childhood and experiencing partner abuse as an adult. Women who are sexually abused as children or who witness their mothers being abused appear to be at greater risk for victimization in adolescence and adulthood. Additionally, studies of battered women in both clinical and shelter settings are finding increased rates of childhood abuse and childhood exposure to domestic violence. For women who have experienced multiple forms of victimization (e.g., childhood abuse; sexual assault; historical, cultural, or refugee trauma), adult partner abuse puts them at even greater risk for developing posttraumatic mental health conditions.

The development of mental health symptoms in the context of domestic violence is influenced by a number of factors in addition to the severity and duration of the abuse. For example, low-income women have the highest risk of being physically and/or sexually victimized throughout their lives. These experiences, however, do not occur in isolation; a body of clinical literature describes the retraumatizing effects of more subtle forms of social and cultural victimization (e.g., microtraumatization due to gender, race, ethnicity, sexual orientation, disability, and/or socioeconomic status). Thus, although intimate partner violence is itself associated with a wide range of psychological consequences, women living in disenfranchised communities face multiple sources of stress in addition to violence, including social discrimination, poorer health status, and reduced access to critical resources.

Domestic Violence, Lifetime Victimization, and Mental Illness

While most survivors of domestic abuse do not develop long-lasting psychiatric disabilities, women living with mental illness often have histories of abuse. Studies across a variety of mental health settings have found significant rates of lifetime abuse among people living with mental illness, with those in inpatient facilities reporting the highest rates (53% to 83%). Researchers have found similar rates of adult victimization by acquaintances, strangers, family members, and intimate partners among people with psychiatric disabilities.

Domestic violence presents particular risks for individuals with mental illness. Exposure to ongoing abuse can exacerbate symptoms and impede recovery, making it more difficult to access resources and increasing abusers' control over their lives. Stigma associated with mental illness and lack of clinical training about domestic violence reinforce abusers' abilities to manipulate mental health issues to control their partners; undermine them in custody battles; and discredit them with friends, family, and the courts. For example, abusers may commit or threaten to commit their partners to psychiatric institutions. They may force women to take overdoses, which are then presented as suicide attempts, or they may withhold medications. They may also assert that accusations of

abuse are simply delusions, lying outright about their partners' behaviors or rationalizing their own (e.g., by claiming their partner "needed to be restrained"). Poverty, homelessness, institutionalization, unsafe living conditions, and dependence on caregivers exacerbate these risks, leaving individuals with psychiatric disabilities vulnerable to victimization by a range of perpetrators—within families, on the streets, in institutional and residential settings, and by intimate or dating partners. Domestic violence, itself, is often a precipitant to homelessness.

Despite these concerns, the mental health system has not systematically responded to these issues, and there have been systematic efforts to build community partnerships with domestic violence and mental health consumer advocacy programs to address the mental health effects of domestic violence and other lifetime trauma. Because of this lack of collaboration between sectors, many women and children are left without a safe way to address these concerns. In addition, many providers are left without resources to support them in doing this work.

Implications of Trauma Theory for Working With Survivors of Domestic Violence

More recently, trauma theory has begun to be viewed as a potential framework for bridging clinical and advocacy perspectives. The emergence of trauma theory over the past three decades has created a significant shift in the ways mental health symptoms are conceptualized and in our understanding of the role abuse and violence play in the development of psychological distress and mental health conditions. Trauma theory, which arose out of observations of the experiences of survivors of civilian and combat trauma, views symptoms as survival strategies—adaptations to potentially life-shattering situations that are made when real protection is unavailable and normal coping mechanisms are overwhelmed. Trauma theory helps destigmatize the mental health consequences of domestic violence by recognizing the role of external events in generating symptoms, normalizing human responses to traumas such as interpersonal violence, and creating a framework for understanding the ways in which the biological, emotional, cognitive, and interpersonal effects of chronic abuse can lead to future difficulties in a person's life. It also affords a more balanced approach to treatment—one that focuses on resilience and strengths as well as psychological harm. Lastly, a trauma framework fosters an awareness of the impact of this work on providers, and emphasizes the importance of provider self-care, along with administrative, consultative, and peer support.

Although trauma models are not a substitute for advocacy-based approaches that help survivors achieve freedom and safety and work to end domestic violence, trauma theory can greatly inform and enhance advocacy work by increasing understanding of the psychological consequences of abuse and how trauma affects both domestic violence survivors and the providers and programs that serve them. Trauma models offer guidance on creating services that are sensitive to the experiences of survivors of chronic abuse and that incorporate an understanding of how those experiences can affect individuals' ability to regulate emotions, process information, and attend to their surroundings. The models also provide tools for responding skillfully and empathically to individuals for whom trust is a critical issue, without having one's own reactions interfere. Trauma-informed service environments provide emotional as well as physical safety and are consistent with advocacy models in their focus on empowerment, collaboration, and choice. They are also designed to ensure that services themselves are not retraumatizing to survivors and provide strategies for attending to the effects that bearing witness to another's painful experiences has on advocates as well.

Adapting trauma theory to create more comprehensive and attuned advocacy models holds promise for creating services that are more responsive to survivors' experiences and needs. While existing trauma models need to be adapted and reframed to address the particular issues faced by survivors of domestic violence, ongoing dialogue will be necessary to address the applicability of these models for a diverse range of communities and to develop alternate models for healing that may be more community based. Whether it is finding ways for domestic violence programs to enhance their ability to respond to trauma-related mental health issues, or ensuring that those women and children with greater needs are able to access culturally relevant, trauma-specific mental health care, issues of philosophy, resources, training, and collaboration are highly important. Developing the capacity to respond

more effectively to trauma and mental health issues will require thoughtful consideration of these issues.

Carole Warshaw

See also Health Consequences of Intimate Partner Violence; Intimate Partner Violence; Mental Illness; Posttraumatic Stress Disorder

Further Readings

Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence, 14*(2), 99–132.

Harris, M., & Fallot, R. (2001). *Using trauma theory to design service systems.* San Francisco: Jossey-Bass.

Warshaw, C. (2001). Women and violence. In N. Stotland & D. Stewart (Eds.), *Psychological aspects of women's health care: The interface between psychiatry and obstetrics and gynecology* (pp. 477–548). Washington, DC: American Psychiatric Press.

Warshaw, C., Pease, T., Markham, D. W., Sajdak, L., & Gibson, J. (2007). *Access to advocacy: Serving women with psychiatric disabilities in domestic violence settings.* Chicago: Domestic Violence & Mental Health Policy Initiative.

Domestic Violence Against Older Women

The term *domestic violence in late life* refers to abuse of an elder by someone in a trusted, ongoing relationship. It may manifest as a continuation of longstanding abuse, as violence that starts only in old age, or as violence that begins with a new relationship in later years. Although reports of domestic violence decrease with age, the problem does not dissipate. National age-aggregated data suggest that between 2% and 10% of substantiated cases of violence in late life involved a spouse or intimate partner.

Most victims of domestic violence are female; their abusers use a pattern of coercive tactics, such as isolation, threats, intimidation, manipulation, and violence, to gain and maintain power over them. Domestic violence against older women is associated with the younger old ages, race and ethnicity, lower income, poorer education, and being employed in a service-sector job. Older women are likely to experience violence for a long time, and the severity and frequency of the violence tends to increase over time. Older battered women suffer physical and psychological health problems, such as injuries, chronic illness, and even death at the hands of their partners.

Older women face unique personal and family issues and community obstacles that influence their decision to leave violent relationships. For example, potential informants of domestic violence, including family members, friends, neighbors, and community workers, more easily accept the isolation that may occur in late life. Women who have not worked outside the home, and who are now past the age of retirement, are much more likely to be financially dependent on their abusers. Moreover, older women become resigned to living in situations of longstanding abuse and may be unable to realize that there are choices. With declining physical health, older women may be more dependent on their partners for care than is typical of younger women. Conversely, older women whose husbands are dependent on them for physical care may be even more reluctant to leave an abusive relationship. In addition, most domestic violence shelters are oriented toward younger women; older women may not feel comfortable participating in services and programs dominated by younger women. Usually, older women have fewer housing and employment options available to them should they decide to leave the relationship. They also may encounter ageism from law enforcement, courts, and others who do not fully understand their plight or who suggest they go to divorce court instead of seeking arrest or protective orders. Finally, because governmental policies have yet to focus specific attention on the issue of abuse of older women, few mechanisms are in place to encourage older women to exit a violent relationship.

Karen A. Roberto

See also Elder Abuse; Intimate Partner Violence

Further Readings

National Center for Elder Abuse. (2006, February). *Late life domestic violence: What the aging network needs to know.* Retrieved May 4, 2006, from http://www.elderabusecenter.org/pdf/publication/nceaissuebrief.DVforagingnetwork.pdf

Teaster, B. P., Roberto, K. A., & Dugar, T. A. (2006). Intimate partner violence of rural aging women. *Family Relations, 55,* 636–648.

Domestic Violence Among Immigrant Women

Victims of domestic violence face a variety of complex legal and personal issues that can be further exacerbated by the pressures of immigration and cultural concerns. Battered immigrant women often feel isolated from their communities, both domestically and internationally. Moreover, foreign-born women are frequently uninformed about, unfamiliar with, or simply confused about their legal rights and the social services available to them in the United States. Unfortunately, too often both governmental and nongovernmental agencies that help to redress domestic violence are not prepared to meet the diverse needs of battered immigrant women. Many lack language accessibility, lack cultural sensitivity, and have insufficient information regarding the legal rights of battered immigrants.

Numerous factors influence a battered immigrant's response to domestic violence. Some of these factors are as follows:

- Immigration-related abuse/fear of deportation
- Economic abuse
- Concerns over loss of custody of her children
- Language barriers
- Cultural barriers

Immigration-Related Abuse/Fear of Deportation

Immigration-related abuse plays upon the fact that the abuser may control whether or not his spouse attains legal immigration status in this country, whether any temporary legal immigration status she has may become permanent, and how long it may take her to become a naturalized citizen. The fear induced by immigration-related abuse makes it extremely difficult for a victim to leave her abuser, obtain a protection order, call the police for help, or participate in the abuser's prosecution.

Fear of deportation is the principal barrier to immigrant victims' seeking any type of aid after experiencing abuse. This fear affects both immigrant victims of domestic violence who have legal permission to live and work in the United States and those that are undocumented. As a result, many battered immigrants believe that they have no legal right to protection from their abuser. The threat of being turned over to the immigration authorities and subsequently placed in removal proceedings deters a battered immigrant woman from seeking help from police stations, shelters, counseling programs, and the courts.

Economic Abuse

Immigrant women residing with their abusers list "lack of money" as the main reason for remaining in abusive relationships. Research has found that over two thirds of battered immigrant women who stayed with their abusers reported a lack of money as the primary reason for not leaving their home. Economic abuse includes forcing the woman to work without documentation, preventing her from working, refusing to give her money, and refusing to pay her child support.

Concerns Over Loss of Custody of Children

Many battered immigrant women are the primary caretakers of their children and are concerned that if they leave their abusers, it will have a negative impact on their children. An immigrant woman may believe her abuser when he tells her that if she leaves him, he will receive custody of the children because he has secure immigration status and she does not. When an immigrant woman comes from a country that traditionally awards custody and control over children to their fathers, as a matter of law, she often believes her abuser's threats that if she leaves him he will obtain custody of the children. This belief that they will lose custody to their abusers is heightened when victims are unfamiliar with the U.S. legal system, specifically the laws that require courts to look at domestic violence in custody cases and to protect victims regardless of their immigration status.

Language Barriers

Immigrant women who are unable to communicate effectively in the dominant language of the country in which they reside can face numerous barriers when

trying to access help. Many have problems talking with police—police often believe abusers at the scene of a crime because only the abusers speak English. They can face barriers when trying to participate and understand court proceedings or when being involved in the legal system in any capacity. Furthermore, shelters, victim service programs, and legal service offices may not have employees who can speak an immigrant woman's native language and may not provide interpreters. According to the Department of Justice, failure to ensure that limited English proficient (LEP) persons can participate in or benefit from federally assisted programs might be a violation of the Civil Rights Act of 1964, Title IV and the Title VI regulations against national and origin discrimination 67 Federal Regulation 41455, 21(2002). Additionally, if a battered immigrant woman needs to seek work, her ability to speak English can affect the types of employment she can obtain. These linguistic limitations can seriously harm a woman's ability to respond to domestic violence.

Cultural Barriers

Like many victims of domestic violence, immigrant victims often look to their community for support. An immigrant woman can face unique challenges from her cultural community as she begins to explore addressing her abuser's domestic violence. Her cultural or religious community may put a high value on marriage, so much so that she fears being held responsible for breaking up her family if she tries to escape. Many systems that are designed to help victims may seem inaccessible because they are not sensitive to a victim's cultural needs. A shelter may not allow an immigrant victim to cook certain foods that would make her and her children feel more at home in a strange environment. Cultural considerations are essential when assisting immigrant victims, as they can help assuage feelings of isolation and ostracization from a victim's cultural community.

Leslye Orloff and Amanda Baran

See also Department of Homeland Security, Asylum; Department of Homeland Security, Response to Battered Immigrants and Immigrant Victims of Violence Against Women; Immigrant and Migrant Women; Legal Momentum; Office on Violence Against Women; Violence Against Women Act

Further Readings

Dutton, M. A. (1996). Battered women's strategic response to violence: The role of context. In J. L. Edelson & Z. C. Eisikovits (Eds.), *Future interventions with battered women and their families* (pp. 105–124). Thousand Oaks, CA: Sage.

Dutton, M. A., Orloff, L., & Hass, G. (2002). Offering a helping hand. *American University Journal of Gender, Social Policy, & the Law, 10*(1), 95–183.

Lai, T. A. (1986). Asian women restricting the violence. In M. C. Burns (Ed.), *The speaking profits us: Violence in the lives of women of color* (pp. 10–11). Seattle, WA: Center for the Prevention of Sexual and Domestic Violence.

Orloff, L., & Sullivan, K. (Eds.). (2004). *Breaking barriers: A complete guide to legal rights and resources for battered immigrants.* Washington, DC: Legal Momentum.

Domestic Violence Courts

The number of domestic violence cases in the United States has increased exponentially since the 1980s when the first mandatory arrest laws were put in place. Responses to domestic violence cases by traditionally organized courts were often fragmented. It was sometimes the case that a single family could be involved in several courts in one judicial system simultaneously with conflicting court orders being the result. Consequently, many jurisdictions across the country developed specialized criminal courts to hear these cases. These courts are generally referred to as *domestic violence courts* and often have judges and staff specially trained to work with victims and perpetrators of domestic violence. Major benefits of these courts include the ability to address domestic violence cases in a more holistic and efficient manner; the provision of more consistent services to victims, perpetrators, and other affected family members, including dependent children; and the development of strong ties to other public and community-based agencies that respond to domestic violence (i.e., the development of a coordinated community response to domestic violence).

Major values underlying the organization of domestic violence courts include a focus on (a) safety for both adult and child victims, (b) providing up-to-date information on case status and services to victims, (c) holding domestic violence offenders accountable, (d) increasing coordination and information sharing

among community service providers for both victims and offenders, and (d) more effectively using court systems to help limit domestic violence.

Five primary components of domestic violence courts have been addressed in the literature. They are (1) case assignment, (2) screening for related cases, (3) intake units and case processing, (4) service provision, and (5) monitoring. At least three models of specialized domestic violence courts, however, have been developed, and they address these components differently. One model focuses on civil protection orders. Protection order petitions and protection order violation hearings make up a large proportion of domestic violence caseloads. As a result, some jurisdictions have created specialized civil protection order dockets. There is some variation in terms of the number of judges a jurisdiction dedicates to the docket and whether the court also handles protection order enforcement. This model is also rather limited in that victims often have myriad other legal issues that need to be addressed. Nevertheless, evaluators of this model point out that it promotes victim safety and, as one element of a coordinated community response, can link victims to appropriate services and other justice system remedies.

A second model is the specialized domestic violence court that focuses on criminal cases. Again, there is variation across jurisdictions, with some of these courts processing only misdemeanors, others only felonies, and still others both misdemeanors and felonies. Advocates of this model emphasize its ability to hold offenders accountable by imposing sanctions and monitoring offenders' compliance. However, critics of the model point out that some victims prefer civil, rather than criminal, remedies and that unless this type of court is part of a coordinated community response effort, victims are not likely to consistently avail themselves of civil remedies such as protection orders or other available services.

A third court model attempts to provide a comprehensive response to domestic violence cases by handling criminal matters as well as protection orders, child custody disputes, child support petitions, and divorce petitions. Such courts are often called *integrated domestic violence courts* because they provide a menu of needed services to family members, including adult victims and their children as well as perpetrators, all in one location. Variations on this model include the unified family court, in which one judge addresses all legal issues posed by a single family, civil as well as criminal; and coordinated courts, in which criminal domestic violence cases and related civil issues are addressed by the same court division, but on separate dockets.

Opposition to domestic violence courts has been expressed by judges, defense attorneys, and prosecutors. These objections include an increased workload and, from defense attorneys in particular, a concern that such courts may be biased against the accused. Representatives of communities of color have also expressed opposition due to the perception that specialized domestic violence courts are part of a "get tough" approach to crime, which typically targets men of color. Because specialized domestic violence courts are relatively new, evaluations of their success are still underway. Indeed, some observers have pointed out that measuring the success of domestic violence courts depends largely on how "success" or "effectiveness" is defined (e.g., speed of disposition, victim satisfaction, reduced recidivism on the part of offenders). However, jurisdictions seeking to establish domestic violence courts need to ensure that all offices and agencies that deal with any aspect of domestic violence cases are educated about the purposes and goals of such courts and have the opportunity to provide meaningful input into the process.

Claire M. Renzetti and Jeffrey L. Edleson

See also Coordinated Community Response; Legal System, Civil Court Remedies for Intimate Partner Violence; Legal System, Criminal Justice System Responses to Intimate Partner Violence; Mandatory Arrest/Pro-Arrest Statutes; No-Drop Prosecution; Prosecutorial Practices, Intimate Partner Violence; Restraining and Protective Orders

Further Readings

Helling, J. (n.d.). *Specialized criminal domestic violence courts.* Retrieved October 21, 2007, from http://www.vaw.umn.edu

Little, K. (2003). Specialized courts and domestic violence. *Issues of Democracy*. Retrieved October 21, 2007, from http://usinfo.state.gove/journals/itdhr/0503/ijde/littel.htm

Sacks, E. (2002). *Creating a domestic violence court: Guidelines and best practic*es. Retrieved October 21, 2007, from http://www.endabuse.org

Domestic Violence Enhanced Response Team

Police often have been frustrated that after they have intervened at a home where domestic violence has occurred, other parts of the criminal justice and social service system seldom followed through. In 1987, the City of Colorado Springs was one of several communities around the country selected by the National Institute of Justice to replicate an earlier experiment in Minneapolis where police responded to domestic violence incidents with one of several alternative actions, one being the then novel idea of arresting the perpetrator. Out of this early start grew a series of community initiatives that have drawn in an ever-widening group of collaborative agencies.

The Domestic Violence Enhanced Response Team (DVERT) is an interdisciplinary group of professionals from 11 agencies who are located in a common space and coordinate their agencies' response to cases of domestic violence. Agencies contributing staff include probation, a battered women's program, two police and one sheriff's department, the Humane Society, and legal services. The Team has been expanded to include professionals working with children exposed to violence, including local child protective services and the court-appointed special advocates (CASA) program.

The team maintains several levels of intervention. Referrals are received from a variety of sources, and the first level of intervention involves a confidential intake conducted by a victim advocate who is assigned to work with the victim from beginning to end. Cases moving beyond intake are also assigned a law enforcement detective who works with the victim and the advocate to ensure the victim's safety over time. Another level of intervention involves problem-oriented policing, in which officers visit the victim's home to provide additional information and support in the community. Finally, the DVERT coordinates a variety of community resources in support of the adult and child victims' safety.

Jeffrey L. Edleson

See also Coordinated Community Response; Family Justice Centers

Web Sites

Domestic Violence Enhanced Response Team: http://www.dvert.org

Domestic Violence Fatality Review

In the United States, approximately 1,600 women are murdered each year by their current or former partners. Domestic violence deaths often display predictable patterns and causes. Many experts in the field believe that many of these homicides are preventable. When a woman is murdered by a partner, the public often wants to know why the woman was not protected and the homicide not prevented. A recent and increasingly popular approach to preventing these tragedies is the formation of domestic violence death (fatality) review committees (DVDRCs). The effort of a DVDRC is comparable to that seen in the airline industry in reducing aviation disasters or in the medical profession in learning from deaths occurring in hospitals under questionable circumstances. DVDRCs are interdisciplinary teams of domestic violence experts who are dedicated to understanding how and why domestic violence deaths occur through a detailed examination of individual cases. Each committee utilizes the benefit of hindsight to recommend what could have been done in their community to prevent each fatality, with the goal of preventing future deaths. There is emerging evidence supporting the utility of DVDRCs in assisting the overall effort of reducing domestic violence fatalities and domestic violence, in general, through the implementation of their recommendations.

History

One of the first publicly documented fatality reviews, known as "The Charan Investigation," was conducted in 1990 in San Francisco, California. The investigation was driven by the Commission on the Status of Women at the request of the San Francisco Domestic Violence Consortium. Joseph Charan murdered his wife and committed suicide in front of numerous schoolchildren and teachers. The killing occurred 12 days after

Mr. Charan received a suspended sentence for felony domestic assault and malicious mischief. Relatively soon after the official report was released in 1991, Santa Clara County in California started one of the first regularly operating DVDRCs (1994). At the end of 1994, jurisdictions in two states had committees conducting regular reviews. In 1998, nine states had jurisdictions with DVDRCs. By 2003, 27 states and the District of Columbia had committees operating or planning to operate at county or state levels, and 18 of these states had passed legislation or given directives on making the formation of DVDRCs and consistent reviews a mandatory practice. In September of 2002, the Ontario government publicized the formation of Canada's first DVDRC through the Office of the Chief Coroner, making fatality reviews an international practice. Another important development in the field came in 2004 with the launch of the National Domestic Violence Fatality Review Initiative. The purpose of the initiative is to provide technical assistance with reviews by providing a clearinghouse, a resource center, and several other unique services.

Structure, Mandate, and Process

DVDRCs vary in their compositions, directives, and procedures, largely due to the amount of funding they receive (many operate on a volunteer basis). Most are comprised of coroners, medical and mental health professionals who specialize in domestic abuse, criminologists, prosecutors, judges, shelter staff and women's advocates, law enforcement staff, and representatives from child protection services. The typical cases teams are charged with identifying and reviewing include intimate partner (a) homicide, (b) homicide-suicide, (c) attempted homicide followed by suicide, (d) attempted-homicide followed by related accidental death (e.g., the perpetrator was killed in a car accident during a police pursuit), and (e) attempted homicide followed by related homicide (e.g., the perpetrator was killed in a police shooting). Reviewed cases may include those involving multiple deaths (e.g., familicide) or the deaths of any individuals connected to incidents of domestic violence, such as third-party interveners, friends, neighbors, coworkers, new partners, extended family members, and children. DVDRCs operate under the philosophy that the perpetrators are ultimately responsible for the deaths and do not assign blame to individuals or agencies involved in the cases under examination. Generally, a fatality review is the process by which a DVDRC uses multiagency data and interviews with families, friends, neighbors, and others to document, analyze, and report on the history of the victim, perpetrator, their relationship, and their family. Teams also track risk factors associated with lethal intimate partner violence in each case to aid in enhancing the predictability of the tragedies. They examine the effects of all interventions that took place before the deaths, consider changes in relevant prevention and intervention systems to address gaps in service delivery, and develop recommendations for coordinated community plans. Broadly, recommendations stemming from reviews address (a) increasing awareness and education of domestic violence; (b) enhancing assessment and intervention practices with victims and perpetrators; (c) improving training and policy development within target agencies; (d) increasing resource development for victims, abusers, and their families; (e) advancing coordination of services among agencies servicing at-risk families; (f) legislative reform; and (g) increasing and improving prevention programs for those at risk of becoming victims and perpetrators. DVDRCs report their findings and recommendations annually to enhance public, professional, and policymaker understanding of domestic violence death.

Current and Future Directions

To date, there has not been a systematic evaluation of the DVDRC initiative. Based on the annual reports of individual committees, there would seem to be a high level of community engagement and collaboration inherent in the process. Individual communities and states often refer to their DVDRC as a rationale for new practices or legislation. For example, in Ontario, Canada, there has been a broad-based initiative to educate friends, family, and neighbors about lethal domestic violence, in light of all the common warning signs overlooked in many homicides. Some jurisdictions monitor specific recommendations such as the Santa Clara committee highlight of the fact that there were no deaths in the 5,337 domestic violence cases referred to the district attorney's office for prosecution in 2004. It was also noted that 2004 was the third year in a row their community had been without police-assisted suicides (i.e., "suicide-by-cop"). Many committees report that in their view, fatality reviews save lives. We can expect more empirical studies to test this hypothesis in the future.

Peter G. Jaffe and Marcus Juodis

See also Danger Assessment Instrument; Familicide; Femicide; Intimate Partner Violence; National Domestic Violence Fatality Review Initiative

Further Readings

Ontario Domestic Violence Death Review Committee. (2006). *Annual report to the chief coroner.* Toronto, ON: Ministry of the Attorney General. Retrieved from http://www.mpss.jus.gov.on.ca/english/publications/comm_safety/DVDRC_2005.pdf

Santa Clara County Domestic Violence Council. (2004). *Death review committee final report.* San Jose, CA: County Government Center. Retrieved from http://www.growing.com/nonviolent/council/pubs/dvc_intro.htm

Websdale, N. (1999). *Understanding domestic homicide.* Boston: Northeastern University Press.

Websdale, N. (2003). Reviewing domestic violence deaths. *National Institute of Justice Journal, 250,* 26–31.

Websdale, N., Town, M., & Johnson, B. (1999). Domestic violence fatality reviews: From a culture of blame to a culture of safety. *Juvenile and Family Court Journal, 50,* 61–74.

Web Sites

National Domestic Violence Fatality Review Initiative: http://www.ndvfri.org

Domestic Violence in Asian and Pacific Islander Populations

Asians and Pacific Islanders are people who trace their origins and/or ancestry to the countries or diasporic communities of the region and identify as Central, East, South, Southeast, or West Asians; Native Hawaiians; and Pacific Islanders.

In community-based studies compiled by the Asian Pacific Islander Institute on Domestic Violence in San Francisco, 41% to 60% of Asian women reported experiencing physical and/or sexual violence during their lifetime. This is higher than the prevalence rate found in the National Violence Against Women Survey for other Asian and Pacific Islander (API) women or any other group.

Domestic violence in API communities has some distinct patterns, forms, and dynamics of abuse, warranting distinct approaches to prevention and intervention. The similarities between all battered women's experiences are not enumerated in this entry. Some dynamics occur in one ethnic group, and some are common to many, thus cautioning against stereotyping or universalizing API cultures. Gender violence is experienced in the context of gender oppression as well as oppressions based on race, ethnicity, age, sexual orientation, gender identity, type of labor performed, level of education, class position, disability, and/or immigration or refugee status. Domestic violence in the lives of API women may involve physical abuse, multiple batteries, push and pull factors, sexual abuse, abuse of mothers, same-sex violence, immigration-related abuse, and isolating sociocultural barriers and victim-blaming community norms,

Physical abuse can include culturally specific forms such as abuse by multiple perpetrators, severe isolation compounded by immigration, abandonment, hyperexploitation of women's (including elderly women's) household labor, withholding health care, and the mistreatment of widows. Domestic homicides include murder by an intimate or family member, honor killings, contract killings, dowry (bride price) related deaths, targeting a woman's family members in the home country, and/or being driven by the marital family to suicide (abetted suicide).

Multiple batterers in the home can include members of a woman's family of origin, members of her partner's family of origin, or her partner's ex- or new wives. The implications of multiple batterers include greater or more severe injuries; family collusion and increased impunity; legal remedies requiring protection orders against several individuals; deeply internalized victim blaming and devaluation by survivors; diminished credibility afforded to battered women by systems, families, and communities; and uncomprehending systems that respond inadequately.

Push and pull factors are experienced by many API battered women: "push" factors, such as being pushed out of the relationship by a partner (e.g., "Leave the house, I'm divorcing you after 3 months of marriage, I can always find another wife"; "I don't want you and these children around"), may be more frequently experienced than "pull" factors (e.g., "Come back to me, I won't do it again") back into the relationship. These factors affect how women's agency is understood—about "decisions" to stay or leave; how often, if at all, women return to their abusive partners; if they leave with or without their children; and how dangers

connected to postseparation violence and the loss of children and financial support are assessed.

Sexual abuse includes excessive restriction and monitoring of women's sexuality and sexual activity; blaming women for rape, incest, or coerced sex; and keeping women ignorant about sex, sexual health, and anatomy. Asian women are disproportionately victims of sex trafficking, entering servile marriages through international marriage bureaus and forced marriages (as opposed to arranged marriages). Refugees and immigrants may have been raped in war zones, refugee camps, police custody, and on unsafe immigration routes, and/or because of their status as cultural or religious minorities in their home countries. In addition to marital rape, there can be extreme sexual neglect; being forced to watch and imitate pornography; and coerced unprotected sex resulting in sexually transmitted diseases or unwanted pregnancies.

Abuse of mothers increases the vulnerability related to mothering. This may start with pregnancy, as the abuse includes forcing women to undergo abortions and to endure multiple pregnancies to have sons in the family. Loss of children is a constant threat to mothers and may result from the mother's deportation, needing to send children to paternal grandparents in the home country, kidnapping, manipulative reporting of the mother as a child abuser or batterer, and individual and family abusers seeking custody because of prevailing cultural beliefs that children belong to their father and the stigmatization of divorced mothers. Batterers have increasingly manipulated social service, child protection, immigration, and criminal and civil legal systems to their advantage, most effectively around women's status as mothers.

Same-sex domestic violence in API couples carries greater threats associated with outing a partner in communities where homosexuality is severely ostracized.

Immigration-related abuse includes threats of deportation, taking away children, making false declarations to the U.S. Immigration and Customs Enforcement agency about the victim, withholding passports and important documents, and/or not proceeding with applications that regularize the victim's immigration status. Permanent abandonment in the home country immediately after marriage is increasing, as (untraceable) husbands return alone to the United States on the pretext of filing papers.

Isolating sociocultural barriers and victim-blaming community norms concern particularly noncitizens and those with limited English proficiency who may face language, economic, racial, cultural, religious, professional, and/or identity-based barriers to social and legal services. Warranted fears about their immigrant status include that they or their abusers could be deported. Living away from natal families adds to their isolation. Community reinforcements that keep gender violence in place utilize victim blaming, silencing, and shaming, and rejecting battered women who speak up. The nexus of public disclosure and shame is strong in API communities, as are covert and overt support for batterers and a lack of sanctions and accountability. Barriers and community attitudes are exploited by batterers and incorporated into their abuse.

Oppression of victims and resistance to oppression by victims are constantly in conflict. Hence, in addition to daily acts of private and public resistance by abused API women and their children, nationally, API advocates have established over 90 community-based organizations, with new ones emerging regularly for API survivors of violence.

Chic Dabby-Chinoy

See also Asian & Pacific Islander Institute on Domestic Violence

Further Readings

Tjaden, P., & Thoennes, N. (2000, July). *Extent, nature and consequences of intimate partner violence: Research report.* Washington, DC: National Institute of Justice and the Centers for Disease Control and Prevention.

Domestic Violence in Military Families

The Department of Defense defines domestic violence as an assault, battery, threat to injure or kill, other acts of violence, and emotional maltreatment committed by a spouse against another spouse. The definition recognizes only "spouse abuse." The definition does not reference violence between unmarried intimate partners of military personnel. Relationships between girlfriends or boyfriends, engaged individuals, former spouses, or individuals who share a child in common are excluded by the definition. The definition differs substantially from standards contained in state and federal statutes.

Reports have shown that the victim seeking services from the military departments is predominantly the female civilian spouse of active duty personnel. Victims normally have children and more than half have been married approximately two years. Spousal abuse as substantiated by the military departments is predominantly perpetrated by male active duty personnel. An increasing number of military families reside off the installation, which impacts the response of civilian and military authorities to incidents of domestic violence.

Policy and Program Development

Programs, policies, and procedures to address spousal abuse and child maltreatment in military families have existed in the U.S. Armed Forces since the enactment of the Child Abuse Prevention and Treatment Act of 1974. Child advocacy programs were mandated within the military departments by the act. The military effort was initially fragmented among the services in the late 1970s. The General Accounting Office (GAO) issued a report, *Military Child Advocacy Programs—Victims of Neglect,* criticizing the inconsistency and recommending centralized efforts at the Department of Defense level, including a single policy for collection of incidence data, increased staffing and education, and training of military personnel in the child abuse area. A series of regulations, instructions, directives, and orders mandated the development of the Office of Family Policy and Family Advocacy Program. Subsequently, each service adopted policies and programs.

The parallel development of policies to address child maltreatment and spouse abuse resulted in mandatory reporting to military authorities of maltreatment, neglect, or abuse occurring on a military installation, involving service members, and reported to military and civilian personnel, including health care professionals, to be codified.

The passing decades have produced changes in military and civilian communities' response to domestic violence. The civilian community has supported shelters, criminal statutes, and treatment and training programs, culminating in the enactment of the Violence Against Women Act (VAWA) and its reauthorizations. The Department of Defense issued a zero tolerance memorandum declaring that domestic violence will not be condoned or tolerated among the ranks. The message has not been clear or consistent throughout the armed forces, however.

Intimate partner violence in the U.S. Armed Forces attracted significant public attention following tragic events at Fort Campbell, Kentucky, in 1998 and Fort Bragg, North Carolina, in 2002. The homicides in Fort Campbell, Kentucky, fostered the establishment of the Department of Defense Domestic Violence Task Force (DTFDV). The mission of the DTFDV was to conduct a broad, thorough investigation of the nature of domestic violence within the military community and the systems' response, and to develop policy and program recommendations for change. The annual reports of the DTFDV contained nearly 200 recommendations for consideration of the Department of Defense.

The homicides in Fort Bragg, North Carolina, precipitated the enactment of the Armed Forces Domestic Security Act. The act enables the service and enforcement of civilian orders of protection on military installations. In addition, the Department of Defense was authorized to create a privacy policy for victims of domestic violence and enhance the victim advocate program within the services.

The Department of Defense established the Family Violence Policy Office to implement the recommendations of the DTFDV in 2003. The Department of Defense issued 16 interim directive-type memoranda. Funding was provided to the policy office to contract victim advocates and conduct training for military command, first responders, chaplains, and personnel.

In 2006, the Department of Defense established a privacy policy for victims of domestic violence, *Restricted Reporting Policy for Incidents of Domestic Abuse.* Victims choose unrestricted or restricted reporting following an incident of domestic violence. Nonrestricted reporting follows the current channels of reporting (including chaplain, command, Family Advocacy Program, victim advocates, and others), resulting in notification of the command of an alleged perpetrator and law enforcement. Restricted reporting enables a victim to receive victim advocacy services and medical treatment without notification of the command or law enforcement. Adult victims of domestic violence who choose the restricted reporting option may report only to health care professionals, victim advocates, or supervisors of victim advocates.

A report by the General Accounting Office, *Military Personnel: Progress Made in Implementing Recommendations to Reduce Domestic Violence, but Further Management Action Needed,* outlined the limitations of data collection within the services, criticized the failure of the Department of Defense to fully implement

the DTFDV recommendations, and defined the limitations of the directive-type memorandums.

The Department of Defense subsequently issued the instruction *Domestic Abuse Involving Department of Defense Military and Certain Affiliated Personnel.* The instruction includes previously issued directive-type memoranda outlining the role of the command, law enforcement, judge advocate, victim advocate, medical personnel, chaplain, and Family Advocacy Program staff. The directive supports the development of a coordinated community response to domestic violence within the armed forces.

Risk Factors

The military community or culture encompasses risk factors that enhance the vulnerability of victims of domestic violence, including, but not limited to, geographical isolation from family and friends; social isolation within the military community; residential mobility; financial insecurity; economic dependence; and fear of adverse career impact. Military training affords a perpetrator an opportunity to develop and enhance techniques. Deployments impact the prevalence and severity of incidents. Combat stress and posttraumatic stress disorder may influence risk and prevalence of domestic violence in the armed forces.

Prevalence

The prevalence of domestic violence within the armed forces is difficult to ascertain due to the lack of standardized data, uniform interpretation of data, and failure to implement databases authorized by Congress. Recidivism and reoffense data remain unreliable.

Department of Defense estimates suggest that domestic violence in the military rose during the 1990s. The rate escalated from 19 cases per 1,000 individuals in 1990 to 26 per 1,000 in 1996. Reporting practices were altered in 1997, which resulted in a decrease. Although substantiated reports decreased, the levels of moderate to severe violence increased.

The Department of Defense estimates indicate a slow decline in the number of cases of substantiated domestic violence since 2000. In 2004, the rate was 14 per 1,000, entailing 16,400 reported cases with 9,450 substantiated incidents. The army consistently shows the highest rate of domestic violence, followed by the marines, navy, and air force.

The GAO reports that the failure to fully implement the domestic violence component of the Defense Incident-Based Reporting System, personnel shortages, installations not reporting command disciplinary actions, law enforcement systems not yet operational, and ineffective communication of standards preclude a comprehensive analysis of Department of Defense data or a comparative analysis of military and civilian communities.

Christine Hansen

See also Armed Forces, Sexual Harassment in; Military, Family Advocacy Programs; Violence Against Women Act

Further Readings

Defense Task Force on Domestic Violence. (2001). *Initial report.* Arlington, VA: U.S. Department of Defense.

Defense Task Force on Domestic Violence. (2002). *Second annual report.* Arlington, VA: U.S. Department of Defense.

Defense Task Force on Domestic Violence. (2003). *Third annual report.* Arlington, VA: U.S. Department of Defense.

Hansen, C. (2001). A considerable service: An advocate's introduction to domestic violence and the military. *Domestic Violence Report, 6*(4), 49–50, 60–64.

The Miles Foundation, Inc., & Survivors in Service United (SISU). (2007). *Choices and challenges: A guide to surviving intimate partner violence in the U.S. Armed Forces.* Newtown, CT: The Miles Foundation.

Rosen, L., & Hansen, C. (Eds.). (2003). Violence against women associated with the military: Part I. Intimate partner violence. *Violence Against Women* [Special issue], *9*(9).

Domestic Violence Movement

See Battered Women's Movement

Domestic Violence Resource Network

In 1993, federal funds from the U.S. Department of Health and Human Services (DHHS) were provided to establish and provide ongoing support to the Domestic Violence Resource Network (DVRN). This network of national resource centers was designed to

inform, coordinate, and strengthen public and private efforts to end domestic violence by providing guidance and expertise in key areas of practice and policy. The DVRN includes the following:

- *National Resource Center on Domestic Violence (NRCDV)*—provides a source of comprehensive information, training, and technical assistance in support of effective domestic violence intervention and prevention
- *Battered Women's Justice Project (BWJP)*—provides legal training, technical assistance, and other resources on domestic violence related to civil court access and representation, criminal justice response, and battered women's self-defense issues
- *National Health Resource Center on Domestic Violence*—works to guide the development of a multidisciplinary and comprehensive health care response to domestic violence
- *Resource Center on Domestic Violence: Child Protection and Custody*—focuses on domestic violence issues arising within the context of child custody cases and within child protection agencies
- *Sacred Circle National Resource Center to End Violence Against Native Women*—addresses violence against Native women in the context of the unique historical, jurisdictional, and cultural realities facing American Indians and Alaskan Natives

The constituency of the resource centers is broad, not limited to grantees of DHHS. To ensure maximum impact, however, each of the resource centers targets its training and technical assistance. Utilizing toll-free numbers, Web sites, newsletters, teleconferences, training workshops, and national and regional conferences and workgroups, each resource center provides the following:

- Materials and publications on a range of domestic violence issues
- Support for the development and replication of model programs, legislation, and practices
- Technical assistance, training, and referrals to assist advocates, programs, allied professionals, government agencies, and communities to meet local, state, and national needs

The technical assistance and training provided through the DVRN is both reactive and proactive, not only responding to requests from the field but also anticipating the need for information and guidance around emerging policy and practice issues.

In 2006, the DVRN was expanded to include other DHHS-funded national domestic violence initiatives with which the resource centers have forged strong partnerships. This expanded DVRN now includes the National Domestic Violence Hotline; the National Training Center on Domestic Violence, Mental Health and Trauma; and three multicultural institutes—Alianza: The National Latino Alliance for the Elimination of Domestic Violence, the Institute on Domestic Violence in African American Communities, and the Asian Pacific Islander Institute on Domestic Violence.

Members of the DVRN have worked collaboratively to ensure that training and technical assistance available throughout the country are complementary, comprehensive, advocacy based, and informed by the entire network.

Anne Menard

See also Asian & Pacific Islander Institute on Domestic Violence; Battered Women's Justice Project; National Latino Alliance for the Elimination of Domestic Violence; National Resource Center on Domestic Violence; Sacred Circle National Resource Center to End Violence Against Native Women

Web Sites

Alianza: The National Latino Alliance for the Elimination of Domestic Violence: http://www.dvalianza.org
Asian & Pacific Islander Institute on Domestic Violence: http://www.apiahf.org/apidvinstitute
Battered Women's Justice Project: http://www.bwjp.org
Institute on Domestic Violence in African American Communities: http://www.dvinstitute.org
National Domestic Violence Hotline: http://www.ndvh.org
National Health Resource Center on Domestic Violence: http://www.endabuse.org/health
National Resource Center on Domestic Violence: http://www.nrcdv.org
National Training Center on Domestic Violence, Mental Health and Trauma: http://www.dvmhpi.org
Resource Center on Domestic Violence: Child Protection and Custody: http://www.ncjfcj.org/fvd
Sacred Circle National Resource Center to End Violence Against Native Women. http://www.sacred-circle.com

Dowry Deaths, Bride Burning

Anthropologists and sociologists have provided information on several forms of dowry-related violence against women in various countries, including some in Africa, Asia, and the Middle East. However, it is only in India that some unique and historically significant examples of burning women alive have been reported. Studies indicate that there are countless ways of killing people; burning them alive has been rather uncommon and torturous. Examples of lethal violence against women in India through fire, therefore, are suggestive of peculiar socioreligious background. Although there seems to be little consensus on dates of origin as well as number of cases involved in fire-related deaths of Hindu women, recent studies have identified data and case histories of such female victims in India.

Background: The Sati Practice

The word *sati,* or *suttee,* as Westerners have often spelled it, describes an ancient ritual according to which a Hindu wife follows her husband to his death by ascending his cremation pyre with him or ascending one of her own shortly afterward; it also refers to a woman cremated in this way. The customary rite involved the cocremation of the living wife with the dead husband. The practice was traditionally based upon a belief in the karma principle (implying fatalism and predestination) of Hindu marriage, which as a sacrament demands that a widow kill herself so that her soul may join that of her deceased husband. It was also based upon the dharma principle, implying duty and sacrifice on the part of the wife. However, a husband usually accepts the death of his wife with indifference, as if his own soul did not have to join that of his late wife. This double standard reflects an aspect of the male domination and control exercised by Hindu husbands. The woman who became sati was generally hailed and accorded a heroic status by the community, as not every widow was provided the opportunity to become sati. A husband who had multiple wives might have stated in a will his choice of his favorite wife to be the sati. Although the sati practice was not usually based on dowry considerations, it has been suggested that women may have been burnt alive because of possible disputes over dowry.

Dowry-Related Burning

The practice of dowry in India involves giving of gifts by a bride's family during the marriage to the son-in-law and his family, either in cash or in kind. Dowry is generally displayed socially, although it may sometimes be given in secrecy. The gift giving continues on different occasions through the first few years of marriage. The practice may have been present in Indian society for a long time, though now it seems to have developed into a form of commerce in many arranged marriages in India. Many married women have been reported to be emotionally abused, physically tortured, murdered, or driven to commit suicide because of persistent demands for dowry. About 5,000 deaths a year were reported by the government in the 1980s and 1990s. Many of these reports suggest that husbands (and their families) often blame the burnt victims for having committed suicide or been involved in accidental deaths (for example, while cooking). Women who survive the fire are too afraid to come forward to tell their full stories. This form of violence is likely to be far more serious than what government and the media actually report. However, systematic research on the topic hardly exists.

Explanation

The sociodemographic and other risk factors for lethal violence against women in the traditional aspect of Indian society, particularly in the rural areas, are numerous. Women in those orthodox settings are generally uneducated, ignorant of their own rights, chronically dependent on their husbands' families, and denied a right to build a social support network outside those families. That may make them vulnerable to violence and control. They also do not have access to protection from law enforcement agencies and are under pressure to keep their marriages going. Husbands, on the other hand, may have options for remarriages and fresh chances for dowries, making them and their families aggressive whenever deficiencies are noticed in wives and their dowry history. In addition, women who survive burning attempts might face a continued oppression with a difficult recovery and become further victimized even through their own families and communities.

Prevention

In 1982, Indira Ghandi, the Prime Minister of India, spoke of her frustration at the situation of dowry deaths by saying, "We have got a lot of laws, but it is not so easy to implement them." However, it seems that tough laws against incidents, or the so-called

accidents, of women burning enacted under her leadership have started to have preventive implications. Demands for dowry as well as connected homicidal or suicidal attempts are now federal offenses, requiring the police to intervene. Law enforcement agencies throughout India have been setting up offices and shelters to help victims of bride burning. Women's rights groups as well as popular media have been actively involved in educational and news programs trying to raise levels of awareness about injustices and violence experienced by female victims. However, studies show that demands for dowry have been on the rise, now more than in the past through under-the-table "gifts" arranged by marriage mediators. In addition, reported rates of dowry deaths have not been declining in India. Systematic research is needed to investigate all aspects of dowry-related issues and specific mitigating strategies for prevention of violence against women in the future.

Raghu N. Singh

See also Forced Marriages; Religion; Ritualistic Abuse

Further Readings

Bumiller, E. (1990). *May you be the mother of one hundred sons: A journey among the women of India.* New York: Fawcett Columbine.

Hawley, J. S. (Ed.). (1994). *Sati: The blessing and the curse: The burning of wives in India.* New York: Oxford University Press.

Kumari, R. (1989). *Brides are not for burning: Dowry victims in India.* New York: Advent.

Narashimhan, S. (1990). *Sati: Widow burning in India.* New York: Doubleday.

Prasad, D. (1994). Dowry-related violence: A content analysis of news in selected newspapers. *Journal of Comparative Family Studies, 25,* 71–89.

Dual Arrest

Dual arrest refers to the practice of arresting both parties involved in a domestic violence incident at the same time. This practice has increased as mandatory and preferred arrest policies have been implemented, and occurs when police cannot, or choose not to, determine the primary aggressor in a domestic violence incident. Police may choose dual arrest if both parties show evidence of having been injured, or when they only have the word of both parties, each stating that the other was the aggressor. Thus, the decision of guilt is left to the court system. It is unknown if dual arrest is a result of strict adherence to the word of mandatory or preferred arrest policies, a backlash to the policies, or indicative of bias or prejudice that leads to over-enforcement.

Dual arrest rates vary widely across states, comprising between 11% and 50% of arrests, since the implementation of mandatory arrest. Police departments argue that dual arrests must occur because police officers have a responsibility to arrest when there is any evidence that a crime has been committed. Additionally, police officers report wanting both parties to be mandated into counseling for the relationship. Research indicates that decisions to arrest are frequently based on officers' attitudes and moral judgments that determine their perceptions of blame, justifications for violence, and believability of the accounts of the incidents.

The picture of males arrested in a dual arrest is significantly different from that of dually arrested women, using research based on heterosexual couples. Males are significantly less likely than females to have been a domestic violence victim in the preceding 2 years. They are also more likely to have a history of domestic violence arrests than are females. This supports the belief that most women arrested for domestic violence are acting in self-defense or retaliation from prior abuse.

When women are arrested for domestic violence, it is often in the context of dual arrest. Alcohol or other drug use is significantly more likely to be involved in dual arrest cases than single arrest cases. Women are typically charged with minor offenses, such as disorderly conduct or breach of peace, in these incidents. The arrests rarely result in prosecution, with only half the prosecutions of single arrest cases. These findings support the perspective that many of these women are arrested unjustifiably or due to violent behavior that is a response to ongoing victimization by a partner. This is not to say that women are never the primary aggressor, or that they never initiate violence. However, with the high consequences of arrest, such as emotional ramifications, financial burdens, and social stigma, as well as cost for the legal system, police should take seriously their role in determining the primary aggressor when making decisions to arrest.

Poco Kernsmith

See also Legal Issues in the Treatment of Sexual and Domestic Violence; Legal System, Criminal Justice System Responses to Intimate Partner Violence; Police, Response to Domestic Violence

Further Readings

Feder, L., & Henning, K. (2005). A comparison of male and female dually arrested domestic violence offenders. *Violence and Victims, 20,* 153–171.

Martin, M. E. (1997). Double your trouble: Dual arrest in family violence. *Journal of Family Violence, 12,* 139–157.

Duluth Model

The Duluth model offers a method for communities to use in coordinating their responses to domestic violence. It is an interagency approach that brings the justice and human service interventions together around the primary goal of protecting victims from ongoing abuse. It was conceived and implemented in a small working-class city in northern Minnesota from 1980 to 1981. The original Minnesota organizers were activists in the battered women's movement. They selected Duluth as the best Minnesota city in which to try to bring criminal and civil justice agencies together to work in a coordinated way to respond to domestic abuse cases involving battering. By battering they meant an ongoing pattern of abuse used by an offender against a current or former intimate partner. Eleven agencies formed the initial collaborative initiative. These included 911, police, sheriff's and prosecutors' offices, probation, the criminal and civil court benches, the local battered women's shelter, three mental health agencies, and a newly created coordinating organization called the Domestic Abuse Intervention Project (DAIP). The initiative's activist, reform-oriented origins shaped its development and popularity among reformers in other communities. Over the next three decades this continuously evolving initiative became the most replicated woman abuse intervention model in the country.

The Duluth model engages legal systems and human service agencies to create a distinctive form of organized public response to domestic violence. It is characterized by the following:

- clearly identifiable and largely shared assumptions and theories about the source of battering and the effective means to deter it
- empirically tested intervention strategies that build safety and accountability into all elements of the infrastructure of processing cases of violence
- well-defined methods of interagency cooperation guided by advocacy programs

The Duluth model holds that public intervention in domestic violence cases should include several key elements. It must protect victims of ongoing abuse (battering). It must hold perpetrators and intervening practitioners accountable for victim safety. It must offer offenders an opportunity to change (including punishment if it enhances victim safety), and it must ensure due process for offenders through the intervention process. The focus of intervention is on stopping the violence, not on fixing or ending interpersonal relationships.

The Duluth model asserts the following:

- The primary responsibility of placing controls on abusers belongs to the community and the individual abuser, *not* the victim of abuse.
- Battering is a form of domestic violence that entails a patterned use of coercion or intimidation, including violence and other related forms of abuse that may be legal or illegal. To be successful, initiatives must distinguish between and respond differently to domestic violence cases that constitute battering and cases that do not, and the intervention must be adjusted for the severity of the violence.
- Intervention must account for the economic, cultural, and personal histories of the individuals who become abuse cases in the system.
- Both victims and offenders are members of the community; while they must each act to change the conditions of their lives, the community must treat both with respect and dignity, recognizing the social causes of their personal circumstances.

The Duluth model offers four primary strategic principles of interagency intervention:

First, change will be required at the basic infrastructure levels of the multiple agencies involved in case processing. Workers must be coordinated in ways that

enhance their capacity to protect victims and must comply fully with interagency agreements. Participating agencies must work cooperatively on examining, adjusting, and standardizing practices by making changes in eight core methods of coordinating workers' actions on a case. This involves (1) identifying each agency's mission, purpose, and specific function or task at each point of intervention in these cases; (2) crafting policies guiding each point of intervention; (3) providing administrative tools that guide individual practitioners in carrying out their duties (e.g., 911 computer screens, specially crafted police report formats, domestic violence–appropriate presentence investigation formats; education and counseling curricula designed for abusers); (4) creating a system that links practitioners to each other so that each practitioner is positioned to act in ways that assists subsequent interveners in their interventions; (5) adopting interagency systems of accountability, including an interagency tracking and information-sharing system; periodic evaluations of aspects of the model; bimonthly interagency meetings to identify, analyze, and resolve systemic problems in the handling of cases; and accountability clauses in written policies; (6) establishing a cooperative plan to seek appropriate resources; (7) reaching agreements on operative assumptions, theories, and concepts to be embedded in written policies and administrative practices; and (8) developing and delivering training across agencies on policies, procedures, and concepts.

Second, the overall strategy must be victim-safety centered. There is an important role for independent victim advocacy services and rehabilitation programming for offenders. Small independent monitoring and coordinating organizations should be set up to coordinate work groups, operate the tracking system, and help coordinate periodic evaluations and research projects. Victim advocacy organizations should be central in all aspects of designing intervention strategies.

Third, agencies must participate as collaborating partners. Each agency agrees to identify, analyze, and find solutions to any ways in which their practices might compromise the collective intervention goals. Small ad hoc problem-solving groups, training committees, evaluation projects, and regular meetings are used to coordinate initiatives. These working groups are typically facilitated by DAIP staff but, when appropriate, may be led by another participating agency.

Fourth, abusers must be consistently held accountable for their use of violence. Effective intervention requires a clear and consistent response by police and the courts to initial and repeated acts of abuse. These include the following: (a) mandatory arrest for primary aggressors; (b) emergency housing, education groups, and advocacy for victims; (c) evidence-based prosecution of cases; (d) jail sentences in which offenders receive increasingly harsh penalties for repeated acts of aggression; (e) the use of court-ordered educational groups for batterers; and (f) the use of a coordinating organization (DAIP) to track offenders, ensuring that repeat offenders or those in noncompliance do not fall through the cracks and that victim-safety is central to the response.

The Duluth model has been widely successful in offering greater victim protection and reducing repeat acts of violence in many different communities. But it has not been successful everywhere. Its success appears to depend on skills, leadership, and follow-through from the victim advocacy groups and key intervening agencies.

Martha McMahon and Ellen Pence

See also Coordinated Community Response; Power and Control Wheel

Further Readings

Shepard, M. E., & Pence, E. (Eds.). (1999). *Coordinating community responses to domestic violence.* Thousand Oaks, CA: Sage.

Web Sites

Duluth model: http://www.duluth-model.org

E

Early Intervention Programs

Early childhood intervention programs aim to positively impact developmental outcomes for at-risk children by targeting and enhancing skill sets related to school achievement, social competence, and mental and physical health. Research shows that social, emotional, cognitive, behavioral, and health problems that appear early in childhood generally worsen over time in the absence of intervention. Furthermore, these problems are related to school failure, substance abuse, and aggression later in the child's life. Children whose backgrounds include low socioeconomic status, low maternal education and verbal ability, minority status, parental histories of substance abuse and mental illness, or a parental native language other than English appear to be particularly susceptible to these problems. Relative to their more advantaged counterparts, at-risk children are likely to have been exposed to and victimized by more violence, which has been shown to be predictive of a range of emotional and behavioral problems. Moreover, at-risk children are likely to already suffer from language delays stemming from a lack of access to developmentally appropriate books and learning tools, a chaotic home environment, and parents who may have low education and verbal ability themselves. Early intervention programs are predicated on the hypothesis that decreasing risk factors (e.g., early behavioral problems, language delays) while increasing protective factors (e.g., child social competence, parenting skills) in at-risk children and their families may prevent chronic distress and facilitate healthy child development.

Head Start

Head Start, an early intervention program funded by the U.S. Department of Health and Human Services, is perhaps the best known, as well as the most comprehensive program currently available for at-risk families. Participants include children from birth to age 5 and their families whose household incomes fall below the poverty line. Head Start provides services through a variety of modalities, including center-based, home-based, and "mixed" programs in urban and rural communities across the country. The program intervenes directly with both the children and their parents, training each in relevant skills, while providing access to medical care and other social services.

Head Start promotes cognitive and social development for preschool-age children. Classrooms provide a stimulating and supportive learning environment in which children can hone their language, prereading, and cognitive skills in preparation for school. This may be the first socialization experience for these children in which they have an opportunity to practice social skills such as negotiation, emotion regulation, and communication. This is critically important given the evidence that children who can make and keep friends and navigate social situations effectively are more likely to be academically successful and less likely to become aggressive and use substances than children who fail to achieve social competence. Head Start also recognizes the substantial impact that physical health has on a child's developmental course; consequently, children in the program receive routine medical and dental health screenings, and are taught good nutrition and health maintenance practices.

Head Start maintains a commitment to working in conjunction with parents in order to cultivate a nurturing, supportive, and safe home environment that will be conducive to long-term developmental success. This is accomplished by addressing parental risk factors, including mental health problems and substance abuse, while teaching parents developmentally appropriate parenting skills. Indeed, Head Start parents report using less corporal punishment and experiencing less domestic violence than at-risk families not enrolled in Head Start. Furthermore, Head Start parents report reading more frequently with their children. Early parent–child reading is thought to be an important literacy experience for several reasons: It teaches children that books tell stories and that stories follow a logical sequence; it teaches that real life objects can be represented by words; it allows children to build their vocabularies; it is a correlate of language and cognitive development; and it serves as a bonding experience for parents and children. Head Start also encourages parents to further their own education, which, in turn, may help to promote the value of education in a household.

Efficacy of Early Intervention Programs

According to available data, Head Start children make gains during the course of program enrollment compared to their at-risk counterparts who do not receive intervention. It appears that center-based and combined programs produce the largest impact for children, while home-based programs elicit the greatest change in parenting skills. Outcomes for parents and children seem to depend in part on both the quality and the quantity of the intervention. While Head Start has demonstrated short-term improvement in child and family functioning to varying degrees, it is unclear whether the program reliably elicits long-term change in at-risk families.

Other two-generation early intervention programs (targeting at-risk children and their parents) have produced equivocal results. For instance, the Infant Health and Development Program recruited low-birth-weight infants and their families and provided a comprehensive intervention including home, center-based, and group support components, until the children turned 3. At the end of the program, those children receiving the intervention demonstrated greater cognitive and behavioral gains than their counterparts; however, those gains had faded by age 7. Another early intervention program, Even Start, aims to improve school achievement in at-risk children by providing literacy-focused education to children and parents from low-literacy homes. The findings thus far suggest that children and parents receiving interventions do not achieve greater literacy ability than those not receiving the interventions.

Across early intervention programs, outcome studies tend to compare subsets of at-risk children, making it less clear how disadvantaged children receiving interventions ultimately fare compared to children whose families have greater financial resources. Furthermore, research indicates that the families at the greatest risk for poor outcomes are also the most likely to be noncompliant with program procedures and to leave the program prematurely; this suggests that the children who would potentially benefit the most from such interventions are also the least likely to profit from the experience. More research on the efficacy of early intervention programs is clearly warranted, with a particular emphasis on means of enrolling and retaining the most vulnerable families, as well as collecting data on long-term outcomes.

Katherine W. Follansbee and Gregory L. Stuart

See also Child Exposure to Violence, Role of Schools; School-Based Violence Prevention Programs

Further Readings

Love, L. M., et al. (2005). The effectiveness of Early Head Start for 3-year-old children and their parents: Lessons for policy and programs. *Developmental Psychology, 41,* 885–901.

Magnuson, K. A., & Waldfogel, J. (2005). Preschool child care and parents' use of physical discipline. *Infant and Child Development, 14,* 177–198.

Raikes, H., Green, B. L., Atwater, J., Kisker, E., Constantine, J., & Chazan-Cohen, R. (2006). Involvement in Early Head Start home visiting services: Demographic predictors and relations to child and parent outcomes. *Early Childhood Research Quarterly, 21,* 2–24.

Raikes, H., et al. (2006). Mother-child bookreading in low-income families: Correlates and outcomes during the first three years of life. *Child Development, 77,* 924–953.

Early Warning Signs of Intimate Partner Violence

Research has indicated that it is very difficult to leave a violent relationship and that survivors undergo an

agonizing process to achieve safety for themselves and their children. Understanding early warning signs and characteristics of intimate partner violence (IPV) perpetrators are critical factors in developing educational messages to help women avoid engaging in relationships with abusers.

National studies with urban, suburban, and rural African American, Hispanic, and White women found the following early warning signs: whirlwind romances involving attempts to quickly and completely involve the woman, extreme charm and flattery, excessive gestures to please her family, jealousy, and early efforts to control and isolate her from her social support system. Other early warning signs include abuse in his home of origin, his abusive behavior toward other women, blaming others for his failures and misbehavior, and alcohol and drug abuse. Additional factors found to be associated with perpetration of partner violence include lower socioeconomic status, deficits in interpersonal skills, and acceptance of the use of violence within relationships. As for the survivors of IPV, studies have found that women with histories of child abuse are more likely to experience IPV as adults.

Numerous national, state, and community domestic violence programs, colleges, and other organizations working with IPV victims and perpetrators have posted Web pages that support the empirical findings and are based on the experience of many IPV survivors. The following points are synthesized from several of these Web sites. They describe a potentially violent partner as someone who

- is jealous and possessive, won't allow the woman to have friends, and puts down people who are important to her;
- checks up on the woman or makes her check in with him;
- gets too serious about the relationship too fast;
- won't accept breaking up;
- exhibits controlling behavior by being very bossy, giving orders, making all the decisions; tells the woman what she should or shouldn't wear, doesn't take her opinion seriously;
- yells, swears, manipulates, spreads false and degrading rumors, or tries to make the woman feel guilty;
- threatens, criticizes, or humiliates; makes the woman feel stupid, incapable, lazy, ugly, worthless, helpless, crazy, or trapped;
- owns or uses weapons;
- is frightening and causes worry about reactions to things said or done;
- has unpredictable mood swings, has a history of fighting, is cruel to animals or children, loses his temper quickly, or brags about mistreating others;
- thinks detructive displays of emotion are signs of love;
- pressures the woman for sex, is forceful or threatening about sex; thinks women or girls are sex objects;
- drinks too much or uses drugs; pressures the woman to take drugs or blames the alcohol and drugs for his behavior;
- blames the woman when he mistreats her; says she provoked him, pressed his buttons, made him do it, led him on;
- has a history of bad relationships and blames the other person for all the problems or feelings (e.g., saying, "Girls just don't understand me");
- does not accept responsibility for his actions;
- believes in stereotypical gender roles for males and females; believes one person should be in control and have all the power in a relationship and the other person should be passive and submissive;
- accepts or defends the use of violence by others;
- has been warned against by the woman's family and friends, who may have told her they were worried for her safety.

One Web site cautions that it is important to get to know someone for a long time before getting serious with him, because abusers can be polite and charming for several months at a time to convince their dates that they are acceptable partners.

It has been speculated in the literature that extreme charm and flattery foster a sense of trust on the part of unsuspecting victims and may groom them for succumbing to forceful control later in the relationship. Additionally, early attempts to control behavior may be construed in a positive fashion given the context of flattery. Flattery combined with early forms of control may make women more vulnerable to escalating attempts to control a large number of areas of their lives.

Statistics indicate that one in three teenagers have experienced violence in a dating relationship. Young people initiating dating relationships need to be better prepared for the likelihood of encountering an abusive partner. Although the information summarized here is easily available, additional prevention and intervention programs and targeted messages that reach the right audiences at the right times are needed.

Lynn M. Short and Pamela M. McMahon

See also Battered Women: Leaving Violent Intimate Relationships; Dating Violence/Courtship Violence; Prevention Programs, Adolescent Dating Violence; Prevention Programs, Interpersonal Violence

Further Readings

Advocates for Youth. (2006). *Dating violence warning signs.* Retrieved from http://www.advocatesforyouth.org/youth/health/relationships/violence.htm

Alabama Coalition Against Domestic Violence. (2006). *Early warning signs that your date may eventually become abusive.* Retrieved from http://www.acadv.org/dating.html

Bauer, H. M., Rodriguez, M. A., & Perez-Stable, E. J. (2000). Prevalence and determinants of intimate partner abuse among public hospital primary care patients. *Journal of General Internal Medicine, 15,* 811–817.

The Haven of RCS Domestic Violence Center. (2006). *Early warning signs of teen dating violence.* Retrieved from http://www.computerbob.com/abuse/teen_dating_ violence.php

Health First. (2006). *Twenty-three warning signs of abusive relationships.* Retrieved from http://www.health-first.org

Holtzworth-Munroe, A., Bates, L., Smutzler, N., & Sandin, E. (1997). A brief review of the research on husband violence. Part I: Maritally violent versus nonviolent men. *Aggression and Violent Behavior, 2,* 65–99.

Holtzworth-Munroe, A., Smutzler, N., & Bates, L. (1997). A brief review of the research on husband violence. Part III: Sociodemographic factors, relationship factors, and differing consequences of husband and wife violence. *Aggression and Violent Behavior, 2,* 285–307.

National Youth Violence Prevention Resource Center. (2006). *Know the early warning signs that you're in a dating situation or relationship that could have the potential to become violent.* Retrieved from http://www.safeyouth.org/scripts/teens/dating.asp

Short, L. M., et al. (2000). Survivors' identification of protective factors and early warning signs in intimate partner violence. *Violence Against Women, 6,* 273–287.

Women's Rural Advocacy Program. (2006). *Characteristics of men who batter*: *Twelve ways to tell whether your man may turn into an abuser.* Retrieved from http://www.letswrap.com/index02.htm

Ecological Models of Violence

Ecological models focus on multiple levels of influence and result in a comprehensive understanding of human behavior. Research has shown that violence permeates every level of our environment and society, from effects on the individual and family to violence in neighborhoods, communities, and the broader culture. Until recently, researchers investigated unique forms of violence and outcomes, such as child abuse or intimate partner violence, out of the context of the multiple traumas that individuals frequently encounter. Investigators have begun studying exposure to multiple forms of violence and the exponential effects of these experiences on individuals' health and well-being. Researchers know, for example, that child abuse and intimate partner violence overlap in approximately 40% of cases and that siblings in child-abusing families are at risk for abuse themselves. Studies show that interadult violence is replicated in the earliest of social relationships, those of siblings. Further, in cases of childhood sexual abuse, research has shown that violent revictimization in adulthood is high. In addition, researchers know that violence is more likely to occur in certain contexts. For example, children who are the victims of violence are generally more likely to live in urban and poor neighborhoods. Further, by the time the average child graduates from elementary school he or she will have witnessed thousands of murders and tens of thousands of vicarious acts of violence on television, and poor children report the highest exposure.

Thus, it is clear that violence can and does impact individuals at any age, in any environment, and often co-occurs in various forms. However, the broad range of potential influences on violence exposure and perpetration is difficult to organize and assess. One way of capturing the complex array of violent acts and interactive effects is with an ecological model that illustrates influences that occur at different levels of an individual's environment.

Defining an Ecological Schema

In 1968 Edgar Auerswald first described the use of an ecological approach to understanding family processes by connecting families to the broader community in which they were embedded. Around the same time, Roger Barker described the influence of physical surroundings and social settings on individual behavior. It was Uri Bronfenbrenner, however, who in 1979 first proposed a four-level ecological schema used to illustrate the complex layers of factors found to influence and explain variations in individual behavior. He organized factors as existing within the individual and the family at the *microsystem* level, which is posited to be surrounded by the *mesosystem*, or the interrelationships

between such places as the school and home or the various components of the microsystem. These systems are nested within the *exosystem,* which consists of the community setting in which the family is embedded. Finally, these three systems are encompassed by the *macrosystem,* which is the most distal to the individual and made up of the broader culture's norms, rules, expectations, and values. Insofar as these levels are nested, they are considered to have transactional qualities—that is, factors at one level can influence, shape, or constrain factors at another level.

Adding the Temporal Dimension to the Ecology

Time, or the *chronosystem,* is a dimension that was added to the model by Bronfenbrenner in 1986. Here, the developmental influence of the related risk and protective factors found at each contextual level can be tracked over the course of an individual's life.

The ecological model has been used to explain processes related to single problems, such as substance abuse or child maltreatment. When applied to violence, this model allows us to examine the issues of multiple victimizations and continuity, as it allows us to identify those individuals whose early exposure to violence and maltreatment puts them at risk for revictimization or perpetration in childhood and beyond. Further, by using this model, we can account for what contributes to discontinuous effects; for example, where some children either show no negative effects early on but develop serious problems later in life—the so-called sleeper effects—or show initial problems and recover, only to exhibit negative outcomes at a later date.

The Ecological Model of Violence

Using ecological systems theory, as well as concepts from the field of developmental psychopathology, a comprehensive model can be adapted to account for the varied, intertwined, and transactional forces that shape the lives of individuals who either are responsible for or have been exposed to violence and maltreatment. The model is shown in Figure 1.

Example of Ecological Effects on Children Exposed to Family Violence

To illustrate, a father may have been exposed to violence between his parents when he was growing up. His own child witnesses similar abuse of his mother by his father. This young child may be at risk for later antisociality or delinquency. However, the probability of a delinquent outcome can be reduced or enhanced depending on the availability of resources for the

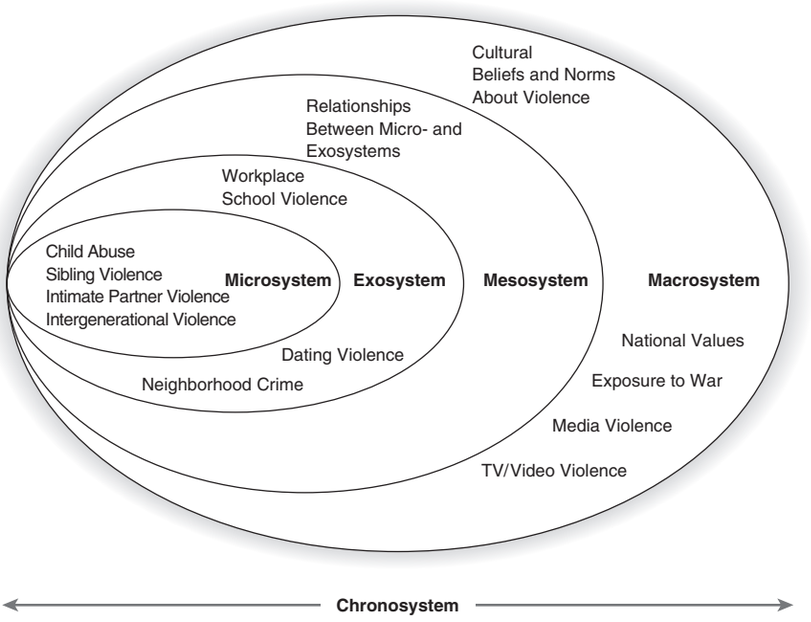

Figure 1 Ecosytem

family or community. The child's young age is an individual-level risk factor that may be countervailed at the contextual level of the family (e.g., having a parent who is not depressed, living in a family with few children, and/or having an empathic mother). Given such protective factors, the child can learn other ways of handling conflict or, perhaps, can get enough attention, information, and support to better cope with the violence.

However, if the immediate environmental context situates the family in a poor neighborhood with few resources and high exposure to community violence, then the buffering effects provided by the mother's positive parenting may be diminished or eliminated. In this case, the child may not have access to programs in the school or community; the mother may not be able to use a battered women's shelter; the child may witness additional acts of violence in the community—some, perhaps, committed against him or his friends. Community resources and initiatives that can provide help for such children are influenced by the broader culture's beliefs in, and support for, efforts to reduce such violence. These resources at the broadest social level, or lack thereof, can constrain the range of available options for the family in a given neighborhood. Thus, despite the protective features of the home, the risk elements at play in the community may overwhelm the child, who may begin to use violent tactics in interpersonal situations. When such violence is reinforced by role modeling in television and other media, the expectation that violence is an appropriate response to challenges or stress may be enhanced. Difficulties in social relationships, violence in dating relationships, or delinquency and eventual incarceration may follow.

The model also can be used to explain resilient coping in those whose exposure to violence is mitigated by protective features at all levels of the environment and does not lead to unhealthy outcomes. Thus, the model can offer a detailed and complex picture of ways in which features of the individual, family, neighborhood, community, and culture can contribute to more healthy trajectories for those exposed to violence.

Utility of the Ecological Model

The ecological model permits appreciation of how multiple forms of violence in the life of an individual may add up, coalesce, and interact. With this information we can identify individuals whose early exposure to violence and maltreatment may lead them into trouble in adolescence and adulthood. Ideally, interventions can be designed for each level of the ecological system to reduce the salience of violence in the culture, in the media, in schools and neighborhoods, and finally, in the family.

Testing Ecological Models in Research

There is a need to continue to refine the study of violence as a serious developmental risk to children, particularly with studies that address violence early in the life of the child. In addition, studies should assess factors that serve to protect some children from the deleterious consequences of exposure to violence. Yet, there is no study that puts all forms of violence and related risk and protective factors together in accounting for the mental health, physical development, and social competence of young children. However, the national research bodies have called for precisely this type of study. If undertaken all at once, such a study would be prohibitively expensive and involve a large sample followed over time. Still, the issue is to capture as much of the salient environment as possible in trying to understand and explain the contributions of particular stressors to children's adjustment.

As difficult as it may be to measure the presence of the broadest cultural risk factors, such as the acceptance of an atmosphere of violence, this is the kind of research challenge that needs attention if we are to continue exploring why some children are more seriously affected by violence than others. Further, studies that take the qualities of the immediate neighborhood and broader social context into account can shift focus from the individual to extrafamilial contributing factors. This information can be used to situate the family in a particular ecological niche with certain contextualized features of risk and protection.

Sandra Graham-Bermann and Michelle Gross

See also Resiliency, Protective and Risk Factors; Risk Assessment

Further Readings

Auerswald, E. H. (1968). Interdisciplinary versus ecological approach. *Family Process, 7*(2), 202–215.

Barker, R. (1968). *Ecological psychology: Concepts and methods for studying the environment of human behavior.* Stanford, CA: Stanford University Press.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by design and nature.* Cambridge, MA: Harvard University Press.

Bronfenbrenner, U., & Evans, G. W. (2000). Developmental science in the 21st century: Emerging questions, theoretical models, research designs, and empirical findings. *Social Development, 9*(1), 115–125.

Elder Abuse

Elder abuse is harm or risk of harm to older adults by trusted other persons. This definition includes the failure of caregivers to protect vulnerable elders from harm or provide them with goods and services, like food or medical care, to meet basic needs. Elder abuse may be intentional or unintentional. It can assume various forms, such as physical, psychological, sexual, or financial abuse, neglect, or abandonment. The effects of these forms may be injury, suffering, loss, or rights violation. Research suggests that abused elders die three times sooner than nonabused elders.

Elder abuse is a major aspect of interpersonal violence. Former U.S. Surgeon General Louis Sullivan declared it to be a public health concern and criminal justice issue. All states and territories have laws authorizing the use of adult protective services to investigate and respond to elder abuse situations. They also have criminal codes to punish the perpetrators in some instances.

History of Problem Recognition

Elder abuse existed prior to modern times. However, it usually was not considered to be a social problem. For example, in early America some Indian tribes forced older members to work until exhaustion, and Hudson Bay Eskimos moved, leaving elderly members behind when there was not enough food for everyone. Among colonists, families sometimes cast out older dependent kin when they were unable or unwilling to provide care. In addition, conflict over property could result in family scorn or worse for older people.

Recognition of elder abuse as a problem began in the 1950s, when many younger family members moved from their hometowns in search of better jobs and other opportunities, leaving older kin behind. Communities became concerned about the possible neglect and exploitation of those who were mentally impaired and living alone, outside of institutions. Adult protective services was created and spread nationwide to address these concerns.

Public recognition of other elder abuse forms was sparked during the mid-1970s to early 1980s. This began with professional writings on a "battered old person syndrome" by geriatrician Robert Butler in 1975 and testimony on "battered parents" by sociologist Suzanne Steinmetz before the U.S. House Science and Technology Committee, which was exploring overlooked aspects of family violence in 1978. Recognition of most other elder abuse forms emerged from pioneering research on the topic. Although often methodologically flawed, these early studies served to characterize the problem, contrast it with child abuse, and speculate on its etiology and scope.

Nature and Scope of the Problem

Elder abuse research has not advanced as rapidly or far as research on most other aspects of interpersonal violence. Reasons for this include funding deficits, few investigators, weak theory, and methodological ambiguities. However limited, existing research does provide a beginning understanding of elder abuse as a complex problem that occurs across settings and affects a large number and diversity of older adults.

Theory and Risk Factors

Various theories have been advanced to explain elder abuse. Most were borrowed from the family abuse literature used to understand either child abuse or partner abuse. Those from child abuse, such as role theory and situational theory, see elder abuse as arising out of inadequate caregiving. Those from partner abuse, like conflict theory and feminist theory, see elder abuse as an issue of power, control, and inequities. None of these theories considers the impact of the aging process. None alone seems sufficient to explain elder abuse in all of its forms and contexts. None has been rigorously tested.

More inquiry has gone into discovering risk factors for elder abuse. Risk factors are characteristics of victims, perpetrators, or environments that indicate the possibility of abuse occurrence. Existing research suggests that elder abuse risk factors may vary by form and have greater potency in combination. Moreover, characteristics of the perpetrator tend to be more predictive of abuse occurrence than those of

either the victim or the environment. Perpetrator risk factors include pathology (e.g., alcoholism, mental illness) and financial or housing dependence on the victim. Victim risk factors include reduced functional capacity and problem behaviors, such as those originating out of dementia, like aggressiveness and wandering. Finally, environmental risk factors include social isolation and the victim and perpetrator sharing living quarters.

Prevalence, Incidence, and Reporting

National prevalence studies have been conducted on child abuse and partner abuse. This is not true for elder abuse, despite repeated calls for them and their importance for program planning and public policy purposes. Localized studies in Ohio, Maryland, New Jersey, and Massachusetts suggest an elder abuse prevalence rate of 1% to 10%. Lower figures usually relate to general populations of older adults, higher ones to frail or disabled elders served by health or social service agencies. Variation in prevalence rates also can be attributed to differences in elder abuse definitions and forms used during the investigations. Applying prevalence rates to the current population of older Americans indicates that there may be as many as 5 million victims annually.

A national elder abuse incidence study was conducted by the National Center on Elder Abuse. It concluded that 450,000 abuse victims age 60 and over were seen by adult protective services and agencies serving older people in 1996. The most commonly encountered elder abuse form was neglect, followed by psychological abuse, financial abuse, and physical abuse. Only 1 in 5 of the situations were reported to adult protective services, although mandatory elder abuse reporting exists in all but a handful of states. As low as this reporting ratio seems, it is higher than estimates emerging out of prevalence studies (i.e., 1 in 14). An analysis of 2004 elder abuse reports to adult protective services nationwide identified a rate of 833 for every 100,000 older adults.

Victim and Perpetrator Profiles

Research findings and reports to adult protective services indicate that the typical elder abuse victim is female, age 75 or older, and living in her own home. She has experienced more than one abuse form and multiple occurrences of the problem. Usually her perpetrator is an adult child, spouse, or other family member. Typically the perpetrator is female as well. Profile specifics, however, vary by abuse form. For instance, physical abuse victims tend to be younger and more functionally independent. Neglect victims tend to be older and functionally impaired.

Cultural Variation

There is some evidence of elder abuse variation by cultural grouping. For example, Korean American elders tend to attach a narrower meaning to elder abuse and show less willingness to seek help in addressing it than do Caucasian American or African American elders. Japanese Americans are more likely to seek help from family in elder abuse situations than are European Americans, Hispanics, or African Americans.

Problem Response

Five major systems have responsibility for intervening in elder abuse situations: (1) The lead system is adult protective services. It is authorized by law to receive and investigate elder abuse reports and then to determine the need for protective services to correct or discontinue the situation. (2) Law enforcement acts to address violations of law and represents first responders in many crisis situations. (3) Health care offers emergency and ongoing treatment for the effects of elder abuse. It also is the system best positioned to detect and report the problem. (4) Aging Network represents the vast group of supportive and clinical services for older adults created out of the Older Americans Act, and it can help victims manage at home without an abusive caregiver as well as provide support for older adults who are socially isolated and at risk of elder abuse. (5) Domestic violence programs work to ensure safety for victims of domestic violence, including those in later life. They also attempt to hold perpetrators accountable for their violent behavior.

In an effort to provide a coordinated response to elder abuse situations, many communities have formed multidisciplinary teams with representatives from these systems. Multidisciplinary teams are used for problem identification and treatment recommendation. They provide a more holistic perspective than any single system can offer and ensure that no system has the sole responsibility for handling challenging elder abuse situations.

Georgia J. Anetzberger

See also Adult Protective Services; Legislation, Elder Abuse; Risk Assessment Instruments, Elder Abuse

Further Readings

Anetzberger, G. J. (Ed.). (2005). *The clinical management of elder abuse.* Binghamton, NY: Haworth Press.

Lachs, M. S., Williams, C. S., O'Brien, S., Pillemer, K. A., & Charlson, M. E. (1998). The mortality of elder mistreatment. *Journal of the American Medical Association, 280*(5), 428–432.

National Center of Elder Abuse. (1998, September). *The National Elder Abuse Incidence Study: Final report.* Available at http://www.elderabusecenter.org

National Research Council. (2003). *Elder mistreatment: Abuse, neglect, and exploitation in an aging America.* Washington, DC: National Academies Press.

Pillemer, K. A., & Wolf, R. A. (Eds.). (1986). *Elder abuse: Conflict in the family.* Dover, MA: Auburn House.

Tatara, T. (Ed.). (1999). *Understanding elder abuse in minority populations.* Philadelphia: Brunner/Mazel.

Teaster, P. B., Dugar, T. A., Mendiondo, M. S., & Otto, J. M. (2005, May 12). *The 2004 survey of state adult protective services: Abuse of adults 60 years of age and older.* Available at http://www.elderabusecenter.org

Emerge

Emerge is an international training and resource center on domestic violence. Founded in 1977 in Boston, it was the world's first batterer intervention program. The initial emphasis of the battered women's movement in the United States and globally had been on calling attention to domestic violence, redefining it as a crime against women, and promoting safety and justice for women. But many victim advocates argued that men must join women in this effort, not only to communicate that violence against women is a human rights issue of equal importance to men, but also to play a unique role in educating and confronting men who abuse women. Emerge was established at the behest of women who had founded the first battered women's programs in Boston. Hotline staff at Transition House and Respond were receiving an increasing number of calls from batterers. Since it was not their mission to work with abusive men, staff from these programs publicized a request for men to establish a program for abusers. Nearly all of the 10 men who founded Emerge were friends or relatives of workers at local battered women's programs. While most were social workers or counselors, the others included a teacher, a community organizer, a lawyer, and a cab driver.

Emerge has remained on the cutting edge of change in terms of its innovative intervention model for abusers, its annual trainings and consultations to hundreds of other agencies and institutions, and its efforts to influence public policy on the local, state, and national levels. Emerge has pioneered culturally specific interventions for abusers, beginning with the establishment of groups for Latino men in 1985, African American men in 1990, and Vietnamese and Cambodian men in 1993. During the 1990s Emerge also created specialized groups for lesbians as well as gay men. All of these culturally specific programs have been accompanied by specialized outreach and education collaborations.

In 1986, Emerge created groups for teen offenders, and together with Transition House, founded the Dating Violence Intervention Project. Emerge subsequently established the Responsible Fatherhood Program, a parenting education program geared to abusive men. These groups seek to help men rebuild trust with children who have witnessed their violence, and to become more responsible coparents.

Emerge has continuously sought to help create more coordinated and effective criminal justice responses to domestic violence. With federal funding, Emerge has provided national trainings on domestic violence danger assessment and safety planning since 1998, and developed danger assessment tools. Emerge has also helped to create innovative collaborations with social service programs, religious centers, child welfare agencies, and health care providers to better address and to prevent domestic violence.

David Adams

See also Batterers; Batterers, Personality Characteristics of; Batterers, Treatment Approaches and Effectiveness; Parenting Practices and Violence, Domestic Violence; Prevention Programs, Community Mobilization

Further Readings

Adams, D., & Cayouette, S. (2002.) Emerge: A group model for abusers. In E. Aldarondo & F. Mederos (Eds.), *Programs for men who batter: Intervention and prevention strategies in a diverse society* (pp. 1–31). Kingston, NY: Civic Research Institute.

Domestic violence danger assessment and safety planning [Interactive training DVD]. Available at http://www.emergedv.com

Schechter, S. (1982). *Women and male violence: The visions and struggles of the battered women's movement.* Boston: South End Press.

End Violence Against Women International

In January 2003, Joanne Archambault founded End Violence Against Women International (EVAWI), a nonprofit 501(c)(3) organization whose stated mission is to "provide effective, victim centered, multidisciplinary training and expert consultation regarding crimes of sexual assault and domestic violence." To achieve this goal, EVAWI conducts international conferences and regional training seminars to educate the general public, law enforcement, community organizations, and others working in the field of domestic violence and sexual assault on best practices for responding to these crimes and ensuring thorough, evidence-based investigations are performed to hold offenders accountable.

The organization's stated goals are to (a) counter crimes of sexual assault and domestic violence by ensuring a coordinated, competent, and effective response by all members of Domestic Violence Councils and Sexual Assault Response Teams and other community stake holders; (b) increase reporting of sexual assault and domestic violence by providing members of a multidisciplinary response team with information that will enable them to effectively respond to domestic violence and sexual assault; (c) identify, support, and disseminate best practices that foster men taking responsibility for ending violence against women; and (d) conduct and disseminate evidence-based research on domestic violence and the sexual assault of women by strangers and nonstrangers.

The Making a Difference project was recently started by EVAWI, in coordination with Canadian professionals, with the stated purpose of "challenging the legal process in both the U.S. and Canada to more effectively prosecute sexual offenders." According to EVAWI, research unequivocally shows that a majority of sexual assault cases are committed by a person the victim knows. However, authorities are less likely to prosecute cases involving incidents of sexual assault if there is a relationship between the victim and the accused, there is no sign of physical injury, and the suspect is not otherwise associated with criminal activity. The project is working to address this problem by "facilitating reform in the U.S. and Canadian legal systems to challenge the status quo and more effectively prosecute incidents of adult sexual assault."

The organization's multidisciplinary focus is reflected in the diversity of its staff and Board of Directors. EVAWI's founder, Joanne Archambault, spent nearly 23 years working for the San Diego Police Department before retiring in 2002. During her last 10 years with the department she supervised the Sex Crimes Unit, coauthored the San Diego County Sexual Assault Response Team (SART) resource pamphlet, and produced a video on SART that is used as a popular training aid for professionals. The organization's board of directors is comprised of sexual assault and domestic violence experts, law enforcement officials, attorneys, advocates, and health professionals who are committed to addressing national and international issues relating to domestic violence and sexual assault, with a particular focus on the role of law enforcement.

April J. Guillen and Chelsea M. Clawson

See also Legislation, Rape/Sexual Assault

Further Readings

Ryan, V. M. (2004). Intoxicating encounters: Allocating responsibility in the law of rape. *California Western Law Review, 40*(2), 407, 411.

Web Sites

End Violence Against Women International: http://www.evawintl.org

Epidemiology, Defined

Epidemiology is the quantitative study of the distribution or frequency of, and the determinants or factors associated with, a particular issue affecting the public. These issues of interest range from diseases, to accidents, to behaviors such as violence. Stated concisely,

epidemiology is interested in counting and describing events.

In epidemiology, events of interest are generally counted, or quantified, in terms of *incidence* and/or *prevalence.* Incidence refers to the number of *separate events* that affect individuals within a group during a specific time. For example, an incidence of completed rape takes the form of 3 per 1,000 women in a given year, meaning 3 completed rapes were measured per 1,000 women in the population during that year. This is not the same as prevalence, which identifies the total number of *persons* within a group who experience an event during a specific time period. The corresponding prevalence rate may take the form of 2 completed rapes per 1,000 women during that year, meaning 2 women were victims of completed rape (some were victims more than one time) over the specified period.

Epidemiology is concerned with more than counting. It also identifies characteristics of affected individuals, event characteristics, and environmental characteristics. This descriptive task generally takes the form of addressing questions such as these: Who is influenced? What happens during the event? Where does the event occur? When does the event take place? Extending the above example, answers to these sorts of questions include that, in general, younger females are more likely to experience a completed rape. The rape generally does not involve a weapon, the victims tend not to sustain injuries beyond the rape, and the perpetrator is most often someone they know. Finally, completed rapes tend to occur in or near the victim's home during evening hours.

Given an understanding of the extent and nature of the problem of interest, epidemiology approaches the issue analytically by addressing two additional important questions. First, how did the event take place? And second, why did the event take place? Answering these critical questions generally involves analytic comparisons between groups in the population to determine critical risk factors. Though very important, identifying risk factors is not the same as establishing causation. For example, epidemiological work demonstrates that poor women are more likely to be victims of completed rape. This does not mean that being poor is a *cause* of rape. Instead, it merely demonstrates that there is an increased risk of victimization among poor women. To establish a causal relationship, additional analyses are necessary.

Ultimately, findings from epidemiological research can be used to inform the public about the nature and extent of a problem. In addition, using this knowledge, policies designed to reduce frequency of the problem of interest may be implemented. Further, results from epidemiological analyses can be used to evaluate interventions designed to minimize, and eventually eradicate, the problem of interest.

Callie Marie Rennison

See also Epidemiology, Perpetration Patterns by Age, Gender, Ethnicity, Socioeconomic Status; Epidemiology, Victimization Patterns by Age, Gender, Ethnicity, Socioeconomic Status; Incidence; Prevalence; Prevalence, Measuring

Further Readings

Berkman, L. (2000). *Social epidemiology.* New York: Oxford University Press.

Bhopal, R. (2002). *Concepts of epidemiology.* New York: Oxford University Press.

Gordis, L. (2004). *Epidemiology* (3rd ed.). Philadelphia: Saunders.

Rothman, K. (2002). *Epidemiology: An introduction.* New York: Oxford University Press.

Rothman, K., & Greenland, S. (1998). *Modern epidemiology.* Philadelphia: Lippincott Williams & Wilkins.

Epidemiology, International Patterns

Epidemiology is the quantitative study of the distribution or frequency of, and the determinants or factors associated with, a particular issue affecting the public. For example, an interpersonal violence epidemiologist may study the nature and extent of homicide across nations. In epidemiology, investigated events are generally counted, or quantified, in terms of *incidence* and *prevalence.* However, the field is concerned with more than counting; it also identifies characteristics of affected individuals, event characteristics, and environmental characteristics. In addition, researchers investigate other important aspects, including *how* did the event take place? And *why* did the event take place?

Epidemiological research is challenging in a single setting, but it is exponentially more challenging across nations. To put it directly, one must ensure that the violence of interest is counted in the same way across jurisdictions. This is especially difficult because how violence is counted is contingent on how it is defined, legitimated, and sanctioned from nation to nation. These affect how policing agencies measure, collect, and verify violent acts in each locale. Even data collected from sources other than police agencies are problematic. Data from victimization surveys are influenced by a nation's political and cultural milieu in that they affect how respondents recognize, view, and report victimization experiences. A further complication arises when considering that all of these factors have fluctuated over time within countries.

Even given investigative difficulties including differing definitions, measures, and data collection, this cross-national research is worth the effort since all nations are affected by interpersonal violence.

Official Police Data

International interpersonal violence research primarily relies on two types of data: official police data and victimization surveys. Both types of data are essential because neither is capable of providing all the information about the extent and nature of interpersonal violence. Together they can provide a more complete picture.

There are several sources of official police data in the world. Most data are generated by large international organizations such as the United Nations. Other data come from sources such as Amnesty International and the International Red Cross. In this entry, the most widely used sources of police data on interpersonal violence are reviewed. A widely used data source comes from the United Nations Surveys of Crime Trends and Operation of Criminal Justice Systems. This collection, initiated in 1977, is based on a compilation of a wide range of official crime and criminal justice statistics taken from multiple waves of questionnaire distribution. The surveys are administered to national officials by the United Nations Statistical Office and cover topics such as crimes reported to the police; arrests, prosecutions, and convictions; the extent and types of formal punishments; and criminal justice system resources (e.g., personnel, budgets). The number of nations participating in this effort has varied over time, and depending upon which survey is being administered. Participating nations have ranged from a low of about 65 nations to a high of approximately 100 nations. Most recently, the ninth survey was fielded, which generated statistics from 2003 to 2004.

A second widely cited official police data source is the International Criminological Police Organization, also known as Interpol. Interpol cross-national data collection began in 1950 and is ongoing. Interpol data are published biennially. At present, police agencies from more than 180 member countries supply data on a wide range of topics, including murder, sex offenses, white-collar crime, child pornography, and weapons smuggling. The Comparative Crime Data File (CCDF) is a collection of statistics on crime compiled by Dane Archer and Rosemary Gartner and is found in their 1984 publication *Violence and Crime in Cross-National Perspective*. This collection includes information on crimes such as murder, homicide, assault, robbery, rape, and property theft. Like the other data, CCDF data are gathered by nations that volunteer information. However, information is also gathered through available documentation. Statistics from over 100 countries are included in this data collection, which goes through 1982. And finally, the World Health Organization compiles what is generally considered the most complete and reliable source of death and homicide data across nations. These data are gathered from national public health organizations and published volumes.

Official police data are limited in well-documented ways. These shortcomings include reflecting only crime known to law enforcement agencies and variation in definitions of crime across nations. Further, because reporting of violence to the police and police recording of incidents differs from nation to nation, one cannot be certain whether international differences in these statistics reflect actual crime differences or merely crime reporting and recording differences. Because of these limitations, it is generally agreed that comparisons of interpersonal violence across data sets—especially for nonlethal violence like rape, assault, and robbery—are problematic. And it has been demonstrated that comparisons between individual nations are also inappropriate. However, international crime data do offer information on homicide that researchers view as reliable, especially when the findings are corrected for identified definitional differences.

Victimization Survey Data

In an effort to correct for some of the limitations of official police records, and to allow for the comparison of crime rates across nations independent of the idiosyncrasies of police records, the International Crime Victimization Survey (ICVS) series was created. These standardized questionnaires, which have been fielded four times now, with the most recent being in 1990, are distributed in several countries. The first wave of ICVS surveys was fielded in 1989. The fourth, and most recent wave, was fielded in 47 nations during 2000. Nations in the sample include industrialized nations, developing nations, and nations in transition. Industrialized countries were surveyed nationwide using random-digit-dialing, while developing and transitional nation surveys were restricted to face-to-face interviews in urban areas (primarily capital cities). Because of these differences, researchers discourage the comparison of victimization statistics of developed and developing countries. The ICVS series queries respondents about several forms of personal violence, including robbery, sexual assault, and nonsexual assault. Sexual assault questions are asked only of female respondents.

The ICVS series offers useful information on global interpersonal violence; however, data from this series are limited in certain ways. Most obviously, the ICVS series cannot offer information on homicide, the most severe of all interpersonal violence, as ICVS data are based on self-reported experiences of victimization. In addition, cultural and political differences among nations may affect a respondent's willingness or ability to disclose victimization. In addition, like all retrospective surveys, respondents' answers are based on the accurate memory of events, and the details of those events, that occurred during the previous 12 months. Information on offenders is limited and reflects the victim's perception. Though the ICVS is a large survey, sample sizes from each country are relatively small, ranging from about 1,000 to 6,000 interviews, with corresponding variation in sampling error. Finally, response rates among nations range from less than 40% to almost 90%.

Interpersonal Violence Data

Though many things conspire to make comparisons of interpersonal violence across nations difficult, there are several general findings that emerge from the data. Findings show that in the aggregate, the risk of being victimized by interpersonal violent crime is about one in five. Findings also demonstrate great variation in personal violent victimization rates from nation to nation. Data suggest that the level of development of a nation is related to the rate of violence its inhabitants experience. More developed nations tend to be characterized by the lowest rates of violence, transitional countries tend to have higher violence rates, and developing nations the highest rates of violence. While this is generally true, it is also important to recognize that there is a great deal of variation in rates of violence among nations of each type of development. For several types of violence, victimization rates are higher in Latin America and in sub-Saharan Africa. Not surprisingly, data suggest that where people are economically deprived, violence rates are generally higher. This is especially the case among younger persons, who tend to be victimized at higher rates than others.

However, individual risk of victimization is not randomly distributed among nations or persons. Gender differences in interpersonal violence are found throughout the world. The rates of lethal and nonlethal victimization are higher for males than for females. International data suggest that developed Western countries are characterized by the highest rates of assault against males. In contrast, victimization against females is highest in Latin America, Africa, and new world countries. Though lower than male rates in general, there is great variation in female victimization rates. For instance, in nations with widespread poverty, and in countries where women have low social status, women are victimized at higher rates.

Homicide

Homicide, the most severe form of interpersonal violence, varies across nations. Research suggests an inverse relationship between a nation's development level and its homicide rates. In other words, homicide rates tend to be higher in developing nations, and lower in developed nations. Again, though, there is great variation within groups of developed and developing nations. Among the developed nations, the United States has the highest rate of homicide. Substantially lower homicide rates characterize other developed nations, such as New Zealand, Germany, Canada, Switzerland, and Japan. The homicide rate in the United States is comparable to rates found in Eastern European nations such as Poland, Slovakia,

and the Czech Republic. Homicide rates greater than those of the United States are found in nations such as Mexico, South Africa, Colombia, and Lithuania.

Homicide risk is not randomly distributed among individuals in the populations. In general, relationships among risk factors found in the United States are applicable to those in other nations. For instance, males are more likely to become a victim of homicide than are females, regardless of the nation considered. Further, younger people—teens and those in their 20s—are victims of homicide at higher rates than older people. This is the case again regardless of the nation under consideration.

Homicide rates are thought to be related to several factors aside from development. Most hotly debated is the relationship between firearm availability and homicide rates. It is thought that where firearms, especially illegal firearms, are readily available, homicide rates are higher.

Nonlethal Violence

The nonlethal forms of interpersonal violence most often examined include robbery, nonsexual assault, and physical assault. It has been demonstrated that the homicide rate is not a valid proxy for nonlethal violence (or vice versa). Indeed, though the homicide rate in the United States sets it apart from other developed nations, the nonlethal victimization rate in the United States is much more like that of similarly developed nations. For example, nonlethal violent victimization rates in the United States are generally similar to those found in Sweden.

Robbery

Robbery rates differ greatly among nations. Like homicide rates, robbery rates are lowest in developed nations and higher in developing nations. Also like homicide rates, there is considerable variation in robbery rates among developed nations, as well as among developing nations. Further, the differences in these rates change from year to year and depending upon the data considered. In general, however, it appears that among developed nations, Canada and the Netherlands tend to have higher robbery rates than do nations such as the United States, Scotland, and Australia.

Nonsexual Assault

Nonsexual assault rates tend to be higher in developing nations than in developed nations. However, assault rates are not generally lower in the industrialized countries of the world than in the urban areas of east and central Europe. The relationship between assault and gender is contingent on the nation considered. In the United States, Canada, and Australia, assault rates are generally higher than robbery rates. This is not the case in other industrialized countries where assault and robbery occur at similar rates. In developed nations, males are more likely to be a victim of assault than are females. In developing nations, males and females experience assault at similar rates. This is especially the case where assault is very prevalent.

Sexual Assault

Like much interpersonal violence data, data on sexual assault suggest that it is more frequent in developing nations than in developed nations. However, there is considerable variation among developed countries with regard to sexual assault rates. For instance, data suggest that females in the United States, Australia, and England are at greater risk than are females in Japan, Northern Ireland, Poland, and Portugal. In developing nations, the highest rates of sexual assault have been recorded in the areas of Northern Africa and Latin America and the lowest rates of sexual assault have been measured in Asian nations.

Callie Marie Rennison

See also Assault; Homicides, Criminal; Rape/Sexual Assault

Further Readings

Basch, P. (1999). *Textbook of international health.* New York: Oxford University Press.

Koop, C. E., Pearson, C. E., & Schwarz, M. R. (2002). *Critical issues in global health.* San Francisco: Jossey-Bass.

Epidemiology, Perpetration Patterns by Age, Gender, Ethnicity, Socioeconomic Status

Epidemiological data on perpetration of interpersonal violence are useful in understanding the extent of the problem and whether perpetration rates vary by age, gender, ethnicity, and socioeconomic status. However,

perpetration rates do not provide a complete picture of interpersonal violence rates, largely because they are almost exclusively based on arrest records or self-report surveys. Arrest records rely on accurate reporting of violent incidents and uniform arrest policies across demographic groups and community settings. Yet, many violent acts are not reported, and arrest policies may vary considerably by gender, ethnicity, and community setting. For instance, an overrepresentation of a particular ethnic group in perpetration of a specific type of interpersonal violence could reflect a true difference in perpetration or a bias in arrest of individuals from that ethnic group. Self-report surveys, although less likely to reflect underreporting or bias than arrest data, are also limited by characteristics of the sample selected, the lack of a regular survey methodology (such as a national interpersonal violence perpetration survey), and possible inaccuracies in self-report. Accordingly, it is important to supplement perpetration data with other sources of information, such as victimization surveys, in order to provide the best estimate of actual rates.

There are also many different types of interpersonal violence and an assortment of agencies tasked with reporting perpetration rates for one or more types of interpersonal violence. There is no single repository of perpetration data for all types of interpersonal violence. In the United States, the most comprehensive source of information on arrests for certain interpersonal violence criminal offense categories is the Uniform Crime Reporting (UCR) Program, administered by the Federal Bureau of Investigation (FBI) since 1930 and based on monthly reports from nearly 17,000 state and local agencies. Four types of offenses that would be considered interpersonal violence are reported: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Offense data are provided separately for males and females and by age group, but data on ethnicity are limited to race, and data on socioeconomic status of offenders are not provided. However, studies that have examined the geographic distribution of interpersonal violence, particularly UCR offenses, suggest that crime rates are higher in lower-income and inner-city communities.

The UCR must be supplemented by other sources of information for forms of interpersonal violence perpetration not specifically addressed. Two additional types of interpersonal violence of major concern (and linked to age of victims) are child maltreatment and elder abuse. Most child maltreatment perpetration data in the United States are provided annually by the Department of Health and Human Services, Administration for Children and Families (ACF). However, data for elder abuse (and other types of interpersonal violence, such as violence in the workplace and intimate partner violence perpetration) often rely on surveys or estimates from various sources of information that are not always available annually or for the most recent year.

Murder and Non-Negligent Manslaughter

The UCR defines murder and non-negligent manslaughter as one human being killing another in a manner that is willful and non-negligent. Incidents that fall into this category in the UCR are determined by police investigation rather than by medical examiners and/or a judge or jury. For 2004, the UCR reported a total of 15,935 incidents of murder and non-negligent manslaughter in the United States. Of these, approximately 13% were perpetrated by youth 13 to 19 years old, 17% were perpetrated by younger adults 20 to 24 years old, and 17% were committed by individuals 25 to 34 years old. Rates decline steadily after age 35. There are also significant gender and ethnicity differences in perpetration rates. In 2004, 64% of these crimes were perpetrated by males, 7% were perpetrated by females, and the remaining 29% were classified as perpetrated by individuals of "unknown" gender. Looking at ethnic/racial breakdowns reported in the UCR, Whites committed approximately 51% of all incidents of murder and non-negligent manslaughter, Blacks committed 47% of these crimes, and American Indians/Alaskan Natives and Asians or Pacific Islanders each committed 1%. Whites committed more murder and non-negligent manslaughter in terms of numbers of offenses than other ethnic groups, but Blacks were overrepresented relative to their percentage in the overall U.S. population.

Forcible Rape

The UCR defines the crime of forcible rape as the forcible carnal knowledge of a female against her will. Attempts to commit forcible rape are also included in this category. In 2004, there were a total of 18,489 instances of forcible rape reported. The age breakdown of perpetration was as follows: 25% of rapes were committed by youth ages 13 to 19; 19% by

those 20 to 24; 23% by those 25 to 34; and 33%, by those 35 and older. Males perpetrated 98.5% of forcible rapes in 2004, with female perpetrators accounting for the additional 1.5%. Approximately 66% of forcible rapes in 2004 were committed by Whites, 32% by Blacks, 1% by American Indians or Alaskan Natives, and an additional 1% by Asians or Pacific Islanders. Again, the UCR does not provide data on the socioeconomic status of perpetrators of crime.

Robbery

The UCR defines robbery as the use of force or threat of force for theft or attempted theft of anything of value directly from the care, custody, or control of another person. In 2004, there were 78,494 instances of robbery. The age breakdown of perpetration was as follows: 37% of the robberies were committed by youth ages 13 to 19; 22% by those 20 to 24; 20% by those 25 to 34; and 21% by those 35 and older. These statistics suggest that a disproportionately high percentage of adolescents is responsible for robbery. Males accounted for 89% of all robberies in 2004, with females committing the remaining 11%. Whites were responsible for approximately 45% of robberies in 2004, while Blacks were responsible for 53%. American Indians or Alaskan Natives perpetrated less than 1% of robberies in 2004, as did Asians or Pacific Islanders.

Aggravated Assault

The UCR defines aggravated assault as an unlawful attack with the intent of inflicting bodily injury. In 2004, there were 312,911 incidents of aggravated assault. The age breakdown of perpetration was as follows: 20% of aggravated assaults were committed by youth ages 13 to 19; 19% by those 20 to 24; 26% by those 25 to 34; and 45% by those 35 and older. Approximately 89% of all aggravated assaults in 2004 were perpetrated by men, and 11% by women. Whites accounted for approximately 65% of all aggravated assaults, while Blacks accounted for approximately 33%. American Indians or Alaskan Natives and Asians or Pacific Islanders accounted for approximately 1% of aggravated assaults, respectively.

Child Maltreatment

For 2004, the ACF reported a total of 872,000 instances of childhood maltreatment in the United States. This figure includes neglect (62.4%), physical abuse (17.6%), sexual abuse (9.7%), and psychological maltreatment (7.0%), and an additional category of "other," which includes such forms of maltreatment as abandonment, threats of harm, and/or congenital drug abuse (3.3%). Approximately 84% of perpetrators of child maltreatment were parents of the victim, and 6.5% were nonparental caregivers. Approximately 5% of perpetrators were under 20 years old. The majority of acts of child maltreatment were perpetrated by those in the 20 to 39 age group, with 35% of perpetrators between the ages of 20 and 29, and 37.5% between the ages of 30 and 39. The remaining 22% of child maltreatment perpetrators were over 40 years old. Male perpetrators accounted for 42% of child maltreatment cases in 2004, and female perpetrators accounted for 58%. Breakdowns of perpetration by ethnicity and socioeconomic status were not recorded; however, there is evidence to suggest that financial problems may lead to child maltreatment, indicating a link with socioeconomic status.

Elder Abuse

The National Committee for the Prevention of Elder Abuse (NCPEA) defines elder abuse as any form of mistreatment resulting in a harm or loss to an older person. NCPEA has identified six categories of elder abuse: physical abuse, sexual abuse, domestic violence, psychological abuse, financial abuse, and neglect. Based on estimates, it is generally believed that 4% to 6% of the elderly in the United States are abused each year. In addition to being underreported, elder abuse is considered a relatively new phenomenon, and data collection regarding this type of crime is in the early stages. As with child maltreatment, perpetrators of elder abuse are likely to be persons known to the victim. Most often they are the adult children of victims, although there are cases in which other relatives (including spouses) and/or caregivers commit elder abuse. The NCPEA reports that perpetrators of elder abuse are likely to be unmarried, live with their victim, and be unemployed. Many perpetrators of elder abuse engage in some form of substance abuse. Perpetration does not vary by gender.

Emily K. Asencio and Nancy G. Guerra

See also Assault, Aggravated; Child Neglect; Elder Abuse; Homicides, Criminal; Intimate Partner Violence; Workplace Violence

Further Readings

Federal Bureau of Investigation. (2004). *Crime in the United States.* Retrieved from http://www.fbi.gov/ucr/ucr.htm

National Committee for the Prevention of Elder Abuse. (2003). *What is elder abuse?* Retrieved from http://www.preventelderabuse.org/index.html

U.S. Department of Health and Human Services, Administration for Children and Families. (2004). *Child maltreatment 2004*. Retrieved from http://www.acf.hhs.gov/programs/cb/pubs/cm04/index.htm

Epidemiology, Victimization Patterns by Age, Gender, Ethnicity, Socioeconomic Status

In trying to determine the extent of the interpersonal violence problem, it is important to supplement self-report and arrest data on perpetration with information on victimization. Hospital emergency room and police data have been used to estimate victimization through surveillance systems that collect data on intentional injuries from national samples. Because victims may fail to report interpersonal violence victimization, particularly when injuries are minor and do not require medical attention or when there is fear of retaliation, large-scale national surveys can provide an additional perspective on victimization rates.

In the United States, the most widely referenced assessment of interpersonal violence victimization is the National Crime Victimization Survey (NCVS), administered since 1972 by the Bureau of Justice Statistics. Yearly data are obtained from a representative sample of 42,000 households comprising approximately 76,000 respondents. Survey data are used to estimate the number of victimizations and rate per 1,000 persons or households for the interpersonal violence offenses of rape/sexual assault, robbery, and assault. Assault information is further broken down by the relationship between the victim and the perpetrator. Victimization estimates are categorized by gender, ethnicity, and annual family income. A number of federal agencies such as the Centers for Disease Control and Prevention (CDC) use these surveys combined with other sources of information—for example, Uniform Crime Reporting Program data on homicides and Department of Health and Human Services data on child maltreatment—to develop summary profiles of victimization patterns for different types of interpersonal violence in the United States. Building on these multiple sources of information, patterns of interpersonal violence victimization data for 2003–2004 can be examined for several types of interpersonal violence, including homicide, rape/sexual assault, robbery, assault/intimate partner violence, and child maltreatment.

Homicide

Homicide victimization rates in the United States have been found to be several times higher than rates in all other industrialized countries. A recent international collaborative effort compared homicide rates of 11 industrialized nations. U.S. rates averaged about 8.5 per 100,000, with rates from all other countries at or below 2.3 per 100,000. Homicide rates for children and young adults are particularly high. According to the CDC, homicide is the second leading cause of death for male and female adolescents and young adults ages 15 to 24, and the fourth leading cause of death for boys and girls ages 5 to 9. Interestingly, looking at homicide rates for very young children ages 1 to 4, homicide is the fourth leading cause of death for boys but the third leading cause of death for girls. This pattern reverses in early adulthood, with homicide being the third leading cause of death for males and the fifth leading cause of death for females. In addition, of significant concern is the fact that for Blacks, homicide is the first leading cause of death for individuals ages 15 to 34, the second leading cause of death for children ages 1 to 4, and the third leading cause of death for children ages 5 to 14. The risk of homicide victimization is higher in poor, urban areas. The reasons for such elevated homicide rates in the United States compared to other countries and for younger Blacks within the United States likely include a combination of risk factors. These include easy availability of firearms, escalation of gun and drug markets, poverty, income disparities, and patterns of racism and discrimination that disproportionately affect young Blacks in the United States.

Rape/Sexual Assault

Sexual violence is a serious problem that affects millions of individuals in the United States and worldwide. According to a recent national survey of violence and threats of violence against men and

women in the United States conducted by Patricia Tjaden and colleagues, 17% of women and 3% of men reported experiencing an attempted or completed rape at some time in their lives. Young people and females are at particular risk of victimization—78% of victims of rape/sexual assault are female and 22% are male. More than half of all rapes of females (54%) occur before age 18, with 22% of rapes occurring before age 12. Although sexual violence against males is less prevalent, it occurs at even younger ages, with 75% of all male rapes occurring before age 18 and 48% occurring before age 12. For both males and females, the perpetrator of sexual violence is almost exclusively male. Information from the NCVS shows that victimization rates for rape/sexual assault do not vary between Whites and Blacks, although reported victimization is lowest among Hispanics. The NCVS also reports that rape/sexual assault victimization is associated with lower socioeconomic status. Low income individuals reported rates three times as high as rates reported by high income individuals.

Robbery

The NCVS estimates the robbery victimization rate overall to be 2.5 per 1,000 persons. Males, young people, and Blacks are at particular risk. Males are almost twice as likely as females to be the victims of robbery, with rates at 3.2 per 1,000 for males and 1.9 per 1,000 for females. Individuals under age 24 are more than four times as likely to be victims of robbery as individuals age 35 and above. What is striking is the fact that victimization rates are quite high for all youth and young adults, with rates for the 12 to 15 age group at 5.2 per 1,000 and for the 20 to 24 age group at 6.4 per 1,000. Robbery victimization rates are also highest for Blacks, with a rate of 5.9 per 1,000. The highest risk group for robbery victimization is young Black males (ages 12–15), with a rate of 20.8 per 1,000. Although lower socioeconomic status is also associated with increased victimization risk, individuals in the lowest income strata report robbery victimization rates that are less than half of those reported by the young Black male group. The reasons for such an elevated robbery victimization rate for this particular demographic group likely are similar to patterns seen in homicide victimization, including the particular economic and social circumstances experienced by young Black males in the United States.

Assault/Intimate Partner Violence

Assault victimization typically is broken down into simple and aggravated categories, with aggravated assault defined as an unlawful attack with the intent of inflicting bodily injury. Assault is often further broken down according to the relationship between victims, with assaults in the context of intimate partner violence defined as attacks that occur between partners in dating or marital relationships (although there are other specific types of intimate partner violence, including stalking, rape, and homicide). Across all contexts, most assaults fall within the category of simple assault. For instance, the NCVS reports an overall assault rate of 19.3 per 1,000 persons, with 14.6 per 1,000 classified as simple assaults and 4.6 per 1,000 classified as aggravated assaults. Consistent with most other types of victimization, risk is greatest for males, young people, and ethnic minorities. NCVS reports an overall assault rate of 23 per 1,000 for males and 15.7 per 1,000 for females. However, within the context of intimate partner violence, assault victims are more likely to be female than male. Indeed, information from multiple sources suggests that females are approximately 1.5 times as likely as males to be victims of intimate partner assaults. Assault victimization rates are also highest in the younger age groups, with rates declining steadily with age. Looking at ethnicity and race, assault victimization is highest for Blacks, with an overall rate of 22.3 per 1,000 persons, followed by Hispanics with a rate of 20.8 per 1,000 and Whites with a rate of 18.4 per 1,000. Aggravated assault rates are highest for young Black males and females. For Black males, the rate is highest for the 16 to 19 age group at 26.5 per 1,000, followed by a rate of 10.2 per 1,000 for the 20 to 24 age group. In contrast, rates for Black females are also high, but rates are lower for the younger 16 to 19 age group at 10.6 per 1,000 and increase for the 20 to 24 age group at 26.9 per 1,000.

Child Maltreatment

Victimization rates for child maltreatment are reported by agencies tasked with gathering data on child welfare rather than by victimization surveys of children. In the United States, the Administration for Children and Families (ACF) reported a total of 872,000 incidents of childhood maltreatment in 2004. However, these figures may reflect underreporting of

the problem, particularly in the case of less visible forms of maltreatment, including psychological abuse. The majority of child maltreatment reports involve neglect (62.4%), followed by physical abuse (17.6%), sexual abuse (9.7%), and psychological maltreatment (7.0%). States also submit reports to the National Child Abuse and Neglect Data System (NCANDS). For 2003, NCANDS reported that victimization was approximately evenly split by gender, although slightly more cases were reported involving females (51.7%) than males (48.3%). Risk was also greatest for the youngest age group, with rates as high as 16.4 per 1,000 for children from birth to 3 decreasing steadily to 5.9 per 1,000 for young people ages 16 to 17. Victimization rates were highest for Black, Pacific Islander, American Indian, and Alaskan Native children, averaging 21.0 per 1,000; in the mid-range for White and Hispanic children, averaging 10.5 per 1,000; and lowest for Asian children at 2.7 per 1,000.

Jennifer K. Williams and Nancy G. Guerra

See also Assault, Aggravated; Child Physical Abuse; Date and Acquaintance Rape; Epidemiology, International Patterns; Intimate Partner Violence

Further Readings

Tjaden, P., & Thoennes, N. (2000). *Intimate partner violence: Fact sheet.* Retrieved from http://cdc.gov/ncicp

Trends in the well-being of America's children and youth: 2003. Retrieved from http://aspe.hhs.gov/hsp/03trends

Ethical and Legal Issues, Interviewing Children Reported as Abused or Neglected

When a child may be a victim of severe abuse or neglect, there is a dual imperative: to provide services to ameliorate suffering and to punish the offender. To simultaneously achieve both goals may not be possible, resulting in an ethical dilemma regarding the obligations of professionals. One of the ways of reducing this dilemma is for professionals to work as a team, where joint decision making and collaborative work may produce the best results for child victims. This entry not only addresses the ethical conflict and professional codes involved with interviewing child victims but also describes forensic interviews and discusses the role of child advocacy centers.

Ethical Dilemma

Social work and legal ethics may be in conflict when the matter at hand is interviewing child victims, because of different goals of the social service and criminal justice systems. In 2004, approximately 3 million children were reported to child abuse and neglect hotlines across the United States. Approximately 87,000 children were determined to be victims of abuse or neglect. When a report suggests serious injury due to physical abuse, sexual abuse, or severe neglect, some states require that a district attorney decide whether a prosecutor or child protective services worker will oversee the investigation. Legal and ethical implications follow from this decision, because social workers, unless they are working for a prosecutor as a forensic specialist, and law enforcement personnel have different objectives. Social workers are concerned mainly with providing services to ameliorate the effects of victimization and to rehabilitate families; law enforcement personnel and forensic social workers are concerned with acquiring information to aid in the apprehension and punishment of offenders.

Professional Ethics

The ethical codes that guide the practice of social workers and attorneys create an obligation for each to serve their clients. When an attorney is serving a prosecutorial function, the attorney's client is his or her governmental employer. The attorney is charged with protecting the public by enabling the apprehension and prosecution of criminals. For social workers the question "Who is the client?" is not as easily answered. Whether employed in the private or public sector, social workers have an ethical obligation to their clients, to the agency that employs them, and, for some in the private sector, to a unit of government that financially supports the services they provide. For a social worker, conflict may result because public policy requires a worker to temporarily set aside his or her concern for providing treatment-focused services in favor of the state's interest in prosecuting offenders. As acknowledged in Ethical Standard 1.01 of the Code of Ethics of the National Association of Social Workers:

> Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised.

Forensic Interviews

In the 1960s, when laws mandating reporting of child abuse and neglect were being drafted, an issue under discussion was whether an investigation should be conducted by social workers or police. The decision favoring social workers was the result of the profession's rehabilitative mission, and the notion that child abuse and neglect involving family members should not be treated in the criminal justice system. In recent years there has been a shift away from the original view to one that favors criminal prosecutions. Joint social worker–police investigations are becoming common; and legislation that requires child protective agencies to report to the police or to a prosecutor's office serious cases of abuse or neglect has been enacted in the majority of states. This shift has led to a growth in forensic social work.

A forensic social worker applies the principles and practices of social work for the purpose of law, whereas a clinical social worker applies the same principles for the purpose of diagnosis and treatment. For the clinical social worker, activities such as interviewing, assessment, and evaluation are framed by knowledge of child development and theories of clinical intervention. For the forensic worker, these activities are undertaken with knowledge of the legal framework that surrounds particular areas of practice and applicable legal principles, including (a) legislation, such as that addressing child abuse and neglect; (b) the legal processes involved in prosecuting cases of child abuse or neglect; (c) the structure and functioning of the social service and court systems in the practitioner's state; (d) the roles played by the parties to a court proceeding, such as judges, attorneys, and advocates for children; and (e) an understanding of what evidence is admissible and how evidence is used in court.

Interest in forensic social work was spurred, in part, by the role that social workers played in the criminal prosecution of teachers and administrators charged with sexually abusing children in daycare settings. For example, in August 1983, the mother of a child at the McMartin preschool reported to the police that she thought that her son might have been abused. Before the investigation was completed, prosecutors alleged that school officials and teachers had molested hundreds of children over the course of 5 years. There were no convictions. Douglas J. Besharov, in a discussion of the McMartin case, pointed out that jurors expressed concern that the children's statements had been undermined by investigative and prosecutorial missteps that created doubt for the jurors as to whether the children had actually gone through the horrible things they described or whether they imagined them following prompting by adult interviewers. The McMartin case and several other similar cases have raised the specter that children were coerced into giving false testimony and have served to heighten a concern with developing new ways to interview children.

Child Advocacy Centers

Research has shown that a child's testimony can be coerced by inappropriate interviewing techniques. These findings, coupled with the prosecutorial mishaps just discussed, gave rise to a movement to establish procedures to coordinate the investigation, prosecution, and treatment of child sex abuse victims. A number of states have established child advocacy centers.

Common characteristics of child advocacy centers are that they (a) are neutral, child-friendly facilities where trained forensic staff interview children in a manner that is neutral, whose purpose is fact finding, and where interviews are coordinated to avoid duplicative efforts; (b) provide for the audio- or videotaping of interviews; (c) have policies and procedures that support culturally competent practice so that staff are able to appreciate, understand, and interact with members of diverse populations within the local community; (d) have protocols that allow professionals to collaborate in conducting joint interviews and in preparing evaluations; (e) have multidisciplinary review teams that meet regularly to review case progress and whose members include mental health, law enforcement, and medical personnel, representatives from the office of the prosecuting attorney, and from state or local social services, and a victim's advocate; and (f) have the capacity to provide crisis intervention services, make referrals for medical examinations and mental health therapy, and have methods established for follow-up of referred cases.

Ted J. Stein

See also Child Neglect; Child Physical Abuse; Child Protective Services; Children's Advocacy Center; Child Sexual Abuse; Legal System, Criminal Investigation of Victimization of Children

Further Readings

Administration for Children and Family Services. (2006). *Investigation dispositions of child maltreatment: 2004.* Washington, DC: U.S. Department of Health and Human Services.

Besharov, D. J. (1986). Child abuse: Arrest and prosecution decision making. *American Criminal Law Review, 24,* 315–327.

Ceci, S. J., & Friedman, R. D. (2000). The suggestibility of children: Scientific research and legal implications. *Cornell Law Review, 86,* 39–71.

Doris, J., Mazur, R., & Thomas, M. (1995). Training in child protective services: A commentary on the Amicus Brief of Bruck and Ceci. *Psychology, Public Policy and Law, 1,* 479–491.

National Association of Social Workers. (n.d.). *Code of Ethics of the National Association of Social Workers*. Retrieved from http://www.socialworkers.org/pubs/code/code.asp

Stein, T. J. (in press). *Child welfare and the law* (3rd ed.). Washington, DC: Child Welfare League of America.

Warren, A. R., & Marsil, D. F. (2002). Why children's suggestibility remains a serious concern. *Law and Contemporary Problems*, *65,* 127–147.

Ethical and Legal Issues, Treating Elder Abuse

Elder abuse is a complex and multifaceted problem often requiring the collaboration of professionals from a variety of disciplines. When professionals with varying roles, responsibilities, and ethical guidelines work together, ethical and legal issues related to those professional differences are bound to arise. In elder abuse practice, three key ethical and legal issues that may come into conflict are (1) the legal duty to report certain suspected conduct to law enforcement and/or protective services versus victim autonomy and safety; (2) the victim's right to self-determination versus protection and safety; and (3) when intervening, selecting the least restrictive alternative versus protection and safety.

Duty to Report Versus Victim Autonomy and Safety

Most states mandate that some professionals or the entire community report cases of elder abuse to social services and/or law enforcement. In enacting elder abuse reporting laws, legislators were guided by the belief that older individuals, like children, are in need of protection and assistance, are physically or cognitively frail and more vulnerable, are at risk for abuse, and may be unable to report for themselves. As a result, professionals and others should be required to contact social services and/or law enforcement.

The duty to report can create ethical dilemmas for some professionals. Many older individuals are healthy, active members of the community. They are capable of making their own decisions about their lives, including whether they want professional intervention when they are being harmed. Some victims are at greater risk of being seriously harmed or killed by an abuser if they leave or get help from professionals. Older victims may have thoughtful reasons for not wanting professionals to report abuse and may accurately understand that they are at greater risk following a report.

Some professionals also are concerned about the breach of confidentiality and trust that can occur if a report is made. Health care providers and advocates are concerned that an older individual may decline to accept or stop using their services if a report about abuse is made to adult protective services.

Victim's Right to Self-Determination Versus Protection and Safety

Weighing the victim's rights to make personal decisions against the potential risk of harm or death is a difficult task in any case of abuse. These competing principles may be even more complicated in elder abuse cases. On the one hand, most elder abusers use a pattern of coercive tactics to gain and maintain power and control over the victim. These abusers set the rules for the relationship (such as when dinner will be served, and who can come and go from the home) and deny older victims their right to make decisions in their own lives. Well-meaning professionals who see elder abuse cases may make decisions for victims with capacity because they believe the victim is older and may have dementia or because of discomfort or anxiety with the victim's choices. They may believe

that the older victim is unable to make wise choices and needs assistance making these choices. For example, a case management plan may outline specific steps the professional believes a victim must take to live free from the abuser overriding the victim's right to consider alternatives and then decide what if any actions are desired.

In elder abuse cases, one of the challenges with using an empowerment model is that some older victims may not be able to make their own decisions due to dementia or other cognitive challenges. Often the risks of serious harm or death are heightened due to the advanced age and health status of some victims. Professionals may assess that if an older victim remains in the current situation he or she will die or be seriously harmed. These professionals may feel a moral and ethical obligation to step in and make decisions for the older victim to keep him or her alive. Self-determination may be seen as less important or critical to decision making. Desires of the older victim may not be considered, even if they could be incorporated into an intervention. The ethical and legal dilemma is differentiating situations when decisions must be made for an older victim from situations in which professionals use their authority unnecessarily or without attempting to create interventions that incorporate victim desires to the extent possible.

Least Restrictive Alternative Versus Protection and Safety

A guiding principle in the elder abuse and health care fields is to use the least restrictive alternative for older individuals. For example, if an older individual needs some care, ideally services can be brought into the home. If that option does not provide enough support, then the older victim may be moved to assisted living, and finally, only if necessary, to a nursing home.

In elder abuse cases, professionals can disagree on what is the least restrictive intervention needed to achieve protection and safety. For example, adult protective services workers may listen to an older victim who wants to remain at home and insist that no action be taken that results in a move. Health care providers working with that same individual may assess the situation and determine that the older patient must be moved to a facility or he or she will die. One of the legal and ethical challenges facing any interdisciplinary team is wrestling with these complex situations and developing a plan that focuses on the older victim's safety and needs with the least loss of independence to him or her and harmonizes these competing considerations.

Multiple or interdisciplinary responses to elder abuse cases are often the most effective responses. When professionals work together, ethical and legal challenges often arise. Preplanning among team members to develop a process for discussion and decision making in these tough cases can be useful to ensure that victims' needs are addressed and teams continue to work together cohesively.

Candace J. Heisler and Bonnie Brandl

See also Domestic Violence Against Older Women; Elder Abuse; Legal System, Advocacy Efforts to Affect, Elder Abuse

Further Readings

Brandl, B., Dyer, C., Heisler, C., Otto, J., Stiegel, L., & Thomas, R. (2006). *Elder abuse detection and intervention: A collaborative approach.* New York: Springer.

Heisler, C., & Brandl, B. (2002). Safety planning for professionals working with elderly and clients who are victims of abuse. *Victimization of the Elderly and Disabled, 5*(4), 65–78.

Ethnic Cleansing

See Cultural Retaliatory Homicide; Genocide

Expert Testimony

Expert testimony is the endpoint of a process involving an expert witness who engages in consultation with an attorney or legal team, reviews case materials, and usually performs an evaluation of an individual who is party to a legal matter. Expert testimony concerning battering can be offered in both civil and criminal cases, including divorce and custody, personal injury, and criminal cases such as homicide and assault, as well as other matters.

Expert testimony in these cases is used to explain battered women's common experiences and the impact of repeated abuse. It is offered to show the judge and jury the context of a battered woman's actions. This process of using social science research to provide a social and psychological context to understand and evaluate issues in a legal case has been referred to as *social framework testimony.*

An expert witness typically describes the clinical, empirical, and theoretical literature in the field of domestic violence—both in cases involving an evaluation of an individual party to the case (case-specific testimony) and in cases involving no such evaluation (general testimony)—to educate the judge and jury about battering and its effects relevant to the case. Relevant topic areas often include the dynamics of battering relationships, danger assessment or risk factors related to serious or lethal violence, women's perception of danger in abusive relationships, patterns of coercion in intimate partner violence, battered women's coping behaviors, effects of exposure to intimate partner violence on children, factors that increase vulnerability to partner violence and its effects, the role of substance abuse in intimate partner violence, intimate partner violence within specific groups (e.g., immigrants, lesbians, elderly, ethnic minorities), and traumatic stress and other health, social, and economic consequences of violence exposure.

When an expert has performed an evaluation of an individual (e.g., a victim, an alleged perpetrator, or child witnesses of partner violence), the expert's testimony also extends to questions that are unique to the specific case under consideration. With rare exception, an opinion about an individual requires an in-person evaluation. The expert evaluation is based on a theoretical and empirical framework that forms the foundation of the expert's analysis. For example, in a criminal self-defense case, a defendant must demonstrate that his or her behavior was based on a reasonable perception of serious bodily harm, although specific statutory language varies across jurisdictions. An expert's task is to consider what information is necessary to formulate an explanation of and support a conclusion about relevant questions.

Direct testimony by the retaining attorney is presented in a question and answer format that communicates the conclusion of an evaluation and the basis for it. A cross-examination by the opposing counsel typically challenges the expert's statements regarding the foundation and/or the conclusions of his or her testimony. An experienced and well-trained expert understands both the strengths and the weaknesses in his or her evaluation and becomes an advocate for that opinion rather than for a party in the matter.

Mary Ann Dutton

See also Battered Women; Legal System, Civil and Criminal Court Remedies for Intimate Partner Violence; Legal System, Criminal Justice System Responses to Intimate Partner Violence

Further Readings

Dutton, M. A. (1998). Suicide prevention. In L. VandeCreek, S. Knapp, & T. L. Jackson (Eds.), *Innovations in clinical practice: A source book* (Vol. 16, pp. 293–311). Sarasota, FL: Professional Resource Press/Professional Resource Exchange.

Schuller, R. A. (1992). Battered woman syndrome evidence in the courtroom. *Law and Human Behavior*, *16*(3), 273–291.

Expressive Violence

Aggression has been classified in a variety of ways. It is important to differentiate between the types of abuse perpetrated, because they may differ in their etiology, course, potential harmfulness, and amenability to intervention. Expressive violence (also known as hostile, impulsive, and reactive aggression) is affect driven. It is triggered by emotional reactions that are disproportionate to the situational factors that elicit them. The triggers may stimulate feelings of hurt and/or fear that are transformed into anger. Expressive violence may be physical or verbal, expressed directly toward an intimate partner; indirectly toward objects, pets, or other people; or even self-directed. The abuse tends to be brief and explosive. Following the violent outburst, expressive aggressors often experience genuine remorse as the tension that fueled the abuse abates, and they are often apologetic. Victims may be harmed by the assault, but expressive aggressors typically stop the abuse at the sign of distress by the victim. While the physical injuries are rarely severe, victims often suffer emotional trauma, and the intimidation they feel depreciates the quality of their

relationship with the abuser. Because their remorse is real, expressive aggressors are often motivated to seek and to benefit from intervention.

Expressive violence may be viewed on a continuum, with expressive aggression at one end, predatory violence at the other, and instrumental aggression in between. Expressive violence differs markedly from predatory abuse, which is normally far more destructive. Although a particular act of expressive violence may be easily distinguishable from predatory abuse, it may be harder to differentiate an act of expressive violence from instrumental or goal-oriented violence, as some acts of aggression may be both expressive and instrumental in nature. Of note, some have characterized this continuum of aggression as simply ranging from expressive through instrumental abuse.

Expressive aggressors may respond disproportionately and counterproductively to mislabeled provocations. Learning to label one's experience in problem-solving terms, and thereby to balance one's responses with the intensity of the triggering events, is a core component of the process of developmental socialization. Children who were not exposed to appropriate models or who experienced trauma that exceeded their resources for resilience may not have learned the adaptive coping skills that are needed to weigh the meaning of social offenses and to plan a constructive, problem-solving response. Even when developmental experience does support adaptive functioning, emotional problems such as depression, severe anxiety, fatigue or stress, and use of alcohol and certain drugs can overwhelm coping resources.

When intervening with expressive aggressors, it may be helpful to direct attention to reducing the emotional and situational pressures and/or substance abuse that may weaken the aggressor's ability to manage triggering situations constructively. Helping the aggressor develop prosocial problem-solving skills and the ability to self-manage emotional surges may also prove beneficial. If the aggressor and victim are intimate partners who wish to continue their relationship, both could participate in developing routines that improve the quality of their interaction while building in safeguards, such as time-outs, that protect the victim from future abuse.

Gregory L. Stuart and Richard B. Stuart

See also Instrumental Violence; Intimate Terrorism; Situational Couple Violence; Violent Resistance

Further Readings

Fava, M. (1998). Depression with anger attacks. *Journal of Clinical Psychiatry, 18*(Supplement 59), 18–22.

Haller, J., & Kruk, M. R. (2006). Normal and abnormal aggression: Human disorders and novel laboratory models. *Neuroscience and Biobehavioral Reviews, 30,* 292–303.

Stuart, R. B. (2005). Treatment for partner abuse: Time for a paradigm shift. *Professional Psychology: Research and Practice, 36,* 254–263.

F

Failure to Protect

Failure to protect is a form of child neglect. Historically it has been difficult to define, and many times it is not even included in state statutes on child maltreatment. It may appear as some form of child endangerment in statutes, and inconsistencies exist across the United States. As Randy Magen has suggested, it implies that the neglecting parent has failed to protect a child when it was possible to do so. While this may sometimes be the case, the term is very controversial when applied to parents who are also victims themselves, such as in the case of battered women. As viewed by advocates of domestic violence, this term is a key charge by which child protective services find mothers who are victims of domestic violence neglectful under state law, by failing to protect or endangering their children through exposure to domestic violence against them. The consequence of such a finding can lead to children being removed from the home and placed in foster care.

Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice, a document published by the National Council of Juvenile and Family Court Judges, and commonly called the Greenbook, states,

> A major issue of contention between child protection workers and domestic violence advocates is the perceived blaming of mothers for "failing to protect" their children from the violence a male perpetrator commits against adults and children in the family. Finding nonabusive mothers responsible for the failure to protect in cases of domestic violence may result from the system's inability to hold the actual perpetrator of violence accountable. (p. 66)

There is evidence that this rationale for removal of children has been used by public child protective service agencies. In a federal court case in New York City, Judge Jack B. Weinstein found that the children of Sharwline Nicholson and others were removed from the home solely on the grounds that the mothers were victims of domestic violence and that such grounds were violations of the Constitution. In his opinion, the judge stated: "the consistent policy applied by ACS [the New York City child welfare agency] is to remove children of abused mothers in violation of their rights solely because the mother has been abused. No legislatively appropriate policy, no compelling state interest, justifies these removals." The New York City Department was ordered to cease this practice when no other form of neglect or abuse was found.

A major problem in determining how prevalent this practice is around the country is that the term *failure to protect* is not defined in most state statutes as a form of neglect, nor is it a term against which states collect information and report a finding of neglect. It is not known whether the New York City experience is typical or not, in which jurisdictions it may be regularly used, and how many children are placed in foster care for this reason alone.

State child abuse and neglect statutes typically contain nonspecific language under which conditions children exposed to domestic violence could be removed, providing child protective service agencies with considerable discretion. For example, the Ohio

statute (Section 2151.03 Ohio Revised Code) defines, in part, a child as neglected "who lacks proper parental care because of the faults or habits of the child's parents, guardian, or custodian." In another example, the Michigan statute (MCL 722.622) defines one form of neglect as "placing a child at unreasonable risk to the child's health or welfare by failure to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk." These examples of language, which are typical of many state statutes, do not use the term *failure to protect* per se but are broad enough to justify such action if agencies permit findings on these grounds. It should also be noted that state reports to the federal government of the number of cases of abuse and neglect do not include a category of neglect that indicates the prevalence of findings of failure to protect due to domestic violence.

The National Council of Juvenile and Family Court Judges' Greenbook provides a policy recommendation for practice that would be an important step toward not blaming victims of domestic violence. The recommendation addresses how petitions presented to the court should be drafted to make clear the actual source of risk to a child and how a battered mother may actually not be failing to protect. "The juvenile court should insist that a petition alleging 'failure to protect' on the part of the battered mother also allege efforts that the mother made to protect the children; the ways in which the mother failed to protect, and the reasons why; and should identify any perpetrator who may have prevented or impeded her from carrying out her parental duties" (p. 109).

Gerald B. "Jerry" Silverman

See also Child Abuse Prevention and Treatment Act; Child Exposure to Intimate Partner Violence; Child Neglect; Greenbook, The; National Council of Juvenile and Family Court Judges; Office on Child Abuse and Neglect

Further Readings

Magen, R. H. (1999). In the best interests of battered women: Reconceptualizing allegations of failure to protect. *Child Maltreatment, 4,* 127–135.

National Council of Juvenile and Family Court Judges. (1999). *Effective intervention in domestic violence and child maltreatment cases: Guidelines for policy and practice.* Reno, NV: Author.

Nicholson v. Williams, 820 N.E. 2d 840 (N.Y. 2004). Retrieved from http://f11.findlaw.com/news.findlaw.com/hdocs/docs/nyc/nchlsnwllms030102drft.pdf

Web Sites

Child Welfare Information Gateway: http://www.childwelfare.gov/

The Greenbook: http://www.thegreenbook.info/

Failure to Thrive

Failure to thrive (FTT) refers to a child's poor physical growth. The term has mostly been applied to infants and toddlers. An approach to FTT requires an understanding of children's growth patterns, nutritional needs, diet and feeding behavior, possible medical contributors, and the psychosocial context.

Diagnosis

It is not always straightforward establishing whether a child's growth is adequate. Most important is to consider the child's growth trend, rather than his or her growth at a single point in time. By carefully plotting a child's weight for age, height for age, weight for height, and head circumference for age on the CDC (2000) growth charts, one can compare a child's growth to the growth rates in a large sample of healthy children. FTT is generally diagnosed when the child's weight for age or the weight for height falls below the fifth percentile. Height (or length) is affected later due to more protracted or severe problems, resulting in stunting. The head circumference (reflecting brain growth) is usually involved only late and under the worst circumstances.

The diagnosis of FTT is complicated by several circumstances. For example, prematurely born babies need to be plotted on special charts. Similarly, genetics plays a role, and so the average parental height should be considered in evaluating a short child. Fetal conditions may impede growth resulting in babies being born small for their gestational age; with time and depending on the cause, many of these infants will catch up. It is therefore important that a physician knowledgeable about growth evaluate whether the trend is really problematic.

Contributors

There are many conditions and circumstances that can contribute to FTT. Traditionally these have been separated into "organic" and "nonorganic." Organic refers to medical conditions such as cyanotic heart disease or

Down's syndrome. Nonorganic refers to psychosocial factors that may be at different levels: child (e.g., temperament), parent (e.g., a depressed mother), family (e.g., stress), community/society (e.g., inadequate food or poverty). Sometimes, there are both organic and nonorganic contributors. Many of these nonorganic factors directly or indirectly result in an inadequate food intake.

Evaluation

Ideally, a comprehensive and interdisciplinary evaluation is conducted by a pediatrician, nutritionist or dietician, and social worker. A thorough medical history and examination generally help detect whether there are organic contributors. Assessment of the child's behavior and development is also important. Limited medical tests are needed to confirm concerns raised by the evaluation. Basic screening for anemia, lead poisoning, and a urinary infection may be done. A detailed evaluation of the child's diet is essential as is an evaluation of the feeding or eating behavior. Direct observation of a parent feeding an infant can be valuable. A social worker can help clarify the parent–child relationship, and how the family, parent, and child are functioning.

Addressing Failure to Thrive

The approach needs to be tailored to the severity and the specific contributors to the FTT. Helping ensure an adequate diet is critical, but attention to other problems underpinning the FTT is also important. Most children with FTT (and their families) can be helped as outpatients. If the problem is severe or persistent, hospitalization may be needed. The FTT should be carefully monitored to ensure good progress. If growth continues to falter and there is a persistent inability to meet the child's nutritional needs, child protective services can help with in-home and other community services, and their ability to closely monitor the situation.

Howard Dubowitz

See also Child Sexual Abuse

Further Readings

Kessler, D. B., & Dawson, P. (1999). *Failure to thrive and pediatric undernutrition: A transdisciplinary approach.* Baltimore, MD: Paul H. Brookes.

Faith-Based Programs

A faith-based program is a social service or advocacy organization that explicitly affirms a particular religious or spiritual affiliation as part of its mission. Historically, these organizations (e.g., the Salvation Army, Catholic Social Services, Jewish Family Services) have provided a significant proportion of social services to communities. They have been a stable provider because of their historic links to various religious traditions with strong values regarding the responsibility to provide for those in need due to crisis, poverty, violence, and so on. In many communities they have operated side-by-side with government-sponsored programs addressing the same problems. Some have also provided leadership in social change efforts by addressing institutional inequities.

The advantage of utilizing faith-based programs to help provide services to the community is that they are often well established, trusted, and effective and have a strong volunteer base. In addition, they have provided faith-based support and counseling within the context of particular religious and cultural traditions (e.g., a domestic violence program sponsored by a local mosque or a Christian shelter for battered women).

The challenge within a democracy like the United States that affirms a separation of church and state comes with the possibility of the use of public funds by faith-based organizations. Historically these organizations have been supported only by private funds.

In order for a faith-based agency to receive government funding, (a) it must freely serve anyone who seeks its services, regardless of religious affiliation (or nonaffiliation); (b) it must not require participation in any religious activities in order to receive services; and (c) it must not proselytize.

For faith-based organizations, the receipt of government funding can limit their traditional program, so they may have to revise their offerings. For those who are comfortable with the limitations, federal funding can provide significant support.

Marie M. Fortune

See also Religion; Social Support Networks

Further Readings

Adams, C. J., & Fortune, M. M. (Eds.). (1995). *Violence against women and children: A Christian theological sourcebook.* New York: Continuum.

Ellison, C. G., Trinitapoli, J. A., Anderson, K. L., & Johnson, B. R. (2007). Race/ethnicity, religious involvement, and domestic violence. *Violence Against Women, 13,* 1094–1112.

False Memory

The use of the term *false memory* by psychologists can be traced to a symposium at the 1992 meeting of the American Psychological Society titled "Remembering 'Repressed' Abuse." Elizabeth Loftus served as the symposium discussant and presented her research on planting in adults false childhood memories of having been lost in a mall. She drew generalizations from this research to the real-world issue of assessing whether memories for incidents of childhood sexual abuse may be suggestively planted and thus be "false memories." This symposium was followed by a lead article on this topic in the *American Psychologist* in 1993. The False Memory Syndrome Foundation, which coined the phrase *false memory syndrome,* was also founded in 1992. In both the symposium and the subsequent article, the use of the term *false memory* was specifically intended to refer to memory for an entirely new event that in fact never occurred.

There have been several published literature reviews that have examined what types of research studies are being conducted under the term *false memory.* Although PsycINFO searches of the empirical publications using the subject heading "false memory" reveal several hundred publications since 1992, few researchers have studied false memories by studying the planting of memories for an entirely new event that was never experienced by an individual. The large majority of empirical studies published under the descriptor "false memories" have utilized what is called the Deese, Roediger, and McDermott paradigm. In this task, participants are presented a list of related words to study (e.g., *sandal, foot, toe, slipper*) in which at least one prototypical word (e.g., *shoe*) is not presented. When asked later to recall or recognize words in the presented list, participants frequently misremembered the related-but-not-presented word (e.g., *shoe*). Prior to the early 1990s these would be called intrusion errors, commission errors, or false alarms. However, in the wake of the false memory research bandwagon, these errors have been labeled "false memories." Although numerous researchers have cautioned against generalizing from the Deese, Roediger, and McDermott paradigm to contested memories for abuse, this caution is frequently ignored. Thus, the term *false memories* has come to refer to two very different research literatures that probably do not relate to the same memory processes.

By specifically examining the few studies that have investigated false memory as defined by the planting of an entirely new event in memory, one can see that several factors affect the probability of this occurring. False events are more likely to be planted in memory if an individual imagines him- or herself performing the event and if the suggestion is instantiated by presenting a picture of the individual (a) performing the false event, or even (b) in the context in which the false event is suggested to have occurred. However, in several recent studies, Kathy Pezdek has reported that false memories are less likely to be planted for implausible than for plausible events, and whereas imagining a plausible false event increases individuals' belief that the event occurred to them, imagining an implausible event does not have this effect.

How does a suggested false event become planted in memory? If a suggested false event is judged to be true, then (a) generic information about the event as well as (b) specific details from related episodes of the event that the individual may have experienced are "transported" in memory and used to construct a memory for the false event. The degree of detail in the constructed false memory will be affected by the degree of relevant information already available in memory.

Controversy about the accuracy for abuse memories has been widely covered in the media. Within this controversy the term *false memory* has often been presented as the opposite of *recovered memory,* as in references to false versus recovered memories. However, this is confusing rhetoric; memories can be false and recovered, true and recovered, false and always-remembered, and true and always-remembered. In fact, Jennifer Freyd has reported that recovered memories are no more likely to be false than always-remembered memories.

Kathy Pezdek and Jennifer J. Freyd

See also Repressed Memory

Further Readings

DePrince, A. P., Allard, C. B., Oh, H., & Freyd, J. (2004). What's in a name for memory errors? Implications and ethical issues arising from the use of the term "false

memory" for errors in memory details. *Ethics & Behavior, 14,* 201–233.

Freyd, J. J. (1998). Science in the memory debate. *Ethics & Behavior, 8,* 101–113.

Loftus, E. F. (1993). The reality of repressed memories. *American Psychologist, 48,* 518–537.

Pezdek, K., & Banks, W. P. (Eds.). (1996). *The recovered memory/false memory debate.* San Diego, CA: Academic Press.

Pezdek, K., & Lam, S. (2007). What research paradigms have cognitive psychologists used to study "false memory," and what are the implications of these choices? *Consciousness & Cognition, 16,* 2–17.

Familicide

The word *familicide* refers to various forms of mass killing within familial or kinship networks or among those connected through bonds of sexual intimacy. The term is usually reserved for those killings that occur in a relatively short time period, often within 24 hours. However, it is conceivable that someone could kill a significant number of family members over a period of years and that such acts might be construed as a form of familicide. Compared with other forms of homicide, including those involving family members, familicides are relatively rare events. In part because of their rarity and in part because they offend common understandings of what families are supposed to be like, familicides attract considerable media attention. However, there is relatively little substantive research on this phenomenon.

Researchers recognize that perpetrators of familicide may or may not subsequently commit suicide. There is no agreed upon number of victims that a perpetrator must kill for the act to constitute a familicide. Indeed there is a great deal of variation in those forms of familial or kinship mass killings that potentially qualify as familicides. A few examples help illustrate this point.

One form involves a parent, nearly always the father, killing the entire family and then killing himself. For example, on January 12, 1999, Terry M. Jones of Anderson, Indiana, killed his wife and two children then committed suicide. He allegedly did so because he thought his wife was having an affair on the Internet. In this case the perpetrator had a previous conviction for domestic violence against his wife.

The historical record contains very few cases of women killing their families and then killing themselves. One such example is a familicide in Cadillac, Michigan, perpetrated by Mrs. Daniel Cooper who shot and killed her husband and six of her seven children before taking her own life. According to newspaper accounts, Mrs. Cooper had been "mentally unsound" for more than a year prior to the killings.

The concepts of familicide and homicide–suicide are sometimes used interchangeably. Some writers use the term *familicide* to describe, for example, a case where a parent kills his or her children and then commits suicide. Others might use the term *homicide–suicide* to describe the same killings. Some criminologists reserve the word *familicide* for only those mass killings in which all the children are killed. Others still use the term if only a proportion of the children are murdered. These inconsistencies speak to the range and complexity of some of the various forms of mass killing that occur within familial or kinship networks. At this point it is safe to say that the word *familicide* is usually used to describe mass killings where perpetrators kill a significant proportion of family members, to the extent that the family, as a unit or network, is no longer recognizable.

There is also some overlap between familicides and other forms of mass killing. Clearly, the term *familicide* includes cases where a perpetrator kills his current or ex-wife or partner, most or all of their children, and other relatives. However, it sometimes happens that the killing of kin accompanies the murder of community members, bystanders, or other persons significant to the perpetrator. The following examples illustrate this overlap.

On September 25, 1982, in Wilkes-Barre, Pennsylvania, George Banks killed five of his own children and four women with whom he had had intimate relationships. At the same time, relatives of these women and a passerby also were killed by Banks. In a comparable case, Mark Barton, angered by losing money through day trading on the Internet, murdered his wife and two children before opening fire at two Atlanta brokerage houses killing nine people and wounding twelve more before committing suicide.

The research into familicide is in its infancy and dwells mostly on male offenders. Margo Wilson and Martin Daly identify two types of male familicidal offenders. The "angry" perpetrator has various grievances against his female partner, many apparently associated with his perception of her sexual infidelity

or her desire to exit their intimate relationship. In these cases the perpetrator may have battered his female intimate on one or more occasions prior to the familicide. The second type of familicidal offender they term *despondent*. This man is more likely to suffer depression, much less likely to have battered his partner prior to the familicide, and much more likely to commit suicide after killing his family members. However, as Wilson and Daly acknowledge, the validity and usefulness of this taxonomy have not yet been established. In both types of cases they note the common strand of male entitlement in taking the lives of family members. Specifically, they point out that the reason the killer gives for his actions is that his wife and children belong to him, and that he feels entitled to make decisions about their fates.

Charles Ewing does not emphasize the anger/despondency typology proposed by Wilson and Daly. Instead he focuses on the notion of "control" or control that is ebbing. At one point he notes that the typical family killer usually is afraid of losing control not only of his wife and/or family, but also of the aspects of his life that matter most to him and of becoming a failure.

Neil Websdale

See also Mass Murder; Maternal Homicide

Further Readings

Ewing, C. P. (1997). *Fatal families: The dynamics of intrafamilial homicide.* Thousand Oaks, CA: Sage.

Insane mother kills seven: She first took them to a show, then shot them and herself. (1908, June 14). *New York Times,* p. 16.

Jealous over Internet, man kills family, self. (1999, January 16). *Herald Bulletin* (Anderson, IN).

Wilson, M., & Daly, M. (1998). Lethal and nonlethal violence against wives and the evolutionary psychology of male sexual proprietariness. In R. E. Dobash & R. P. Dobash (Eds.), *Rethinking violence against women* (pp. 199–230). Thousand Oaks, CA: Sage.

Family Group Conferencing

Family group conferencing (FGC) is an inclusive and informal process of making and implementing a plan that safeguards children, young persons, and adults. At the center of the planning is the "family group," encompassing the immediate family as well as their relatives, friends, and other informal ties. Supporting the process are the involved community organizations and public agencies. The model's origins, legalization, process, dissemination, and outcomes all reflect a culturally based approach to resolving interpersonal violence and other relationship concerns.

FGC's deliberative processes are rooted in South Pacific practices and evident in many Native cultures. In 1989, the model was first legislated in New Zealand following protests by its Indigenous peoples against Eurocentric approaches to child welfare and youth justice. The legislation emphasized the family group's responsibility for their young relatives, children's safety and rights, the family's culture, and community–government partnerships.

The New Zealand model of FGC has six key features that emphasize the centrality of the family group. First, the conference is organized by an independent FGC coordinator who is not the family's worker. This decreases role confusion and keeps the coordinator focused on creating a safe and effective process. Second, the coordinator invites and prepares the participants. This makes it possible to explain the purpose and process, assess for safety, and develop sound conference arrangements. Third, the conference begins with a welcome, overview of the process, and information sharing. Fourth, the family group has its private time in which to develop a plan without the service providers present. Fifth, the service providers are invited back to review and approve the plan and authorize agency resources. And sixth, the plan is implemented, and the family group can be reconvened to address emerging issues.

Today, FGC has been adopted in countries from all continents and utilized in diverse cultures to address such issues as child protection, youth and adult offending, school bullying, domestic violence, mental health, and disabilities. As an imported model, it has been variously renamed and its practices reshaped. Nevertheless, FGC remains distinct from court procedures because of its informality, from mediation because of its group approach, and from family therapy because of its decision-making focus.

The available studies report promising results. In general, FGC is carried out without violence and leads to mutually agreed-upon plans. The plans keep children and youth connected with their family group and cultural heritage without endangering them in the

home, school, or community. Widening the circle of support and participation in the process helps in healing the emotional harm caused by interpersonal violence and creating lasting solutions.

Joan Pennell

See also Peacemaking Circles; Restorative Justice

Further Readings

Hudson, J., Morris, A., Maxwell, G., & Galaway, B. (Eds.). (1996). *Family group conferences: Perspectives on policy and practice.* Monsey, NY: Willow Tree Press.

Pennell, J., & Anderson, G. (Eds.). (2005). *Widening the circle: The practice and evaluation of family group conferencing with children, youths, and their families.* Washington, DC: NASW Press.

Strang, H., & Braithwaite, J. (Eds.). (2002). *Restorative justice and family violence.* New York: Cambridge University Press.

Family Homicides

Family homicides refer to murders by one family member of another. Some terms, such as *parricides,* also sometimes refer to murders of a king or other ruler who resembles a father figure. Family homicides include feticide, filicide, fratricide, infanticide, matricide, parricide, patricide, sororicide, and uxoricide. Each of these forms of murder is defined below.

Feticide refers to killing of a fetus and may or may not be by a family member.

Filicide is the killing of one's own son or daughter.

Fratricide is the killing of one's brother.

Infanticide is the killing of an infant and may or may not be by a family member.

Matricide refers to the killing of one's mother.

Parricide is the killing of one's parents or other close relative.

Patricide is the killing of one's father.

Sororicide is the killing of one's sister.

Uxoricide is the killing of one's wife.

Jeffrey L. Edleson

See also Familicide; Femicide; Feticide; Filicide; Homicides, Criminal; Infanticide; Maternal Homicide

Further Readings

Heide, K. H., & Petee, T. A. (2007). Parricide: An empirical analysis of 24 years of U.S. data. *Journal of Interpersonal Violence, 22,* 1382–1399.

Family Justice Centers

Family justice centers (FJCs) reflect recent innovations that bring together several emerging trends over the last two decades in responding to domestic violence victims and their families. Victims of domestic violence and their children are often forced to travel from agency to agency in order to access the help they need to achieve safety in their lives. As a result, two emerging trends—greater community coordination and co-location of staff from multiple agencies—have driven the innovation that has resulted in FJCs. FJCs were established in the United States to respond to this fragmentation by co-locating a variety of services in one facility so that battered mothers and their children would find much of the help they need coordinated in just one location. The Web site for one of the earliest FJCs, the FJC in San Diego, states, "The premise was simple: Victims will have an easier time receiving needed services if all the necessary help is located under one roof." Co-location also offered the opportunity to coordinate services so that one agency was not countering the work of another.

The origins of current FJCs can be found in early coordination efforts of the San Diego City Attorney's Office, domestic violence programs, and others in the early 1990s. In 1989, then Deputy City Attorney Casey Gwinn proposed a one-stop location for battered women to receive help. The proposal was not approved, but his office pursued the idea by developing closer working relationships with domestic violence programs and others who were concerned about the fragmentation and often ineffectiveness of services for families experiencing domestic violence. In 1998 the San Diego Police Department joined the effort, and in 2001 the City of San Diego approved the creation of the first FJC. It officially opened in April 2002 with 20 agencies and over 100 professionals co-located in the San Diego Family Justice Center.

As the San Diego FJC Web site states, "Before the San Diego Family Justice Center opened, the criminal justice system made it difficult for victims to seek help; it unintentionally wore them down. Victims were required to travel from location to location to seek services that were scattered throughout the county. They had to tell their story over and over again. Needless to say, the criminal justice system made it easy for victims to become frustrated and ultimately give up." It continues,

> A collaborative effort provides more support to victims and children involved in domestic violence through improved case management and a more fluid exchange of information and resources. The entire process of reporting a domestic violence incident is much less overwhelming for the victims and children involved. This collaboration also dramatically improves the quality of police investigations and ultimately increases convictions of domestic violence perpetrators. The combination of this extensive counseling for perpetrators in conjunction with the empowerment and education of victims and children works in a synergistic fashion to reduce the rates of child abuse and domestic violence recidivism in San Diego.

Soon after San Diego's long efforts formally emerged as the FJC, the U.S. government decided in 2003 to fund the replication of the FJCs in communities across the United States. Four hundred communities expressed interest in the President's Family Justice Center Initiative and 15 were funded to develop centers. All of these centers were opened and operating by 2007. In addition, there are many other similarly configured sets of co-located services in other communities that have not received federal funding. Recently, all of these community-based FJCs have come together to form the National Family Justice Center Alliance.

Jeffrey L. Edleson

See also Coordinated Community Response; Domestic Violence Enhanced Response Team; Prosecutorial Practices, Intimate Partner Violence

Web Sites

President's Family Justice Center Initiative: http://familyjusticecenter.org/

San Diego Family Justice Center: http://sandiegofamilyjusticecenter.org/

Family Preservation and Reunification Programs

Child welfare policy in the United States is based on the assumption that strengthening and preserving families serves the long-term welfare and safety interests of children. Family preservation and reunification programs are short-term and intensive interventions intended to help parents whose children are in imminent danger of abuse or neglect. They attempt to stabilize a crisis, teach families new problem solving skills, and break the cycle of family dysfunction. Their primary goal is to remove the risk of harm so that the child does not have to be permanently removed from the home. This entry discusses the history of family preservation programs and the services provided by them, as well as debates about the effectiveness of such programs.

History of Family Preservation

Historically, the child welfare system has struggled to reconcile the sometimes competing goals of child protection and family unity. With the passage of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), the goal of family preservation became the guiding principle. The 1980 act, sometimes referred to as the "Reunification Act," requires that states, as a condition of receiving federal child welfare funding, make every "reasonable effort" to rehabilitate abusive parents and keep families together.

The Family Preservation and Support Services Act of 1993 (P.L. 103-66) and the 1997 Adoption and Safe Families Act (P.L. 105-89) changed and clarified a number of policies established in the Reunification Act, subtly moving federal policy away from preservation as the overriding concern. Although family unity remains an important long-term goal, the 1997 law explicitly established child safety as a "paramount concern" and encouraged expedited permanency decisions for abused children.

Social Services Provided

Family preservation and reunification programs are based on the assumption that parents whose children have been removed from the home, or who face the

possibility that their children could be removed, will be open to receiving services and learning new behaviors. Specific programs vary by state, but typical services provided include behavioral training for parents (including appropriate and inappropriate discipline techniques), child development issues, conflict resolution, and various other household issues related to family stress, neglect, and abuse (e.g., budgeting, housekeeping). States may also coordinate referrals on any of a number of other needs, including medical or psychological treatment, emergency financial assistance, housing information and assistance, daycare assistance, and substance abuse treatment.

The oldest and most thoroughly researched family preservation program is Homebuilders, which began in Washington State in 1974 and has now been implemented in various locals across the country. The Homebuilder model calls for small caseloads (typically two to three families per caseworker), intensive home-based services (10–20 hours per week for 4–6 weeks), and 24-hour-per-day availability of caseworkers. Like other preservation and reunification services, Homebuilders is based on the assumption that families in the midst of a crisis are amenable to change. In addition to child protection and family preservation, the goals of Homebuilders include providing social support; improved family functioning, school, and job performance; improved living conditions; and increased adult and child self-esteem.

Debate About Family Preservation Programs

There is considerable debate about whether family preservation programs are effective in successfully rehabilitating abusive parents. Proponents of the family preservation model maintain that children can be safely left in their homes *if* their communities offer vulnerable families the social services and training they need. Other defenders of family preservation assert that needy families need to be protected from the strong arm of the state. The real problem facing abusive families, they argue, is lack of resources. In less serious cases of abuse, where poor, young, stressed, and needy parents are likely to benefit from social services, family reunification should be the goal, and supportive intervention should be the means to achieving that end.

Critics maintain that family preservation is "single minded." While acknowledging the sanctity of the family unit, they argue that family preservation and unification goals too often put children at risk. Several highly publicized child deaths in recent years serve as a reminder of the potential dangers of reuniting children with parents who have a history of abuse. An overcommitment to reunifying families also sometimes leaves children in temporary settings for a long time, which is rarely in the best interests of the child.

At the center of the debate is the question of whether preservation services effectively strengthen families or prevent abuse. Initial evaluations of Homebuilders and other programs produced positive results, leading to considerable enthusiasm in the 1980s and 1990s. However, more methodologically rigorous experimental designs, which randomly assign families into experimental and control groups, have been disappointing. The most influential study, funded by the Department of Health and Human Services (DHHS), evaluated preservation programs in four states (Kentucky, New Jersey, Tennessee, and Pennsylvania). Three of the states had implemented the Homebuilders model. Researchers examined a variety of outcome variables, including foster care placement rates and improvement in family functioning, and found no differences between the experimental and control groups. This research is compelling because it focused on four independent evaluations in four different states.

Defenders of preservation programs maintain that several methodological problems make the results less than definitive. These methodological problems include a smaller than desirable sample size, marginal differences between the experimental and control groups (i.e., even the control group families received some services), and problems with the specific programs selected for the study (e.g., none of the programs strictly adhered to the Homebuilders model). It is also worth noting that the authors of the DHHS report did not interpret their findings to mean preservation services should be abandoned. Instead, they interpreted the results as a challenge to work harder to find programs that are effective.

Robin Perrin and Cindy Miller-Perrin

See also Adoption and Safe Families Act of 1997; Adoption Assistance and Child Welfare Act of 1980; Home Visitation Services

Further Readings

Gelles, R. (2005). Protecting children is more important than preserving families. In D. R. Loseke, R. J. Gelles, & M. M. Cavanaugh (Eds.), *Current controversies on family violence* (2nd ed., pp. 329–340). Thousand Oaks, CA: Sage.

U.S. Department of Health and Human Services. (2002). *Evaluation of family preservation and reunification programs: Final report.* Retrieved February 1, 2006, from http://aspe.hhs.gov/hsp/evalfampres94/final/

Family Therapy and Family Violence

Family therapy is a unique mental health discipline whose primary focus is to improve relationship problems, as well as offer relationally based treatment for mental health concerns. In short, its primary orientation to individual, couple, family, and organizational concerns is systemic, or one that focuses on the nature and quality of relationships in which problems reside. Therefore, the core assumption that problems cannot exist outside the context of relationship facilitates working with more than one person in a family, relationship, or community and references this logic when formulating interventions. Rules, roles, and boundaries are key concepts informing family therapists' ways of thinking about relational concerns, and communication, adaptability, cohesion, and flexibility are key markers of relational health. Given these unique aspects, in the field of family and interpersonal violence, family therapy has met with mixed outcomes as it has progressed through three "moments" in reference to family violence.

First Moment

In the first moment, as an emergent field at the time that family violence was being named and acknowledged, family therapy engaged the issue from a purely systemic perspective and emphasized relational mutuality, dysfunctional family roles, and poor communication patterns. In the case of childhood sexual abuse, a systemic perspective focused on the unconscious maintenance of the family's emotional and relational equilibrium (even though it was unhealthy) through behavioral contributions of the perpetrator, child, nonoffending parent, and siblings. Similarly, sustaining relational stability motivated battered women's decisions to continue relationships with abusive partners. Treatment focused on conjoint sessions attended by all members of the immediate family in the case of childhood sexual abuse, and attendance by husband and wife in couple therapy. Further victimization of abused and battered family members was implicit in this intervention structure in that the presence of the perpetrator encouraged further denial of the abuse. Critics, primarily feminists, challenged this descriptive, yet neutralized, systemic ideology and structure as unacknowledged support of institutionalized patriarchy, overt victim blaming, and dangerous to women and children.

Second Moment

As a result of feminists' challenges in the 1980s, the second moment of family therapy's conceptualization and treatment of family violence evidenced a more informed position on the institutionalized oppression of women and mental health's role in endorsing its continued acceptance. Feminist-informed family therapists questioned unacknowledged endorsements of prescribed male and female roles in the family (male—intellectual, decision maker, breadwinner; female—emotional, mothering, nurturer) that contributed to violent and abusive behavior. Family therapists reexamined longstanding beliefs about mother blaming, male superiority, emotionally unavailable men and needy women, secrets, boundaries, and accountability. Similar types of feminist critiques occurred in other mental health disciplines, and therapeutic interventions shifted away from privileging male voices over female voices. For family therapy, this shift was marked by clinical models overtly assessing culpability, and emphasizing physical and emotional safety for victims. Pragmatically, this shift signaled a move from conjoint family or couples therapy to extended individual and group work for perpetrators, victims, and other family members. Placing an abused child or battered woman in clinical situations where he or she could be revictimized or coerced was understood as unethical. For example, conjoint therapy for couples with ongoing or past violence was such a sensitive topic that many family therapists were uncomfortable discussing it and referred violent couples.

Third Moment

Currently, the third moment of family therapy's attempt to deal with family violence has indicated a

more balanced position that incorporates moments one and two. In the cases of child physical and sexual abuse, the field continues to take strong positions on accountability and safety. Therefore, assessing for abuse and inappropriate boundaries between immediate and extended family members occurs early in treatment. Interestingly, though, once family therapists have facilitated the process of acknowledging and addressing abuse, they are also the key mental health professionals involved in family reunification, a process of helping the family to rebuild itself in ways that encourage communication, safety, accountability, and development of appropriate social supports.

The work of John Gottman and Neil Jacobson, Michael Johnson, and Sandra Stith, Karen Rosen, Eric McCollum, and Cynthia Thomsen has been instrumental in convincing family therapists that the therapeutic constellation is a less critical factor in intervening in intimate partner violence than the type of batterer involved. Research by Gottman and Jacobson and by Johnson has called for mental health providers to consider the distinct profiles of male batterers and their implications for intervention. Specifically, men who become verbally and behaviorally more aggressive and physiologically less excitable in violent episodes are considered inappropriate candidates for conjoint therapy. In addition, men who use violence as their primary relational strategy with both men and women are also considered high risk. Stith, Rosen, McCollum, and Thomsen, following this logic, found that men who used violence episodically to control specific situations with their partners could engage in couples therapy to rebuild their relationships and reduce violence.

The third moment of family therapy's interface with family violence has also evidenced the impact of postmodern/poststructuralistic philosophy. Generally, postmodernism emphasizes the value of understanding life as socially constructed realities rather than objective, immutable realities. As such, the mutability of victims' and perpetrators' histories and futures with violence becomes the context for creating change and providing hope. Dialogic, or language-focused therapies, such as narrative therapy and collaborative language systems, provide alternate relationally focused clinical approaches to abuse-focused therapies and traditional batterers programs. Three examples, one dealing with childhood physical and sexual abuse and two with intimate partner violence, follow.

Just therapy, a systemic clinical model steeped in narrative therapy and social justice ideas, originated from the work of a multicultural clinical staff in New Zealand. The model utilizes a holistic approach that partners therapy and social services, with respect for community context and ways of knowing, to work with child abuse. In addition to bringing community, therapeutic, and social service resources to the safety and protection of children, and accountability of perpetrators, it also uniquely deals with macro-level issues, such as the effects of public policy on negative outcomes of child protection and family reunification.

Similarly, Rhea Almeida and Tracy Durkin have also integrated couples therapy with community supports to address intimate partner violence in low-income communities. Their work has successfully focused on establishing accountability and support for abusive men through the involvement of community mentors and increased social support. Abused women also are encouraged to gain support and empowerment within the traditions of their community. On a more individual and familial level, Alan Jenkins and Tod Augusta-Scott employ an "invitations to responsibility" model to acknowledge batterers' duality around desiring intimate relationships and yet utilizing control and abuse as primary behaviors within them. This model differs from the historical psychoeducational/confrontational model of batterers treatment in that it combines elements of cognitive-behavioral therapy, solution-oriented therapy, and client-directed therapy with accountability. Its intent is to remove opportunities for defensiveness about abusive behavior that impede responsibility taking.

Carolyn Tubbs

See also Family Group Conferencing; Family Justice Centers; Family Preservation and Reunification Programs; Intensive Family Preservation Services; Spirituality and Family Therapy

Further Readings

Almeida, R. V., & Durkin, T. (1999). The cultural context model: Therapy for couples with domestic violence. *Journal of Marital and Family Therapy, 25,* 313–324.

Augusta-Scott, T., & Dankwort, J. (2002). Partner abuse intervention: Lessons from education and narrative therapy approaches. *Journal of Interpersonal Violence, 17,* 783–805.

Jacobson, N., & Gottman, J. (1998). *When men batter women: New insights into ending abusive relationships.* New York: Simon & Schuster.

Jenkins, A. (1990). *Invitations to responsibility: The therapeutic engagement of men who are violent and abusive.* Adelaide, Australia: Dulwich Centre.

Stith, S. M., Rosen, K. H., McCollum, E. E., & Thomsen, C. J. (2004). Treating intimate partner violence within intact couple relationships: Outcome of a multi-couple versus individual couple therapy. *Journal of Marital and Family Therapy, 30,* 305–318.

Family Violence, Co-Occurrence of Forms

Many families experience multiple forms of violence both concurrently and sequentially. Parallel assessments, for example, of adult domestic violence, child maltreatment, sibling abuse, and elder abuse offer an opportunity to determine how these types of violence interact with each other and with other family problems. Such an understanding is vital for the development of more integrated and coordinated social policies and interventions.

Common Risk and Protective Factors

An ecological or integrated framework suggests that individuals who commit or who are victims of violence face a number of common personal, socioeconomic, and environmental challenges. Common risk markers found among perpetrators of child maltreatment and adult domestic violence include poor impulse control and a lack of empathy for others, often stemming from their own early exposure to violence or victimization as children. Living in poverty and resource-poor communities and associating with peers who support the use of violence are also common risk markers in studies of all forms of violence among family members. Such environments can create a state of stress and uncertainty that encompasses all aspects of daily living, making it difficult to approach child rearing or relationship building in a measured and nonviolent manner. Although it is not universal, it is often the case that those engaged in violent behaviors have a history of poor performance in other domains, such as school, social relationships, and the workplace, failures that further isolate them from formal and informal systems that might modify their behaviors.

In addition to sharing common risk factors, at-risk individuals also share a variety of personal, familial, and cultural conditions that serve to minimize levels of family violence. Adults who have a strong sense of self and feel rewarded in their personal and work relationships are better able to manage the inevitable setbacks and disappointments in life without resorting to violent coping strategies. Strong family and friendship ties that reinforce respect for the opinions and needs of others also reduce the likelihood for violence. Communities with strong educational systems, employment opportunities, and a range of recreational and supportive services provide families and individuals ready access to the types of assistance that can bolster an individual's resistance to violence.

Over and above these shared risk and protective factors, a more coordinated examination of family violence is justified by the frequent co-occurrence of these problems within individual families. Most community mental health, child welfare, and juvenile court caseloads include a large proportion of clients who struggle with myriad problems. Within the context of violence, a number of reviews document the co-occurrence of child maltreatment in families where adult domestic violence is also occurring. Over 30 studies of the link between these two forms of violence show a 40% median co-occurrence of child maltreatment and adult domestic violence in the families studied. Similarly, children involved in mistreating their siblings often have experienced or observed violence by their parents. Adult children who physically or emotionally abuse their elder parents may do so, in part, because of how they were cared for as children.

One challenge in building on these commonalities in advancing practice and policy reforms is the tendency for those working in these domains to become more focused on their specific concerns, resource requirements, and professional training. In the absence of direct communication and shared learning, the efforts on each issue run the risk of becoming more self-contained and competitive. While recognizing the uniqueness of each form of violence and the reality that there is no perfect correlation among the causal patterns, impacts, and response systems associated with each form of violence, meaningful progress on each issue might best be realized by advancing coordinating reforms that cut across one or more of these problems.

Common Intervention Issues

The co-occurrence and common causal characteristics of different forms of family violence have significant implications for how assessments are conducted and services delivered. Recognition of these commonalities is reflected in the establishment of dual assessment tools, more diversified case planning, and more formalized interagency agreement. Although far from universal, these types of treatment reforms are generating a number of opportunities for those working in various areas of family violence to learn from each other and to more accurately recognize indicators of multiple acts of violence. Recognizing the complex causal patterns surrounding various forms of family violence, a growing number of therapeutic interventions targeting these families seek change on multiple, ecological levels. Improvement is sought in how individuals view themselves, interact with other family members, and function within a broader social context.

Efforts to prevent various forms of family violence also share a common set of concerns. In addition to seeking change within individuals, prevention advocates for adult domestic violence, child abuse, and elder abuse pay attention to altering the cultural values and assumptions that enable and, in some cases, justify violent interactions among family members. Acceptance of corporal punishment and gender inequality as well as a general unwillingness to support actions that challenge the supremacy of parental rights or family privacy in determining appropriate behaviors between adults, or between adults and children, raise formidable barriers for creating prevention systems that can significantly reduce levels of violence. Progress in overcoming these barriers, however, is being made, as reflected in the development of universal education efforts with children and widespread public education and awareness efforts. In addition, prevention programs adopting a developmental perspective place greater emphasis on engaging families in supportive programs early in the parenting process or as relationships are formed, offering families an opportunity to establish stronger positive communication patterns and appropriate boundaries.

Deborah Daro

See also Community Violence, Effects on Children and Youth; Cycle of Violence; Intergenerational Transmission of Violence; Intimate Partner Relationship Quality and Domestic Violence

Further Readings

Daro, D., Edleson, J., & Pinderhughes, H. (Eds.). (2004). Child abuse, youth violence and adult domestic violence [Special issue]. *Journal of Interpersonal Violence, 19*(3).

Edelson, J. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence, 14*(8), 839–870.

National Research Council. (1993). *Understanding and preventing violence* (A. J. Reiss & J. A. Roth, Eds.). Washington, DC: National Academy Press.

Family Violence Option

The Family Violence Option (FVO) was enacted in 1996 as part of federal welfare legislation titled the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). PRWORA replaced the prior Aid to Families with Dependent Children program with the Temporary Assistance to Needy Families (TANF) program. The FVO is an optional program that states may adopt that aims to meet the needs of domestic violence victims accessing the welfare system. The FVO allows states to waive TANF work requirements temporarily for renewable 6-month periods if those requirements interfere with a violence survivor's safety.

The effort to include protections for domestic violence victims in welfare policy grew out of an increasing recognition of the relationship between domestic violence and public assistance. Research has shown that 20% to 30% of women enrolled in welfare are currently in violent relationships. Domestic violence victims often are economically dependent on their abusers, and abusers frequently undermine victims' efforts to gain or maintain employment. TANF requirements can put victims at further risk by requiring their cooperation in paternity establishment and child support enforcement or by compromising victims' safety when their benefits are reduced or eliminated because of failure to meet requirements. The FVO permits victims of domestic violence to receive temporary waivers or exemptions from these TANF requirements while they receive assistance in dealing with the abusive relationships and obtaining employment.

The FVO outlines that adopting states should screen for domestic violence, provide supportive services and/or referrals, and waive certain programmatic requirements if the requirements might make it

more difficult for the victim to escape violence or further endanger or unfairly penalize the victim. Some examples of requirements that can be waived by a state FVO program are the 60-month time limits for welfare recipients, mandatory child support cooperation, and residency conditions. How exactly states implement these policies varies widely from state to state. Federal legislation outlines the standard that must be met in order for an applicant to receive a FVO waiver. The standard looks at whether or not compliance with TANF requirements would make it more difficult for individuals receiving benefits to escape domestic violence or unfairly penalize them. Some states have adopted their own standard for granting FVO waivers. The federal definition of *victim of domestic violence* is one who has been battered or subject to extreme cruelty. It is not restricted to violence perpetrated by a family, household member, or intimate partner. Not all states use the federal definition of domestic violence.

Tracy J. Davis

See also Battered Women, Economic Independence of

Further Readings

Legal Momentum. (2004). *Family violence option: State by state summary.* Washington, DC: Author.

Lein, L., Jacquet, S., Lewis, C., Cole, P., & Williams, B. (2001). With the best of intentions: Family violence option and abused women's needs. *Violence Against Women, 7,* 193–210.

Stern, N. (2003). Battered by the system: How advocates against domestic violence have improved victims' access to child support and TANF. *Hastings Women's Law Journal, 14,* 47–68.

Family Violence Prevention and Services Act

The Family Violence Prevention and Services Act (FVPSA, pronounced phip-SAH) is a U.S. government program administered by the Family and Youth Services Bureau of the Department of Health and Human Services. FVPSA provides key funding for emergency services for domestic violence victims and their children, to state coalitions to provide technical assistance to local programs, and to support a national network of resource centers on the topic. FVPSA was first authorized in 1984 and most recently reauthorized and expanded in the Keeping Children and Families Safe Act of 2003.

Prevention, Public Awareness, and Cooperation

In a recent fact sheet, the National Coalition Against Domestic Violence reported that the FVPSA funds provide the "primary Federal mechanism for encouraging state, Tribal and local support to implement, maintain and expand programs and projects to prevent family violence and increase public awareness of domestic violence issues." One of ten FVPSA dollars is spent to support state-level coalitions that provide technical assistance to domestic violence programs and help develop coordinated community efforts with other institutions, such as the police, criminal justice agencies, social services, and health care systems.

Emergency Services

There are over 2,000 emergency service programs in the United States that rely on FVPSA funds to support their work. They include shelters and safe houses for battered women and their children and nonresidential services to these same families, such as crisis hotlines, counseling, and information and referral services.

Funding

FVPSA plays a major role in supporting both prevention of domestic violence and our social responses to adult victims of domestic violence and their children. Funding for services envisioned for children in FVPSA have yet to be enacted as a result of only partial funding by Congress. Each year Congress has authorized $175 million to support FVPSA programs, but has actually appropriated only about 70% of this figure, or about $125 million (for example, in 2006 Congress appropriated $124.7 million). Still, this amount is one of the key federal sources of funding for a variety of prevention and emergency services for both adults and children.

Jeffrey L. Edleson

See also Domestic Violence Resource Network; National Network to End Domestic Violence; National Resource Center on Domestic Violence

Further Readings

National Coalition Against Domestic Violence. (2007). *Family Violence Prevention and Services Act (FVPSA).* Retrieved from http://www.ncadv.org/files/2008fvpsa.pdf

Web Sites

National Coalition Against Domestic Violence: http://www.ncadv.org/

Family Violence Prevention Fund

Since 1980, the Family Violence Prevention Fund (FVPF) has been pioneering innovative programs to help end domestic and sexual violence. FVPF President Esta Soler first established the organization with a federal grant in 1980. Today, with offices in San Francisco, Boston, and Washington, D.C., and partners around the world, it is a national and international leader on violence against women and children, the source of numerous trailblazing prevention and intervention campaigns, and a major force in shaping public policies that prevent violence and help victims in the United States and worldwide.

The FVPF was instrumental in enacting the landmark Violence Against Women Act, and is well known for its outreach to men and youth and its community-based violence prevention programs. It has helped transform the way health care providers, police, judges, employers, and others address violence against women and children. FVPF model programs, policies, and publications have been distributed to, and replicated in, every state and an increasing number of countries.

Programs

Because sometimes the only messages boys get are the wrong ones, in 2003 the FVPF and the Advertising Council launched a campaign to encourage men to teach boys that violence against women is wrong. Coaching Boys Into Men includes television, radio, and print public service announcements, and numerous resources.

Supported by distinguished CEOs, professional athletes, entertainers, coaches, and others, the FVPF's Founding Fathers campaign is mobilizing men to teach the next generation to treat women and girls with honor and respect, and to teach boys that violence does not equal strength. It gives men tools to make change in their homes, communities, and workplaces.

The FVPF's highly successful Health Care Initiative is teaching providers to inquire about whether their patients have been exposed to violence, and to offer help to patients who need it. The FVPF is the nation's Health Resource Center on Domestic Violence—the only federally funded clearinghouse helping health care providers improve their response to family and sexual violence.

The FVPF's National Judicial Institute is providing judges with guidelines, education, and materials to ensure that their courtrooms provide real help to victims of family violence.

Its Children's Initiative is working with domestic violence and batterer intervention programs, child welfare agencies, and community organizers to build collaborations that promote safe and healthy families.

Its Workplace Project is a historic collaboration with employers and unions, and offers an online resource kit offering sample workplace domestic violence policies, education and training materials, case studies, resources, and more.

Its Immigrant Women Campaign is expanding services for immigrant victims of violence and mobilizing Americans to press for more humane asylum policies.

Its International Partnerships in China, India, Mexico, and Russia are addressing all forms of violence, including human trafficking.

The FVPF is supported by the Annie E. Casey, Hewlett, Hilton, MacArthur, Packard and Waitt Family Foundations, among others. The Ford Foundation made it one of the few organizations it endows.

The FVPF has won awards from the Sara Lee Foundation and the State Justice Institute, and been named one of *Worth* magazine's 100 Best Charities, among many other honors.

Lisa Lederer

See also Child Exposure to Intimate Partner Violence; Date and Acquaintance Rape; Dating Violence/Courtship Violence; Domestic Violence Among Immigrant Women;

Health Care Response to Intimate Partner Violence; Health Consequences of Intimate Partner Violence; Legal System, Criminal Justice System Responses to Intimate Partner Violence; Prevention Programs, Interpersonal Violence

Web Sites

Family Violence Prevention Fund: http://www.endabuse.org

Father Involvement

Father involvement has been an area of study since the 1970s, with the majority of research completed after the mid-1980s. The term *father involvement* encompasses the number of hours fathers spend directly interacting with their children and being accessible to their children, as well as fathers' investment in the parental role and associated responsibilities. In general, higher levels of father involvement are associated with better outcomes for children. Exceptions include involvement of antisocial fathers and involvement of fathers where there are high levels of interparental conflict, both of which are associated with negative outcomes for children. Fathers are less likely to be involved with their children when they are unemployed, when they have a conflict-laden relationship with their children's mothers, and when they do not reside in the same home as their children. Age is also a predictor of involvement, with young fathers less likely to maintain involvement with their children, and older fathers showing particularly high levels of involvement. There appear to be more similarities than differences in fathers' roles and in the predictors of father involvement across cultural, racial, and ethnic groups; however, there are still relatively few studies in this area. Even fewer studies have explored fathering in gay, bisexual, or transgender men.

The following sections provide a brief review of the definition of father involvement, the history and politics of father involvement, the benefits to children of having an involved father, and the predictors of father involvement.

Definition

The most widely accepted definition of father involvement is Michael Lamb's tripartite division of such involvement into engagement, accessibility, and responsibility. Engagement, also called interaction, refers to direct, one-on-one interactions with the child (e.g., time spent playing with the child). Accessibility refers to times when a parent is available for interaction with the child, but is not presently engaged in direct interaction (e.g., when the parent is gardening while a child is playing in the yard). Responsibility refers to taking ultimate responsibility for ensuring the child's welfare (e.g., ensuring that the child has clothes). A variety of measures have been used to track fathers' engagement, accessibility, and responsibility, including time diaries, time estimates, activity frequency measure, relative engagement measures, and measures of fathers' investment in the parental role. Recently, some scholars have started to purposefully use the term *father involvement* to denote only positive involvement with a child, rather than involvement in its original, content-free sense.

History

Social constructions of the role of fathers in child development have varied over history. During the 17th and 18th centuries, fathers were characterized as moral guides and teachers to their children. With industrialization, fathers' role as breadwinner was stressed. Social disruption brought on by war and economic hardship during the 1930s and 1940s and the rise in popularity of psychoanalytic theories led to an emphasis on fathers as sex-role models for their sons. Finally, since the mid-1970s, emphasis has been placed on fathers as nurturing parents, actively involved in the day-to-day care of their children.

As the socially constructed role of fathers has changed, so has the relative amount of time that fathers spend with children. Averaging across studies prior to 1980, it is estimated that in U.S. families, fathers' engagement was about one third of mothers' and their accessibility was about one half that of mothers. In the mid-1980s and 1990s, fathers' relative engagement and accessibility rose to 43% and 66%, respectively. Research conducted on fathers' involvement since 1990 suggests still greater increases in the relative and absolute engagement of fathers with children. Similar trends have been documented in Canada, Finland, Norway, and the Netherlands, and are likely in other industrialized nations. Changes over time in the amount of responsibility that fathers take for ensuring

their children's care have been measured less often and less consistently, and comparisons across time yield inconsistent findings.

Political Context

In the past two decades, fathering has become an important political issue in the United States, and to a somewhat lesser extent, in most other industrialized countries. Political focus on fathers, particularly father absence, has led to government funding for fathering initiatives, shifts in family law toward joint custody of children, support for implementing paternal work leave for child care, and a proliferation of fathering information, support, and intervention programs. Political mobilization around fathering in the United States is distinguished from similar movements in other industrialized nations by the strong moral and religious presence in much of the political rhetoric. Although some fathering rights groups and activists promote parental equity, a proportion of fathering involvement organizations in the United States are connected to socially conservative efforts to promote (heterosexual) marriage, reduce divorce, and reestablish men as the authority in the family.

Benefits

Higher levels of father involvement have been associated with better outcomes for children, such as greater cognitive development, academic achievement, social competence, and with more adaptive and resilient emotional functioning. Children with involved fathers are also less likely to have negative outcomes such as school dropout and delinquency. The benefits of father involvement extend to the mother–child relationship, with associations to higher maternal sensitivity to their children and greater maternal emotional availability, patience, and flexibility. Relationships between father involvement and positive outcomes have been found regardless of the methods used to assess these variables and after accounting for the influence of differing levels of mother involvement.

There are at least two exceptions to the generally positive relationship between father involvement and positive child outcomes. First, high levels of interparental conflict are detrimental to children, and some research suggests that ongoing exposure to such conflict is a more important predictor of negative child outcomes than is father absence. Second, when fathers engage in high levels of antisocial behavior, rates of problem behaviors in children increase with higher levels of father involvement.

Among nonresident fathers, paying child support and having a close relationship predict positive child outcomes more strongly than frequency or duration of father–child contact. These results are similar to those from studies of resident fathers in suggesting that both the amount and the quality of involvement should be considered.

Predictors

Residence

Fathers who are living with their children typically have much higher rates of involvement than fathers who are not. Nonresident fathers tend to be more involved during the preschool years and become increasingly less involved as children age.

Employment

Mothers' and fathers' employment both increase father involvement. Fathers' involvement is consistently higher in two-parent families when mothers are working outside the home than when mothers are not employed. Father involvement is also higher when men are employed, and when they have higher education and income levels. Unemployed fathers are more likely to leave or limit their involvement with their families than employed fathers, and are less likely to take on parenting responsibilities. Fathers' employment status appears to be particularly important to predicting men's involvement when they are not living with their children. Specifically, when fathers are able to contribute financially, they are more likely to remain involved with their children. It is theorized that societal emphasis on the importance of fathers as breadwinners largely explains the relationship between fathers' employment and their involvement with their children.

Relationship With Children's Mother

Harmonious mother–father relationships are related to higher rates of father involvement, and

conflict-laden relationships are associated with lower rates of father involvement. Conflict between mothers and fathers is a particularly strong predictor of low father involvement when parents do not live together.

Skills and Self-Confidence

Men with greater knowledge of parenting and men who feel competent to perform caregiving tasks tend to have higher levels of involvement with their children.

Age

Men who become fathers when they are adolescents have the lowest rates of contact with their children. Older fathers (i.e., men who become fathers later than the norm) have the highest rates of involvement with their children and have been shown to be particularly responsive, affectionate, and likely to take on responsibilities for childcare tasks.

Characteristics of the Child

Fathers spend more time with younger children than older children and with firstborn children than with later-born children. There is some research to suggest that fathers are also more involved with children who are more difficult to care for, such as children who were born prematurely or who have difficult temperaments. Earlier studies found that father involvement was higher for boys than girls, but more recent studies have found no effect for child gender.

Other Predictors

A number of other variables have been investigated as potential predictors of fathers' involvement, with inconsistent results. These variables include fathers' gender-role orientation, egalitarian gender-role attitudes, men's perception of their own fathers, role salience, maternal gatekeeping, and fathers' level of stress.

Katreena L. Scott and Jennifer L. Root

See also Fathers' Rights Movement

Further Readings

Gavanas, A. (2004). *Fatherhood politics in the United States.* Urbana: University of Illinois Press.

Jaffee, S. R., Moffitt, T. E., Caspi, A., & Taylor, A. (2003). Life with (or without) father: The benefits of living with two biological parents depends on the father's antisocial behavior. *Child Development, 74,* 109–126.

Lamb, M. E. (2004). *The role of fathers in child development* (4th ed.). New York: Wiley.

Fathers as Perpetrators of Child Maltreatment

National incidence studies of child abuse and neglect find that fathers (i.e., biological fathers, stepfathers, and father surrogates) are perpetrators of a significant proportion of child maltreatment. In two-parent families, fathers are perpetrators in the majority of child physical abuse and about half of emotional maltreatment cases. Fathers are particularly overrepresented as perpetrators of severe, injurious forms of abuse. Child sexual abuse is most often perpetrated by nonparental adults; however, when a parent is implicated, it is much more likely to be a father than a mother. Fathers are generally less likely than mothers to be implicated in cases of child neglect.

Although fathers are often perpetrators of child maltreatment, there still is little research on their characteristics and intervention needs. Interest in this area began in the early 1990s with recognition of the overlap of men's abuse of their intimate partners and of their children, and has expanded slowly. As a result, the following information represents the beginning of an understanding of the characteristics of and risks posed by father perpetrators.

Characteristics of Father Perpetrators

There is ongoing debate on whether risk factors for the perpetration of maltreatment differ in fathers and mothers. Clinical descriptions of the characteristics of maltreating fathers tend to portray these men as emotionally distant, harsh, authority figures in the family rather than as distressed, overwhelmed parents lacking skills and knowledge. Rigid expectations for children, poor family cohesion, lack of accountability for past behavior, and the absence of a biological relationship between father and children are important risk factors for men's perpetration of child abuse and neglect. Personal distress, which is an important risk factor for mothers, seems to play a less important role in predicting

maltreatment in fathers. For both mothers and fathers, victimization in their family of origin and past investigations for child abuse or neglect are strong predictors of subsequent child maltreatment. Other major risk factors for both include poverty, younger age, and problematic use of alcohol and drugs.

The influence of a father's relationship with his children and the children's mother is another emerging area of study as it relates to risk for child maltreatment. Father absence contributes to child poverty, reduced parental resources, and increased child exposure to nonbiologically related father surrogates, all of which are associated with higher rates of child maltreatment. However, father absence, by itself, does not lead to maltreatment, and sometimes having a father involved is a greater risk for children than is their mother's single parenthood. In particular, involvement of fathers who are antisocial, mentally ill, addicted to substances, and/or violent toward the children's mothers likely increases children's risk of being maltreated.

Finally, fathers who are present in the lives of their children may convey risk or protection to their children, depending on how they support and relate to children's mothers. A higher level of support from fathers is related to reduced maternal harshness and to greater responsiveness of both parents to children's needs. In contrast, interparental conflict is related to higher rates of coercive parenting by both fathers and mothers.

Prevention and Treatment Initiatives

Until recently, fathers were seldom included in child maltreatment prevention and intervention initiatives. Neglect of fathers has been attributed to cultural views of the preeminence of mothers in caring for and protecting children, policies and practices that failed to encourage father involvement, reluctance of professionals to work with fathers, and lack of training on working with men.

There are a variety of current initiatives to involve fathers in efforts to prevent and intervene in child maltreatment. First, there are attempts to involve fathers in already established programs for at-risk children and families, such as Head Start, home-visiting services, and community-based parenting education and support programs. These programs have traditionally served mothers and children, but many are now aiming to either involve fathers as part of regular intervention or adapt services specifically for men. To date, such initiatives have been only modestly successful at engaging fathers.

Prevention initiatives focusing directly on fathers have shown greater promise. Examples include fathering support groups, programs for fathers at key transition points (e.g., new fathers, fathers of children going into adolescence), and intensive support services to fathers in fragile, at-risk families. These programs are often profiled by national fathering organizations such as Fathers Direct, Fathering Involvement Research Alliance, Dads and Daughters, and the National Fatherhood Initiative.

A third way that father-perpetrated child maltreatment is being addressed is through intervention programs for men who have been violent toward their intimate partners. Many batterer intervention programs now include four to six sessions aimed at educating men on the effects of exposure to violence on children, on the importance of promoting safety for children, and on repairing father–child relations.

Finally, there have been efforts within child welfare services to better engage fathers. Major reports on child welfare practice have emphasized the importance of locating children's biological fathers, involving fathers in child protection monitoring efforts, utilizing the strengths of fathers to support healthy child and family functioning, and providing intervention when fathers are perpetrators of abuse. A few treatment programs targeting the intervention needs of maltreating fathers have also been developed and are available in an increasingly large number of communities.

Little research has been done on the potential of any of these prevention or treatment programs to reduce child maltreatment.

Katreena L. Scott and Jennifer L. Root

See also Child Physical Abuse; Intergenerational Transmission of Violence; Maternal Responsibility for Child Physical Abuse; Nonoffending Parents of Maltreated Children; Parenting Practices and Violence, Child Maltreatment

Further Readings

Coohey, C., & Zhang, Y. (2005). The role of men in chronic supervisory neglect. *Child Maltreatment, 11,* 27–33.

Dubowitz, H. (2006). Where's Dad? A need to understand father's role in child maltreatment. *Child Abuse & Neglect, 30,* 461–465.

Guterman, N. B., & Lee, Y. (2005). The role of fathers in risk for physical child abuse and neglect: Possible pathways and unanswered questions. *Child Maltreatment, 10,* 136–149.

Scalera, M. B. (2001). *An assessment of child welfare practices regarding fathers.* Retrieved from http://www.nfpn.org/tools/articles/fathers.php

Scott, K. L., & Crooks, C. V. (2006). Intervention for abusive fathers: Promising practices in court and community responses. *Juvenile and Family Court Journal, 57*(3), 29–44.

Fathers' Rights Movement

The fathers' rights movement advocates for fathers who feel deprived of their parental rights and subjected to systematic bias as men after divorce or separation. The term *fathers' rights* is relevant to interpersonal violence primarily in custody and visitation cases involving domestic violence.

The fathers' rights movement emerged in the 1970s as a loose social movement with a network of interest groups primarily active in Western countries. Established to campaign for equal treatment for men by the courts on issues such as child custody after divorce, child support, and paternity determinations, this network is also part of the broader men's rights movement. While there is no written history of the movement, it is generally viewed as stemming from changes in both the law and societal attitudes. These changes include the introduction of no-fault divorce in 1969 and the attendant rise in divorce rates; the increasing entry of women into the workforce, upturning traditional gender roles; and the increasing social acceptance of single parents and their increased proportion of all families.

Fathers' rights activists typically believe that the application of the law in family courts is biased against men. Because mothers have historically been seen as the primary caregivers for their children, they have often been granted custody of their children, causing some fathers to feel marginalized. Thus, one longstanding goal of fathers' rights groups is obtaining "shared parenting," asking that courts uphold a rebuttable presumption of joint custody after divorce or separation. Under a shared parenting arrangement, children would be required to live with each parent for the same amount of time, unless there were valid reasons not to do so.

Fathers' rights advocates claim that women often falsify allegations of domestic violence to gain advantage in family law cases, and misuse protection orders to remove men from their homes or deny them contact with their children. Attorneys and advocates for abused women note that while it is not uncommon for family court proceedings to be accompanied by allegations of domestic violence and the use of protection orders, this is largely representative of the prevalence of domestic violence in our society, and of the fact that domestic violence often increases (or begins) at the time of separation or divorce. Many battered women seek protection orders as a last resort, after being subjected to continuous violence, because the orders can provide an effective means to gaining safety from the batterer.

While many mothers are awarded custody, there are many contested custody cases. In these contested cases, fathers often seek and win joint or full custody of the children. One way that a mother might lose custody is through the father's use of a theory called parental alienation syndrome (PAS). Fathers' rights groups see PAS as occurring when the mother has "poisoned" the minds of their children toward the other parent by brainwashing them into reporting abuse. When this legal tactic is used, the mother often loses custody or is forced to accept joint custody based on the father's allegations of PAS.

While the fathers' rights movement presents PAS as a credible theory, it is recognized as deeply flawed, based on extreme gender bias, and rooted in a disbelief of women and children who report abuse. Neither the American Psychological Association nor the American Psychiatric Association recognizes PAS as a credible theory, and the National Council of Juvenile and Family Court Judges has rejected the theory and recommended that it not be used when considering custody matters.

Women's rights groups and profeminist men argue that fathers' rights groups want to entrench patriarchy and undo the advances made by women in society. Those opposed to the fathers' rights movement believe that the bias fathers' rights members speak of in family courts either does not exist or is such that single mothers in particular are not advantaged as a class to the extent stated, especially in the face of sexism and male privilege and power.

Ana Ottman and Rebekah Lee

See also Custody, Contact, and Visitation: Relationship to Domestic Violence; Father Involvement; Parental Alienation Syndrome

Further Readings

Dominus, S. (2005, May 8). The fathers' crusade. *New York Times Magazine,* pp. 26–33, 50, 56–58.

Flood, M. (2004). Backlash: Angry men's movements. In S. E. Rossi (Ed.), *The battle and backlash rage on: Why feminism cannot be obsolete* (pp. 261–278). Philadelphia: Xlibris Press.

Fear of Crime

Fear of crime is one of the most lasting outcomes of a crime-ridden society. Individuals who have been victims of crime often fear that they may be victimized again. Individuals who have never been victimized may also fear crime since they are reminded of crime and victimization through the media, they hear about the victimization experiences of others, and they are told to be concerned about crime and victimization from politicians and law enforcement officials. Both victims and nonvictims alike often fear strangers in public spaces. This is especially true of women, who are much more likely to be victimized by a known assailant in the private sphere. The consequence of fear of crime involves taking a variety of behavioral measures to stay safe, potentially causing changes in lifestyle, stress, and additional fear for self or others.

Criminologists have studied fear of crime for over 30 years. Much of the early literature focused on defining and measuring fear of crime, debating if fear of crime was an emotive or cognitive response to potential victimization. Although definitional and measurement issues clearly still concern fear of crime researchers, the majority of researchers now focus on understanding the causes and consequences of fear of crime.

Causes

A person's gender, race, class, and age may influence his or her fear of crime level. Although men, non-White individuals, younger individuals, and lower-class individuals are most likely to be victims of a crime, they may not be the individuals found to be most fearful. For example, a person's gender is a strong predictor of fear of crime, with women reporting more fear of crime than men. This has led to the study of the "gender-fear paradox," since women are less likely than men to be the victim of a crime, even though they report substantially more fear of crime. With regard to age, elderly individuals are often found to have higher levels of fear of crime than younger people. However, age-based fear of crime is increased by other factors, such as living alone or having a low income. In terms of social class, low-income individuals are most likely to report fear of crime. Finally, the connection between a person's race and fear of crime is complicated since it is not only individuals' race that determines their fear of crime, but also the racial composition of the neighborhood in which they live.

Two other causes of fear of crime include victimization experiences and neighborhood conditions. Direct and indirect victimization experiences may both impact fear of crime. In this area of research, study results have been mixed, with some studies suggesting that direct victimization experiences cause individuals to fear the possibility of experiencing victimization in the future, while other studies suggest that being a nonvictim makes individuals more likely to experience fear of crime. This issue is further complicated in studying indirect victimization, where individuals experience victimization vicariously by hearing stories of others' victimization. The possibility that what happened to someone on the news, to a family member, or to a next door neighbor might happen to oneself is sometimes sufficient to make an individual afraid of crime. In terms of neighborhood conditions, social disorganization or perception of the environment as unsafe greatly impacts fear of crime. Physical incivilities in neighborhoods include things such as trash on the street, broken windows in buildings, or graffiti. Social incivilities include gangs of teenagers hanging out on neighborhood street corners or open drug sales in a neighborhood. Both physical and social incivilities are found to increase fear of crime.

Consequences

Another important facet of fear of crime involves the consequences of fear of crime in individuals' daily lives. The primary way that individuals cope with fear of crime is by engaging in constrained behaviors (the behaviors individuals take to keep themselves safe

from potential victimization). There are two forms of constrained behaviors: protective behaviors (proactive measures, such as owning a gun, locking doors, or having an alarm system) and avoidance behaviors (reactive measures, such as avoiding going places alone, avoiding going places at night, or avoiding certain areas of a city). Most research suggests that individuals engage in a variety of protective and avoidance measures to reduce potential criminal victimization. The research findings on the impact of these behaviors in reducing fear of crime are mixed, with some studies arguing that constrained behaviors produce more fear of crime and others arguing fear subsides as a result of these behaviors. In addition, some researchers suggest that engaging in constrained behaviors, especially avoidance behaviors, can restrict mobility, decrease freedom, and minimize autonomy.

In some cases, fear of crime may be more of a problem than crime itself. Those most likely to fear crime include women, the elderly, White individuals in non-White neighborhoods, and lower-income individuals. Further, individuals who live in socially disorganized neighborhoods or those who have experienced direct or indirect victimization show increased levels of fear as well. The consequences of fear of crime are the increased behaviors taken to protect from potential crime occurring. These behaviors can greatly restrict individuals' mobility and can actually increase their fear of crime. Future research on this topic may help alleviate fear of crime and promote greater understanding of victimization experiences.

Nicole E. Rader

See also Media, Representations/Distortions of Crime; Victimology

Further Readings

Hale, C. (1996). Fear of crime: A review of the literature. *International Review of Victimology, 4,* 79–159.

Mesch, G. (2000). Perceptions of risk, lifestyle activities, and fear of crime. *Deviant Behavior, 21,* 67–72.

Reid, L. W., Roberts, J. T., & Hilliard, H. M. (1998). Fear of crime and collective action: An analysis of coping strategies. *Sociological Inquiry, 68,* 312–328.

Rountree, P. W. (1998). A reexamination of the crime-fear linkage. *Journal of Research in Crime and Delinquency, 35,* 341–377.

Female Genital Mutilation

Female genital mutilation (FGM), also sometimes called female genital cutting or female circumcision, is practiced in more than 25 African countries, as well as several countries in western Asia and in various ethnic minority communities in other Asian countries. The practice takes one of three forms. The mildest form of FGM is called *Sunna* and involves cutting the hood of the clitoris. It is the form of FGM considered most analogous to male circumcision, but traditionally *Sunna* has not been widely practiced. More common is infibulation, which is the most extreme form of FGM. Infibulation is the removal of the clitoris, labia minora, and most of the labia majora. The vagina is then stitched closed, except that a tiny opening is left for the passage of urine and menstrual blood. The most commonly practiced form of FGM is excision. In excision, the clitoris and all or part of the labia minora are removed.

Although FGM is sometimes performed on infants, it is more typically considered a rite of passage for young girls between the ages of 6 and 14. Traditionally, the practice has been accompanied by much fanfare to celebrate the girl's entry into womanhood and to mark her as marriageable. The underlying rationale for FGM is to ensure a girl's purity. In most societies that practice FGM, it is widely believed that females have a naturally insatiable sex drive. By removing their genitalia, the societies are protecting girls from sexual temptation. In fact, the uncut are usually considered "unclean" and, therefore, unmarriageable, so they are consequently unfit to fulfill their culture's most valued roles for women: wife and mother. To refuse to have one's daughters cut is essentially economic suicide in many practicing societies, since no respectable men will associate with uncut girls.

Historically, FGM received little attention in Western countries. Beginning in the 1970s, however, feminist researchers began publicizing information about the practice in order to raise awareness about its detrimental effects on women and girls and to pressure governments of practicing countries to outlaw it. Because the cutting is usually done by an elder village woman or traditional birth attendant using various nonsurgical and unsterilized instruments (e.g., a razor, a knife, a piece of broken glass, a flattened nail) without the benefit of anesthetics, the practice is not only extremely painful, but also has many serious health

complications. These include shock, hemorrhage, septicemia, and tetanus, and the practice also can result in death. At the very least, those who have been cut are unlikely to ever experience sexual pleasure. FGM makes sexual intercourse quite painful, and also increases the incidence of serious complications during childbirth, raising the probability of maternal and infant mortality.

Western feminists, joined by groups of African women and men, have organized campaigns to eliminate FGM, primarily by educating parents about the dangers of the practice and by lobbying governments to enact legislation prohibiting it. Only a few African governments, such as that of Kenya, have passed such laws, but research indicates that they are weakly enforced and that many parents continue to adhere to traditional beliefs, so they have the cutting done in secret rather than with the customary public celebration. Several Western countries, including the United States, Canada, France, and Great Britain, have enacted laws prohibiting FGM, in response to recent cases involving African immigrants importing the practice to their new countries of residence. Nevertheless, some immigrant parents try to save enough money to send their daughters back to their home country for the cutting ritual. In Canada, the threat of FGM in an individual's home country is grounds for granting the individual trying to escape the practice refugee status. The courts in the United States have been reluctant to follow Canada's lead, but some have granted asylum to women fleeing FGM.

Despite the serious complications from FGM, resistance to eliminating it has come not just from parents who do not wish to jeopardize their daughters' marriageability, but also from individuals who resent what they perceive as "outsiders" imposing Western values and trying to destroy the Indigenous culture. Women themselves have also been resistant to change since the practice serves as a source of power and status for them. Efforts to eliminate FGM, therefore, need to be sensitive to local cultural concerns and should simultaneously implement policies and programs to provide women with other avenues of power and status in their societies.

Claire M. Renzetti

See also Cultural Competence; End Violence Against Women International; Foot Binding; Human Rights; United Nations Conventions and Declarations

Further Readings

Barker-Benfield, J. (1976). *The horrors of the half-known life.* New York: Harper & Row.

Lightfoot-Klein, H. (1989). *Prisoners of ritual: An odyssey into female genital circumcision in Africa.* New York: Harrington Park Press.

Wilson, T. D. (2002). Pharonic circumcision under patriarchy and breast augmentation under phallocentric capitalism: Similarities and differences. *Violence Against Women, 8,* 495–521.

Female Perpetrators of Interpersonal Violence

Women's and girls' involvement in interpersonal violence has received increased attention over the last few decades. During this time, girls' arrests for violent offenses increased more rapidly and decreased more slowly than arrests of boys for similar offenses, and the number of women incarcerated for violent offenses increased exponentially. This entry discusses explanations, hypotheses, and recent scholarship regarding women and girls as perpetrators of interpersonal violence.

The earliest criminological explanations for women's and girls' involvement, or lack of involvement, in interpersonal violence rested on researchers' essentialist understandings of inherent biological or psychological characteristics of women and girls. For example, early theorists concerned with the delinquent, deviant, or criminal behavior of White ethnic and immigrant populations argued that, in general, women and girls were "naturally" constrained from engaging in all forms of crime, including violence. The pseudoscientific arguments of the late 19th and early 20th centuries also contained a racialized and, at times, racist dimension. In *The Female Offender* (1895), for example, Cesare Lombroso, a founding father of criminal anthropology, argued that only "savage" women are capable of violent crimes, and he cited the Hottentot, a Negro woman, and a Red Indian woman as examples of "savages." According to Lombroso, "civilized" White women did not engage in violent crimes because it was inconsistent with their feminine nature.

Serious, critical investigations into women's and girls' participation in interpersonal violence did not

appear until after the 1970s. This scholarship was ushered in by Freda Adler's liberation hypothesis, which posited that as women become more like men in social status and position, women's participation in traditional male crimes, including violent crimes, would also increase. While the liberation hypothesis was soundly discounted on empirical grounds—there was statistically no "new violent female offender" to explain—Adler's suggestion that there may be led criminologists to more critically examine patterns and trends in women's offending. The evidence produced by this burst of feminist scholarship and research on gender and crime offers a more complicated explanation for girls' and women's involvement in interpersonal violence. This research strongly suggests that external pressures or "push–pull" factors, such as economic marginalization, victimization, or addiction, help explain women's and girls' arrests for violent offenses in general and, specifically, why those who are arrested for violent offenses are more likely to be poor and non-White.

Recent scholarship critically considers how varying structural positions of girls and women produce interracial and intragender differences in arrests and sentencing for aggressive and violent offenses. The work of feminist criminologists reveals that girls' and women's troubles, and not changing attitudes or opportunities, structure girls' and women's involvement in interpersonal violence as well as their subsequent arrests and detention. Researchers who use a race, gender, and class framework or an intersectionality in their analysis argue that some girls and women experience what feminist criminologist Meda Chesney-Lind refers to as "multiple marginality" as a result of their position in race and class hierarchies. Interracial differences in arrests thus reflect a double standard in criminal justice system responses to girls' and women's offending. For example, young Black women are more likely to serve time in detention facilities, while young White women are more likely to be placed in private mental health facilities. Recent research on girls' and women's arrests for aggressive or violent offenses strongly suggests that these increases reflect policy changes, such as the introduction of zero-tolerance policies in public schools, and not girls' increasingly violent behavior. Such research dispels the myth of a new violent female offender.

Qualitative and ethnographic research on women's and girls' involvement in interpersonal violence shifts attention away from the violent female offender to the structural, cultural, and situational contexts in which women and girls encounter violence in their everyday lives. The few studies that have examined girls' involvement in interpersonal violence in these settings reveal similarities and differences in girls' and boys' involvement in interpersonal violence. These studies reveal that when girls and women are involved in interpersonal violence, their experiences are shaped by normal group processes and gendered patterns of situated interaction, including processes and patterns that similarly affect boys and men. These studies also reveal distinct gendered patterns in interpersonal violence. For example, women and girls are more likely to engage in physical fights with their hands and fists; when a weapon is used, often in self-defense, women and girls are more likely to use piercing weapons (e.g., knives or razor blades) instead of guns.

Recent quantitative and qualitative scholarship illuminates how worsening structural conditions; changes in criminal justice policies; intersections of race, gender, and class; and, at times, the toxic cultural conditions in which girls and boys come of age in distressed urban areas shape women's and girls' involvement in interpersonal violence and subsequent entrance into the juvenile or criminal justice system for aggressive or violent behavior. Today's women and girls are not necessarily "more violent" than women and girls at the turn of the 20th century. The structural and cultural conditions in which girls are coming of age, however, shape women's and girls' experiences with interpersonal violence in new and complicated ways.

Nikki Jones

See also Female Perpetrators of Violence, Teen Girls

Further Readings

Baskin, D., & Sommers, I. (1998). *Casualties of community disorder.* Boulder, CO: Westview Press.

Chesney-Lind, M. (1997). *The female offender.* Thousand Oaks, CA: Sage.

Chesney-Lind, M., & Shelden, R. G. (1992). *Girls, delinquency, and juvenile justice.* Pacific Grove, CA: Brooks/Cole.

Jones, N. (2004). "It's not where you live, it's how you live": How young women negotiate conflict and violence in the inner city. *Annals of the American Academy of Political and Social Science, 595,* 49–62.

Lombroso, C., & Ferrero, G. (1895). *The female offender*. London: Fisher Unwin.

Miller, J. (2000). *One of the guys: Girls, gangs, and gender.* New York: Oxford University Press.

Miller, J., & Mullins, C. (2006). Stuck up, telling lies, and talking too much: The gendered context of young women's violence. In K. Heimer & C. Kruttschnitt (Eds.), *Gender and crime: Patterns of victimization and offending* (pp. 41–66). New York: New York University Press.

Ness, C. D. (2004). Why girls fight: Female youth violence in the inner city. *Annals of the American Academy of Political and Social Science, 595,* 32–48.

Steffensmeier, D., & Allan, E. (1996). Gender and crime: Toward a gendered theory of female offending. *Annual Review of Sociology, 22,* 459–487.

Female Perpetrators of Intimate Partner Violence

Despite the reported increase in arrests of women for use of violence against their current or former intimate partners, research suggests that two findings are crucial to use in interpreting what these arrest increases actually mean: first, women's violence is more self-defensive than aggressive; and second, changes in law enforcement strategies are significantly responsible for changes in domestic violence arrest patterns. Moreover, one of the key questions that needs to be addressed when exploring intimate partner violence (IPV) and the criminal justice system is: Within intimate relationships in which women use violence and are arrested, are they batterers? Recent scholarship explores this issue, demonstrating that while some women use violence and are aggressive, most women are *not* the aggressors in the relationships and do not exert the power and control that seem inextricably connected to batterers. Understanding the context in which IPV occurs, rather than simply relying on arrest statistics or surveys to explore the issue, offers the most help in determining the motivation and consequences of women's use of violence.

Measurement issues confound the problem. Most studies rely on the Conflict Tactics Scales (CTS) and the revised version, the CTS2, which are empirical measures of IPV developed by Murray Straus and his colleagues to explore family violence. These scales are used in national surveys of households of married or cohabitating heterosexual couples. Despite improvements in measurement, these quantitative surveys rely on respondents checking boxes that indicate various levels of violence use without distinguishing between the meaning and motivation of the acts; tallies from these surveys provide the false impression that IPV is committed by women at rates equal to or higher than those of men. For example, in one study that uses the CTS, researchers found that 61% of the sample in which respondents reported "mutual violence" actually showed something very different: that women respond to men's acts of violence in self-defensive ways. Self-report data also raise reliability issues in that men underreport their use of violence, while women underreport their victimization by men. CTS measures also exclude complete information on injury and sexual assault; other studies show that women are six times more likely than men to need medical care for their injuries and that 4% of murdered men are killed by their current or former partner, compared to about one third of murdered women. Findings from the National Violence Against Women Survey (NVAWS) revealed that 7.7% of female respondents were raped by their intimate partners, yet the category of "sexual coercion" is excluded from the original CTS, the basis for a huge number of studies that claim mutual violence. Finally, violence perpetrated by ex-partners and ex-spouses is also excluded; the National Crime Victimization Survey statistics show that rates of IPV perpetration against women by their former intimates are eight times higher than rates of perpetration against married women.

Despite the research findings presented by scholars and federal agencies within the Department of Justice, men's rights groups (such as the Men's Defense Association, Men's Activism, and the National Coalition of Free Men) routinely point to numerous investigations and empirical studies demonstrating that women are as physically aggressive as or more aggressive than men in their relationships. Members of the National Coalition of Free Men even filed suit against the state of Minnesota, demanding the end of state funding for domestic violence programs on gender discrimination grounds. However, these assertions are proved faulty upon greater scrutiny of the empirical studies.

One early study by James Makepeace that explored the context of IPV found that, when questioned for motivation, women were twice as likely as men to list

self-defense as a motive for inflicting violence, whereas the men were three times more likely than women to indicate that their motive was to intimidate. Likewise, using items from a modified CTS, Christian Molidar and Richard Tolman's work on dating violence found that when incidents of violence are placed into context, a different gendered pattern emerges, one that shows boys' accounts of their girlfriends' violence might really be classified as acts of self-defense. A recent 3-year study conducted by Susan Miller observed three treatment groups for women arrested on domestic violence charges. Only 5% of the women used violence in aggressive ways; these women were in one group. Another group included women who used violence when they were frustrated in situations with their abusive partners or ex-partners and the arresting incident reminded them of past abusive situations (30%). The largest group was comprised of women who described their use of violence as self-defensive (65%). From the detailed descriptions on the probation reports and in the treatment groups, it is clear that the majority of the arrested women were not batterers**,** but were arrested as a result of new enforcement strategies that were designed to protect women, not create additional hardships for them. These data mirror findings reported elsewhere.

The issue of women's use of violence is further complicated by changes in domestic violence arrest policies. Pro-arrest and mandatory arrest policies were designed and have been supported as ways of responding uniformly to a problem that had suffered from years of police inaction and a trivialization of IPV. Police now respond "by the book," meaning that police make an arrest if the law is broken. Unless they have been trained to distinguish between primary aggressor action and self-defensive action, the result is that arrests occur regardless of the history of abuse in the relationship or the meaning or motivation underlying the use of violence. Ironically, one of the results of this gender-neutral approach has been the arrest of many battered women for the use of self-defensive violence against their battering partners, and the court-ordered funneling of these women into batterer treatment programs. For example, in a study of 39 women arrested for domestic violence, Kevin Hamberger and his colleagues found that 36 of the women were identified at treatment program intake as victims of battering, not batterers, and had been arrested for using violence that was self-defensive in nature. Often, women arrested for IPV are offered treatment rather than a challenge of their arrest on self-defensive grounds. For victims who fought back, and who are desperate to prevent the personal, family, employment, and/or financial crises posed by a conviction, the treatment programs are an attractive option. However, these women remain under supervision by probation departments, and violations of probation could result in harsher penalties when it comes to custody issues or jail time. Threats of jeopardizing probation status are used by abusers to intimidate their victims.

By taking individual acts of violence out of these contexts, researchers and policymakers run the risk of furthering the harm done to battered women by discounting the abuse that is inflicted on them by their male partners and by labeling victims as offenders. The differentiation of self-defensive acts of violence from acts of violence reflective of a larger pattern of abuse is necessary for the criminal justice system to become more equitable and better able to protect victims of IPV.

Susan L. Miller and Terry G. Lilley

See also Female Perpetrators of Interpersonal Violence; Measurement, Interpersonal Violence

Further Readings

Anderson, K. L., & Umberson, D. (2001). Gendering violence: Masculinity and power in men's accounts of domestic violence. *Gender & Society, 15,* 358–380.

Dasgupta, S. D. (2002). A framework for understanding women's use of nonlethal violence in intimate heterosexual relationships. *Violence Against Women, 8,* 1368–1393.

Hamberger, L. K., & Arnold, J. (1990). The impact of mandatory arrest on domestic violence perpetrator counseling sessions. *Family Violence Bulletin, 6,* 10–12.

Makepeace, J. M. (1986). Gender differences in courtship violence victimization. *Family Relations, 35,* 383–388.

Miller, S. L. (2005). *Victims as offenders: The paradox of women's violence in relationships.* New Brunswick, NJ: Rutgers University Press.

Molidar, C., & Tolman, R. (1998). Gender and contextual factors in adolescent dating violence. *Violence Against Women, 4,* 180–194.

Female Perpetrators of Violence, Teen Girls

Until recently, research on aggression and violence has focused primarily on boys. This is understandable given that boys engage in more serious acts of violence and inflict more physical injury on others at every stage of development than girls. However, over the past several decades, juvenile justice statistics have documented an unprecedented increase in the rate of violent crime perpetrated by girls. This entry summarizes trends in aggressive and violent behavior among adolescent girls, discusses sex differences in aggressive behavior, highlights key risk and protective factors, and notes pressing research questions.

Recent Trends

The rate of violent crime, particularly serious violent acts such as homicide, is consistently higher in males than in females. For example, in Canada, the violent crime rate for girls is one third of the rate for boys. Nevertheless, this rate more than doubled for girls (+127%) from 1988 to 1998, compared to a much smaller increase for boys (+65%). Moreover, there was a modest increase in violent crime rates for girls from 1996 to 2002, while rates for boys slightly decreased. In each case, the increase in girls' violent crime reflected less serious acts such as common assault. These findings parallel statistics reported in the United States: The growth in person offenses over the last two decades has been greater for adolescent females (157%) than for males (71%). Outside North America, the picture is much the same: In the United Kingdom, between 1981 and 1999, there was a 23% decrease in juvenile male offenders and an 8% increase in female offenders.

In sum, juvenile justice statistics across several countries consistently reveal a trend toward greater involvement of girls in the perpetration of aggressive and violent acts. This trend also appears in girls' reports about their own behavior: According to the 2001 U.S. Surgeon General's report, the gap between boys and girls in self-reported engagement in serious aggression has shrunk by approximately 50%. These trends signal the need to fast track research on aggression in girls and develop appropriate interventions.

Sex Differences in Aggressive Behavior

The vast majority of research focuses on physical aggression and violence. Recently researchers have turned their attention to other forms of aggression, including relational aggression that involves attempts to harm others through social exclusion and public humiliation. Over the past decade, research has shown that girls engage in equal levels of relational aggression but less physical aggression than do boys. It is possible to detect relational aggression as early as preschool, and children who engage in it are more likely to suffer peer rejection and are at greater risk for deviant peer affiliation.

How serious is relational aggression? Studies show that girls suffer more than boys do when they are the targets of relational aggression, and victims show higher rates of depression, loneliness, and low self-esteem. In some contexts, social aggression may be a prelude to or co-occur with physical aggression. In their research, Marlene Marie Moretti, Ingrid Obsuth, Candice L. Odgers, and Stephanie R. Penney found a high correlation between relational and physical acts of aggression among high-risk adolescent girls. Anecdotally, these girls reported that their peer groups were often highly relationally aggressive, with rampant rumors of sexual impropriety and fast-changing loyalties that eventually escalated to acts of physical aggression. Girls differed in how well they fared in these complex social interactions. Some emerged at the top of the social ladder and were admired but feared by their peers. Others found themselves more frequently in the victim role.

The increased focus on alternative forms of aggression has prompted proposals to add female-specific symptom criteria to research and clinical protocols assessing aggression and antisocial behavior. Yet, to date, there are no empirical findings to support the inclusion of sex-specific criteria. Research is required that comprehensively maps the construct of aggression by including traditional and contemporary indicators to determine whether aggression is truly gendered.

A Gender-Sensitive Perspective on Risk and Resilience

Gender-Specific Risk Factors and Developmental Trajectories

As more research is devoted to the topic of female aggression, a key question is whether female-specific

theories of aggressive and violent behavior are required. To date there is no comprehensive theory of the development of antisocial or aggressive behavior that is *specific* to females. Many studies using normative samples show that the majority of the known risk factors for aggression in boys, such as parental criminality, family conflict/violence, physical maltreatment, sensation seeking, low IQ, and poor self-esteem, also increase risk for girls. However, some studies comparing risk and normative samples, and studies focused only on high-risk samples, suggest that certain risk factors have a greater effect on risk in girls. For example, some research has shown that girls who experience physical abuse and family breakdown are at much higher risk for aggression than girls not exposed to these risks. Yet some studies have shown that these risk factors are unrelated to violence in boys. Other research has suggested that cumulative social risk factors differentiate early versus later onset of aggression problems in girls, while biological factors differentiate early versus later onset aggression in boys.

Such findings have given rise to a new perspective on the problem of aggression in girls, one that focuses on the importance of relational contexts in female development and adjustment. Moretti, Obsuth, Odgers, and Penney's findings concur with this view, showing that girls at high risk for aggression are more likely than boys to have a history of early removal from their biological parents; more frequent care outside their parental home; and greater likelihood of being relinquished by their parents to government care. Although very high rates of maltreatment of both girls and boys have been found, girls report higher rates of physical maltreatment by their mothers and higher rates of sexual abuse than do boys.

The fact that similar findings have emerged across both normative and high-risk samples suggests that these results are not merely artifacts of extreme populations and may bear relevance to understanding girls' development and aggression more generally. This research was recently summarized by Miriam Ehrensaft, who concluded that (a) disrupted relationships are more likely to give rise to aggression and antisocial behavior in girls than boys, (b) aggression is more likely to be expressed within close relationships by girls than boys, and (c) the long-term impact of aggression on development is more likely to extend to relationship domains for girls than boys. Longitudinal research is required with samples of girls at high risk, to understand fully the links among relational contexts, risk and developmental pathways, and consequences of aggressive behavior.

Protective Factors

Relational factors (e.g., positive family, peer, and romantic partner relationships) and social supports appear to be important in reducing vulnerability to risk for aggressive behavior, and perhaps particularly so for girls. The protective benefit of positive social relationships may extend outside the family. For example, research shows that having a boyfriend who is at least moderately prosocial during adolescence can be a protective factor for highly aggressive and antisocial girls. More research is needed to identify key protective factors, particularly those that buffer girls growing up in adverse environments—as is the typical case for girls within high-risk clinical and forensic samples.

Developmental Trajectories

Findings are mixed on whether developmental trajectories are comparable for girls and boys. Terrie Moffitt and colleagues have argued that the distinction between early onset life-course persistent and adolescent time-limited trajectories applies similarly to girls and boys. Others have questioned the applicability of this distinction to females because aggressive and antisocial behavior in girls more often emerges in adolescence and carries the same poor prognosis as early onset aggression and antisocial behavior in boys.

Developmental Consequences

Even with the onset of aggressive behavior delayed until adolescence, girls involved in aggression are more likely to leave school early, achieve limited occupational success, and rely on social assistance to support themselves and their children. If they become romantically involved with older delinquent boys, they are particularly at risk for poor adjustment. As they transition to adulthood, girls involved in aggressive and antisocial behavior are likely to experience a wide range of psychiatric and social adjustment problems, including early sexual involvement and pregnancy and higher rates of divorce and child custody loss.

The physical health costs associated with antisocial behavior are just beginning to be realized. There is reason to believe that the interplay between mental and physical health may be particularly critical for females. While normative samples are providing insights into the relationships between developmental trajectories of antisocial behavior and mental and physical health outcomes, virtually nothing is known about this relationship among adolescent girls and young women at the highest level of risk.

Cultural and Social Marginalization

A disproportionate number of non-Caucasian girls from impoverished backgrounds are incarcerated: African American girls in the United States and Aboriginal girls in Canada are unquestionably overrepresented in the juvenile justice system. Research on social and cultural marginalization of ethnocultural minority girls and problems of aggressive and antisocial behavior is extremely limited. Understanding how protective factors influence adjustment is critical, especially with regard to girls of minority status who also frequently grow up in impoverished inner-city neighborhoods.

Future Research

Why study the causes, concomitants, and consequences of aggressive and antisocial behavior in girls? Beyond the opportunity to generate new knowledge to enhance the social, physical, and mental well-being of girls, the potential for cost-saving is extraordinarily high. The presence of severe behavioral problems in conjunction with other mental health problems, such as depression, substantially inflates health service costs, totaling as much as $13,000 per child for outpatient services in a 6-month period. Beyond mental health costs, forensic services for youth with serious aggressive and antisocial behavior consume substantial public funds. A recent estimate in the United Kingdom puts the cost of incarceration at £4,645 (US$ 9,145) *per month.* These estimates do not include other social costs incurred by victims, or projected lifetime costs that result from lower educational achievement, poor vocational adjustment, and early parenthood. Importantly, these estimates fail to include the costs of increased risk in children of mothers with a history of severe behavior problems. The lack of knowledge and the high cost of health and forensic services associated with serious aggressive and antisocial behavior calls for an investment in research on aggressive and antisocial behavior in girls.

Marlene Marie Moretti, Ingrid Obsuth, Candice L. Odgers, and Stephanie R. Penney

See also Bullying; Delinquency and Violence; Parenting Practices and Violence, Youth Violence; Sexual Abuse; Youth Violence

Further Readings

Ehrensaft, M. K. (2005). Interpersonal relationships and sex differences in the development of conduct problems. *Clinical Child and Family Psychology Review, 8*(1), 39–63.

Kim-Cohen, J., Moffitt, T. E., & Caspi, A. (2004). Genetic and environmental processes in young children's resilience and vulnerability to socioeconomic deprivation. *Child Development, 75*(3), 651–668.

Moffitt, T., Caspi, A., & Rutter, M., & Silva, P. (2001). *Sex differences in antisocial behavior: Conduct disorder, delinquency, and violence in the Dunedin longitudinal study.* New York: Cambridge University Press.

Moretti, M. M., Obsuth, I., Odgers, C., & Reebye, P. (2006). Exposure to maternal versus paternal partner violence, PTSD, and aggression in adolescent girls and boys. *Aggressive Behavior, 32*(4), 385–395.

Moretti, M. M., Odgers, C., & Jackson, M. (2004). *Girls and aggression: Contributing factors and intervention principles.* New York: Kluwer-Plenum.

Pepler, D., Madsen, K. C., & Webster, C. (2005). *The development and treatment of girlhood aggression.* Mahwah, NJ: Lawrence Erlbaum.

Female Perpetrators of Violence Against Children

Across most cultures and societies women are viewed as having the defined role as nurturing caregivers for children. The idea of women as violence perpetrators is so counter to the expected norms in society that social scientists have done little research in the area. The last decade has seen a focused attempt by both state and federal governments to gather statistics on violence toward children. Thus the figures are showing that in fact women are perpetrators of violence in substantial numbers. Concrete research into

understanding who these women are and how to help them is just beginning to emerge.

Violence Against Children

Child violence is most often described in terms of child abuse. Child abuse is further delineated into physical abuse, sexual abuse, emotional/psychological abuse, and neglect. Violence against children is most often associated with physical abuse or with sexual abuse. Extreme neglect may also be viewed as a benign form of violence, especially if it results in a child death. Gender information on the identified perpetrator is not always collected, making it difficult to gather an accurate picture. Furthermore, children who are victims of female-perpetrated violence tend not to disclose to the degree they would if the perpetrator was male. This is especially true for male victims of female-perpetrated sexual abuse.

Physical Abuse

Physical abuse of children is most often defined as a nonaccidental injury to a child. Such an injury usually results in bruising or physical impairment. Physical abuse can include kicking, biting, burning, or physically striking a child. U.S. data on child abuse for 2005 show that approximately 17% (150,000) of substantiated reports of child abuse were identified as physical abuse. Of these, 40% (60,000) had the child's mother identified as the sole perpetrator. The incidence of women's involvement in physical violence rises to close to 70% when one adds all occurrences involving other female perpetrators who acted alone or with others.

Sexual Abuse

Sexual abuse perpetrated by women has been a little understood phenomenon as well as scantily researched. Studies in the 1990s reported estimates of women perpetrators to be from as low as 5% of all known child sex abuse cases to as high as 60%. Several well-regarded researchers in the late 1990s confirmed that the actual numbers were close to 25% of all sex abuse cases of children, irrespective of child gender. The U.S. data from 2005 show that of all child abuse types, 9.3% (84,000) were identified as sex abuse. If current research holds on the numbers of female perpetrators, then in 2005 there were approximately 21,000 occurrences of sexual abuse of children committed by women.

Other Forms of Violence

Besides physical and sexual abuse, children are exposed to situations of profound neglect leading to mortality as well as other rare forms of perverse parenting. Of the 1,371 deaths of children reported through child welfare agencies in the United States in 2005, 72% of the deaths were caused by some form of neglect. Approximately 58% of the perpetrators were women, and of these 45% were under the age of 30. A rare form of mental illness called *Munchausen syndrome by proxy* also may cause serious harm, if not death, to children. This disorder is characterized by a deliberate attempt to make a child ill or a repeated attempt to fabricate a child's having a serious illness. In most cases the mother has been identified as the primary perpetrator.

Causes of Female-Perpetrated Violence Against Children

Research is scarce on the causation of female-perpetrated violence against children. Perhaps the statistics reflect the cultural norm of women as caregivers, and by default women and children end up spending most of their time together. Furthermore, child violence statistics tend to reflect that responsibility for the violence belongs to primary caregivers. Studies that have examined this cohort of violent women have come up with the following findings:

- Many women who perpetrate violence on children have come from a violent childhood themselves. They may believe that violence toward children is appropriate.
- These women tend to be under 30 years of age.
- In most cases of sole female violence, the women were single parents. This may attest to the added stress of child-rearing responsibilities not being shared.
- Substance abuse and mental health issues are common among these women.

In cases of sexual abuse, women's profiles are similar to their profiles in other forms of violence, with these added exceptions:

- Women sexual perpetrators rarely coerce their victims. This is probably due to the fact they are often in a very trusting position with the child victim.
- Compared to men, women start sexual abuse much older, usually in adulthood.
- Women tend to use fewer threats to silence their victims. They also rarely deny their actions when confronted.

In cases of Munchausen syndrome by proxy, the perpetrators have an unusual need for attention that they express through having an "ill" child or a child with special needs. The attention they receive from the medical professionals is more important to them than the needs of their child. These perpetrators become even more dangerous if they realize that someone suspects them of acting deliberately. They tend to have a vast health care knowledge and change medical providers often so as to avoid detection.

Though it is difficult to generalize the profiles of women who perpetrate violence on children, it is beginning to be understood that overall these women use violence to satisfy a need for power and control through their actions against children.

Social Issues With Women as Violent Perpetrators

As stated at the beginning of this entry, most societies find it very difficult to label women as violent perpetrators of children—especially in the area of sexual abuse, where the abuse is often defined as penile penetration. A woman is rarely labeled as a perpetrator in rape. This speaks more to the society's definition of rape than the woman's role as the person responsible for the sexual assault. In a recent study of females convicted of sexual abuse, over 50% of them stated they derived sadistic pleasure from inflicting pain on their victims. Nonetheless, in this society women are consistently seen as victims of violence not perpetrators.

Victims of female violence have a more difficult time disclosing their abuse. A survey of 127 known victims of sexual assault by females found that 86% of them were not believed at their first disclosure. Very young children who have been physically abused are unable to be verbal about their perpetrator. It is left up to investigators to re-create the child's recent past, and in most cases there is a bias to examine exposure to males. Another issue for victims is that professionals do not expect abuse from women, thus the victims tend to have longer exposure to the abuse, feel more victimized and powerless, and feel betrayed by those in their lives who are supposed to protect them.

The criminal and judicial systems tend to have a bias in favor of females accused of perpetrating violence. Studies show that women who are convicted of violence toward children are given more lenient sentencing than male perpetrators. The rules of evidence in sexual assault are difficult to follow since female sexually perpetrated abuse may not leave concrete DNA samples.

Violence by women against children is starting to be uncovered, and the incidence might be much larger than previously thought. Intervention techniques for these violent women will be different from those currently utilized for men. Furthermore, victims of female abuse have unique experiences that require sensitive practitioners.

Timothy Brett Zuel

See also Abusive Behavior Inventory; Battered Child Syndrome; Child Fatalities; Female Perpetrators of Interpersonal Violence; Infanticide; Victim Precipitation Theories

Further Readings

Boroughs, D. S. (2004). Female sexual abusers of children. *Children and Youth Services Review*, *26,* 481–487.

Finkelhor, D., & Russell, D. (1984). Women as perpetrators. In D. Finkelhor (Ed.), *Child sexual abuse: New theory and research* (pp. 171–187). New York: Free Press

Lasher, L. J. (2004). *Munchausen by proxy: MBP basics.* Retrieved December 16, 2006, from http://www.mbpexpert.com/definition.html

Trickett, P., & Schellenbach, C. (1998). *Violence against children in the family and community.* Washington, DC: American Psychological Association.

Female Slavery/Child Slavery

Slavery exists today despite international and domestic laws prohibiting ownership of a person or compulsory labor. Article 1 of the Slavery Convention of 1926 defines slavery as the "status or condition of a person over whom any or all of the powers attaching

to the right of ownership are exercised." In 1930, the International Labour Organization Convention (No. 29) expanded the definition of slavery to include compulsory labor. Article 2.1 of the Slavery Convention prohibits "work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily." Slaves are under the control of other people and lack the ability to exercise their free will or earn compensation for the work they produce.

Slavery persists for many reasons, including poverty, a lack of opportunity for education or employment, and warfare. Additionally, in some countries there is a social acquiescence in the exploitation of women and children. Modern forms of slavery are prevalent in Southeast Asia, Africa, and Latin America, and can include forced labor, debt bondage, trafficking of persons for sexual slavery or other purposes, and child soldiers.

Child Slavery

The exploitation of children is a phenomenon that exists throughout the world. The International Labour Organization estimates that 120 million children under the age of 15 are employed full time and are often uncompensated for their work. Such full-time employment prevents children from attending school and often exposes them to hazardous conditions.

Domestic slavery is common in many countries because of the economic disparities created by a growing middle class and increased rural poverty. Young girls from rural communities are sold by their families to middlemen in exchange for a purchasing price and, in some cases, a monthly stipend. These families are destitute and easily convinced their children will have a better life in an urban center with the opportunity to attend school and obtain employment in the home of a wealthier family. However, once the children reach their employer's home they are forced to work long hours, and as they tend to the household duties, are often the first to rise and last to sleep. They are not given the opportunity to attend school and are often exposed to severe abuse by employers who view them as property. Sexual abuse is especially prevalent because domestic servants are hidden from public view in the privacy of an employer's home. Domestic servants may be as young as 5 years old and are unable to defend themselves against the verbal, physical, and sexual abuse of their employers.

Another common form of child slavery in developing countries occurs in the manufacturing sector, with women and young children working in factories and sweatshops under grueling conditions. The global demand for textiles, apparel, footwear, and cheap labor continues to perpetuate this slavery. Employers circumvent local labor laws by housing underaged employees in homes or small shops. Children are often forced to work under threat of physical abuse and are compensated little to nothing for their work.

Debt Bondage

The practice of debt bondage is a financial agreement whereby a debtor pledges to provide his or her personal services, or the services of someone under his or her control, as security for a debt. Children are often bonded by their families in exchange for a loan they have taken from a creditor or employer. Others are born into a bonded family, a practice that is common in India, Nepal, and Pakistan.

In India, destitute parents needing money to pay for food or other expenses, such as expenses arising from an illness in the family, can offer their child in exchange for a loan. The creditor or employer forces the child to work as repayment. The child can work and save to purchase his or her freedom or work until his or her family repays the loan. However, high interest rates are attached to these loans by the creditor or employer so that the child is unable to earn enough to purchase his or her freedom and the family's low wages, which forced them to seek a high interest rate loan in the first place, make repaying the loan impossible. As a result, the child may pass the family debt on to a younger sibling or his or her own child.

In Pakistan and other rural and agricultural countries, children may be born into a bonded family. This type of debt bondage usually stems from a sharecropping arrangement where families seek loans to pay for seeds, fertilizer, and the other supplies they need to buy before they can earn the income from their first harvest. This type of arrangement promotes violence on multiple levels, where a landowner is physically or verbally abusive toward the children as well as the parents. In some cases, children must witness abuse directed at their parents by the landowner. These loans are also offered with a high interest rate and perpetuate generations of debt bondage.

Trafficking and Sexual Slavery

The trafficking of women and girls for sexual slavery is a global problem. Statistics on the number of women involved and their countries of origin are nearly impossible to obtain because human trafficking is an illegal and underground business that often involves organized crime. The United Nations Development Fund for Women estimates that 700,000 to 2 million women and girls are trafficked each year. From 1990 to 1997, more than 200,000 Bangladeshi women were victims of trafficking and 5,000 to 7,000 Nepali women and girls were illegally trafficked into India. In Belgium, 10% to 15% of foreign prostitutes were trafficked from other countries and sold into prostitution rings. Increased concerns about the transmission of HIV/AIDS have made young girls the primary target of traffickers for the global sex industry.

Traffickers utilize several techniques to capture women and children. They often lure women with the prospect of well-paying jobs as domestic servants, waitresses, or factory workers. They also lure women by telling them they will be mail-order brides for eligible suitors or have modeling careers abroad. Traffickers also resort to kidnapping young women and girls or purchasing them from their families, with the promise of greater opportunity for employment and a better life. However, this promise is not kept in most circumstances and the young women and girls are forced into lives of sexual slavery.

During confinement many women and girls experience violence, including rape, physical and verbal abuse, and threats to harm their family if they refuse to engage in forced sexual activity. There is generally no hope of escape for these victims, because many of them are in a foreign country without travel documents, are meagerly compensated for the services they perform and cannot earn enough to repay their purchase price, or have no one to help them, since they are too ashamed to tell their families they are prostitutes. Young girls who are forced into sexual slavery experience severe physical and psychological trauma that often causes irreparable harm.

Child Soldiers

In 2006, the United Nations estimated that nearly 250,000 children worldwide were actively involved in armed conflict. The majority of these children are located in the war-torn countries of Africa, such as Uganda, Liberia, and Sierra Leone. Children are abducted, trained as soldiers, and forced to engage in combat that is hazardous to their well-being. They are often captured during combat after their parents are killed, and are threatened with violence if they refuse to fight. In cases where a child soldier unsuccessfully attempts to escape, the child is executed as punishment and as an example for potential deserters. The youngest children are often placed on the front lines of a war because they are less demanding, eat less, and are more easily manipulated than adults. Moreover, they are often sent into battle high on drugs to give them courage. Child soldiers become slaves of the military forces that control them because they engage in combat to avoid abuse or are used as slave labor for carrying military supplies. The lives of child soldiers can be mentally and emotionally traumatizing because they are forced to experience war, death, and murder at a young age.

April J. Guillen

See also Commercial Sexual Exploitation of Children; Sex Tourism; Trafficking, Human

Further Readings

Bales, K. (1999). *Disposable people: New slavery in the global economy.* Berkeley: University of California Press.

Blagbrough, J., & Glynn, E. (1999). *Child domestic workers: Characteristics of the modern slave and approaches to ending such exploitation.* Thousand Oaks, CA: Sage.

Estacio, E., & Marks, D. (2005). *Child labour and the International Labour Organization's Convention 182: A critical perspective.* London: City University.

International Labour Organization Convention. *C29 Forced Labour Convention, 1930*. Retrieved July 25, 2007, from http://www.ilo.org/ilolex/english/convdisp1.htm

Office of the United Nations High Commissioner for Human Rights. *Slavery Convention.* Retrieved July 25, 2007, from http://www.ohchr.org/english/law/slavery.htm

Femicide

Femicide is the murder of women. It is one of the top five causes of premature death in the United States for young women from 20 to 49 years old.

Intimate Partner Femicide

U.S. women are murdered by an intimate partner (IP) (husband, boyfriend) or former partner approximately nine times more often than by strangers. According to recent research, between 40% and 50% of women killed by a known perpetrator are killed by an IP, compared to 5.5% of men killed by an intimate partner. African American women die at the hands of men almost three times as often as do White women, with Native American and Hispanic women also having higher rates of IP femicide. In New York City, immigrant women were found to be more at risk for IP femicide than those born in the United States. Also important are IP attempted femicides, with approximately eight such near fatal incidents occurring for every actual femicide.

The vast majority (67% to 80%) of IP homicides involve physical abuse of the female by the male partner or ex-partner before the murder, no matter which partner is killed. Thus, prior domestic violence against the female partner is the number one risk factor for IP homicide. During the last 20 years of the 20th century, IP homicides decreased by almost 50% in the United States, with rates decreasing far more for male victims (67.8%) than female victims (30.1%). The rates have since stabilized. The decreases in IP homicides occurred during the same time period as national social programs and legal interventions to reduce intimate partner violence, and in states where the laws and resources (shelters and crisis hotlines) were the most available, there were the greatest decreases in women killing male intimate partners. Increases in women's resources, decreases in marriage rates, domestic violence policies such as pro-arrest mandates, as well as decreases in gun accessibility are all associated with the decreases in IP homicides.

A recent national case control study found the following factors most strongly associated with increased IP femicide risks *over and above prior domestic violence:* perpetrator access to a gun, estrangement, perpetrator unemployment, perpetrator highly controlling, perpetrator threatens to kill partners, prior threats or use of weapons against their partners, biological child of female partner not the perpetrator's, and forced sex.

Protective factors were the victim and perpetrator never living together and prior arrest for domestic violence.

Femicide-Suicide

Recent research has found that in about a third of the cases of IP femicide, or about 400 cases per year, the male partner kills himself (and sometimes his children) after killing his partner. Only about 1 case of IP homicide-suicide per year involves a female killing a male partner. The major risk factors, including prior domestic violence, are the same as for IP femicide cases without suicide, with an additional factor of prior threats or attempted suicide by the perpetrator. Suicidal perpetrators are more likely to be married and employed and less likely to use illicit drugs than those perpetrators who do not kill themselves. These differences suggest that men who kill their partners and then kill themselves may appear to be somewhat less dangerous than other batterers seen in domestic violence systems. Even so, the femicide-suicide perpetrators and the perpetrators who do not commit suicide engendered a similar amount of fear in their partners (with 53% and 49%, respectively, thinking their partner was capable of killing them).

Same-Sex Intimate Partner Homicide

According to the research, the proportion of IP homicide committed by same-sex partners is six times greater for gay men than lesbians. From the nine female perpetrated cases of IP femicide and attempted femicide in the large multicity study described above, prior physical violence, controlling behaviors, jealousy, alcohol and drugs, and ending the relationship were consistently reported antecedents to the murder. These findings support that power and control are central to models of IP femicide, whether it is perpetrated by a man or a woman.

Maternal Mortality and Intimate Partner Femicide

The national homicide database does not indicate whether a woman was pregnant or had recently had a baby when she was killed. However, a review of the national mortality surveillance system data by the Centers for Disease Control and Prevention has demonstrated that homicide is the second leading cause of injury-related maternal mortality and pregnancy-associated death in the United States, causing 2 maternal deaths for every 100,000 live births. In several major urban areas, homicide is the leading cause of maternal mortality, causing as many as 20% of maternal

deaths. Although the national data do not allow the identification of the perpetrator in these maternal mortality homicides, it may be that the majority of the homicides were committed by an IP and preceded by domestic violence against the woman. Abuse during pregnancy was associated with a threefold increase in risk of IP-completed or -attempted femicide in the multicity femicide study. These findings lend support to the proposal that health care settings, including prenatal care, need to assess for domestic violence and intervene to help those at risk.

Prevention Strategies

Even though femicide has decreased, IP violence ends with femicide all too frequently. Many studies have identified characteristics of IP femicide that distinguish it from other forms of homicide, but there is still a lack of systematic research studies on several issues, especially femicide-suicides, maternal mortality femicide, and ethnic-specific issues. Although research to date suggests that the disproportionate risk related to ethnic/racial minority status is primarily a reflection of poverty, discrimination, and unemployment and their negative consequences, which result in a lack of access to resources that could prevent IP homicide, the research is not conclusive.

It is clear that the most important strategies to prevent IP femicide are the reduction of IP violence and the identification of cases at most risk for IP femicide, with interventions targeted especially to the immediate 3 months after an abused woman leaves her batterer. Addressing perpetrators' access to guns is particularly important. Where shelters, legal advocates, health care professionals, and police are trained to intervene collaboratively in cases of domestic violence, and where communities are aware of IP violence and femicide, women and children are more likely to survive the violence in their lives.

Jacquelyn C. Campbell

See also Danger Assessment Instrument; Domestic Violence Fatality Review; Intimate Partner Violence; Maternal Homicide

Further Readings

Brock, K. (2005). *When men murder women: An analysis of 2003 homicide data.* Violence Policy Center. Retrieved from http://www.vpc.org

Campbell, J. C. (2007). *Assessing dangerousness: Violence by batterers and child abusers.* New York: Springer.

Campbell, J. C., Glass, N. E., Sharps, P. W., Laughon, K., & Bloom, T. (2007). Intimate partner homicide: Review and implications for research and policy. *Violence, Trauma & Abuse, 8*(3), 246–269.

Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., et al. (2003). Risk factors for femicide in abusive relationships: Results from a multi-site case control study. *American Journal of Public Health, 93*(7), 1089–1097.

Dobash, R. E., Dobash, R. P., Cavanagh, K., & Lewis, R. (2004). Not an ordinary killer—Just an ordinary guy. When men murder an intimate woman partner. *Violence Against Women, 10,* 577–605.

Dugan, L., Nagin, D., & Rosenfeld, R. (2003). Do domestic violence services save lives? *National Institute of Justice Journal*, *250,* 20–25.

Fox, J. A., & Zawitz, M. W. (2004). *Homicide trends in the US.* U.S. Department of Justice. Retrieved from http://www.ojp.usdoj/bjs/

Frye, V., Hosein, V., Waltermaurer, E., Blaney, S., & Wilt, S. (2005). Femicide in New York City, 1990 to 1999. *Homicide Studies, 9,* 204–228.

Koziol-McLain, J., et al. (2006). Risk factors for femicide-suicide in abusive relationships: Results from a multi-site case control study. *Violence and Victims, 21,* 3–21.

Vigdor, E. R., & Mercy, J. A. (2006). Do laws restricting access to firearms by domestic violence offenders prevent intimate partner homicide? *Evaluation Review, 30,* 313–346.

Websdale, N. (1999). *Understanding domestic homicide.* Boston: Northeastern University Press.

Feminist Movements to End Violence Against Women

Women's resistance to men's violence against women seems to be a constant through known history. The terms of that resistance have changed, and yet are often bound up with ideas around gender, sexuality, class, race, colonialism, and other historical systems of oppression. Collective efforts in the United States to address men's violence against women consistently occur within the context of social and political movements addressing systemic inequality, oppression, and violence, including the antislavery movement, women's rights movements, Black women's club and antilynching movements, and anticolonial, socialist,

and labor movements, among others. This entry focuses on the feminist movements aimed at ending violence against women.

Social and Political Movements

The issue of violence against women gained prominence in the United States within the context of contemporary feminist movements of the 1970s and their connections with the Black nationalist, civil rights, La Raza, lesbian and gay, American Indian, antiwar, and other social movements of the 20th century. The explicit naming of violence against women as a tool of social power and control serves as yet another rupture in public consciousness about the personal and social realities of the gender-specific violence in women's lives. Feminist movements struggle to challenge and change a mainstream discourse that mostly constructs this violence as individual women's problems to be borne in silence and shame, except in the cases of interracial rape involving men of color and White women. In the latter case, the socially constructed myth of the "stranger" and often Black rapist of "innocent" White womanhood circulates and is responsible for justifying the lynching and incarceration of African American as well as Latino, poor, and/or working class men.

Feminist movements since the late 1960s have created contexts for women to understand their experiences of men's mistreatment, abuse, harassment, and violence in an effort to challenge and ultimately end violence against women. Many women participate in consciousness-raising groups, direct action groups, and other forums to name, analyze, and strategize to end this violence. They politicize their experiences by linking them to gender-based subordination with its connection to interlocking systems of oppression. Feminist movements provide validation, support, and recognition of women's stories, develop analyses and theories based on these stories, and collectively engage in political action to change everything—from individual selves to the culture to the social, legal, and religious institutions, to the entire world.

Forms of Violence

As a result of this movement, thousands of women (and increasingly men) have testified to the many forms of interpersonal, public, and state violence in the lives of women, men, and children across race, class, sexual orientation, ethnicity, religion, and other social groups and identities as well as contexts. The forms of violence include physical, sexual, emotional, verbal, and economic violence, among others, and occur in intrafamilial, intimate, and interpersonal relationships on the street, in the workplace, and in educational, medical, prison, and military institutions—as well as in contexts of war, colonial and imperial domination, and through globalized markets and industries (including prostitution and pornography, among others). Most feminist antiviolence work has focused on men's gender-based violence against women, although feminists continually negotiate and conflict with one another over the limits of focusing on men's violence as if men were always/already the perpetrators and women always/already the victims. Some groups in the United States, particularly incest survivor and child sexual abuse groups and lesbian, gay, bisexual, transgender, and queer (LGBTQ) groups, tend to include women as perpetrators of violence as well as men as victims of interpersonal and familial violence. Other groups have increasingly recognized the realities of violence against men that may be motivated by gender, sexuality, race, and other systems of domination (e.g., antigay violence, gang violence, rape in prison, lynching, militarized torture). In addition, increasingly, feminists who struggle to address the realities of structural violence and violence stemming from interlocking systems of oppression and privilege that cannot be reduced to patriarchal violence continue to expand and make complex their analysis of violence and what would need to change to end it.

Organizations, Initiatives, and Projects

Thousands of organizations, initiatives, and projects have developed to address the endemic violence in women's lives. These draw from many different perspectives, approaches, and strategies and focus on individual, community, institutional, and/or international change. In general, they provide validation, critical analysis, resources, activism and advocacy, and more; they include survivor groups, direct action organizations, rape crisis centers, domestic violence agencies and shelters, prison rights and prison abolitionist groups, human rights organizations, and grassroots community organizing and community accountability initiatives. Feminist activism against violence has taken a variety of forms—including direct action protests, civil disobedience, demonstrations and vigils, speakouts, Take Back the Night marches, spoken word

performances, art exhibits and installations, newsletters and zines, safe home networks and legal defense organizations, civil and criminal court cases, legislative and judicial reform, and social and institutional change. Some individuals and groups publicly confront their perpetrators in efforts to create community accountability, while others press criminal charges, and/or file civil suits (a method successfully used by some adult incest survivors against their fathers).

The contemporary movement's approaches to the violence in women's lives have taken multiple perspectives. In the United States, the most mainstream sources of the broadly based movement to end violence have become more integrated into the hegemonic system. Some organizations that began as feminist political action and advocacy groups have become more institutionalized in ideology, structure, and connection with the welfare, criminal justice, and health care systems. Many citywide and state organizations have become dependent on governmental and foundation funding. Collectives have thus, in some cases, turned into organizations with hierarchies of paid staff whose credentials are increasingly dependent upon professional degrees and who decreasingly possess firsthand knowledge of violence and a connection to grassroots activism in the community. Many rape crisis and advocacy organizations and domestic violence agencies are modeled on traditional social services and work closely with the criminal justice system, efforts to end sexual harassment have morphed into policy offices in educational and/or corporate institutions, and the feminist challenge to endemic child sexual abuse is now oriented toward traditional counseling and therapy rather than politics. Because of their ties to state and national government and foundation funding, policies, and institutions, they are less connected to more politicized feminist analysis and politics in their approaches and strategies. A major result of these changes is that the movement has become oriented to managing the violence in women's lives, rather than committed to ending the violence and the social systems of inequality that perpetuate it.

Mainstream organizations tend to approach the violence in women's lives with a monolithic framework that emphasizes the commonalities in gender-based violence against women and often marginalizes and/or overlooks differences in race, class, sexual orientation, and social, historical, and/or political context. In many ways these organizational initiatives look less like social movement organizations and more like social service agencies. Political analysis and strategy has been supplanted by a focus on interpersonal and familial violence. These groups approach differences in women's (and men's) experiences in terms of individual cultural and/or personal differences between women and the need for specialized services for "other" women (i.e., women who are not White, middle class, heterosexual, U.S. citizens).

In part, in response to these universalizing approaches, women of color, lesbians, women in the sex trade, and disabled women, among others, continue to develop their own initiatives based on a recognition of how race, ethnicity, religion, and/or sexual orientation shape the experience and response to this violence. These initiatives tend to situate their strategies and actions within the particular cultural and social contexts in which the violence takes place. They are as focused on a critical analysis of the social and institutional responses to the violence, including barriers to service and/or justice given these contexts, as on the inequalities underlying these responses. In addition, they consider the particular cultural and/or religious and/or spiritual identities and beliefs of women in their communities. For instance, there are a number of faith-based organizations and networks that have been generated by Muslim, Jewish, and Christian communities, as well as ones focused on South Asian, Latino/a, Asian American, African American, and LGBTQ communities.

A critical mass of feminist antiviolence initiatives—often led by women of color, poor women, queer women, women in the sex trade, formerly incarcerated women, women with disabilities—focus on social and structural forms of violence. These groups often critique the mainstream focus on individual experience and identity, with its preference for psychology and social service, and reorient the movement to address how race, class, globalization, militarism, and colonialism shape the pervasiveness and context of the violence and the forms of resistance needed to address it. The work of Incite! Women of Color Against Violence focuses on the intersections of interpersonal and state violence. Critically challenging the overreliance of the mainstream movement on the criminal justice system, Incite! initiates ideas, gatherings, and actions to generate ideas around community accountability to end violence against women and to create discussions and collaborations between antiviolence activists and those focused on addressing the prison industrial complex. An increasing number of antiviolence projects are bringing attention to state

violence against women, including police harassment and brutality, sexual abuse of women in prison, and Immigration and Naturalization Service violence against migrant and immigrant women in the United States and along the U.S.–Mexico border.

Men who identify themselves as allies and/or profeminists have been consistently involved in contemporary feminist antiviolence movements. There are organizations, activist projects, newsletters, and educational initiatives that focus on men's responsibility for the perpetuation of men's violence against women, on men's privilege and the need for accountability, and on the social construction of masculinities and the relationship to sexual and other forms of violence. In addition, profeminist men have sought to research and explore systems of privilege and their own implication for the perpetuation of privilege and power, as well as violence.

Mass Media

Another major focus of feminist movements to end violence has been on the contributions of the mass media in perpetuating violence and the apathy and victim blaming that is so endemic to social and institutional responses to violence. There are a variety of critical media projects addressing the pervasive violence in the mass industries of advertising, popular culture, and pornography. In this arena, feminists educate the public about the connection between the media and pervasive violence in women's lives. Many argue that the media and popular culture are responsible for cultural ideas that justify, normalize, minimize, and deny the significance of the many forms of violence against women. They see the ideology of the media as creating a context of apathy, denial, and victim blaming, and seek to find ways to hold the media accountable. The strategies include creating campaigns against particular advertisements, media literacy campaigns to create critical consciousness, and alternative media that offer alternative images, stories, and counternarratives.

International Initiatives

U.S. feminist efforts to address and end violence against women are intricately tied to initiatives around the world. There have been a number of international tribunals on the specific issue of violence against women. Activists from around the world have used the United Nations Conferences in Mexico, Copenhagen, Nairobi, and Beijing and other international women's forums and gatherings to exchange information, ideas, and strategies. Each of these gatherings has had a central and vital focus on violence in women's lives. The violence connected to war and militarism continues to be a major source of international solidarity and action addressing violence against women in the contexts of war and imperialism. The international and transnational efforts toward connection and solidarity across nations and contexts are also fraught with tension and their own set of problems given a world in part shaped by imperialist domination and global power inequalities.

Ann Russo

See also Advocacy; Battered Women's Movement; Rape Culture

Further Readings

Buchwald, E., Fletcher, P. R., & Roth, M. (Eds.). (2005). *Transforming a rape culture* (Rev. ed.). Minneapolis, MN: Milkweed Editions.

Delacoste, F., & Newman, F. (1982). *Fight back! Feminist resistance to male violence.* Minneapolis, MN: Cleis Press.

Incite! Women of Color Against Violence. (2006). *Color of violence: The Incite! anthology.* Cambridge, MA: South End Press.

Kivel, P. (1992). *Men's work: How to stop the violence that tears our lives apart.* Center City, MN: Hazelden.

Matthews, N. A. (1994). *Confronting rape: The feminist antirape movement and the state.* New York: Routledge.

Morales, A. L. (1998). *Medicine stories: History, culture, and the politics of integrity.* Cambridge, MA: South End Press.

Ristock, J. L. (2002). *No more secrets: Violence in lesbian relationships.* New York: Routledge.

Russo, A. (2001). *Taking back our lives: A call to action in the feminist movement.* New York: Routledge.

Schechter, S. (1983). *Women and male violence: The visions and struggles of the battered women's movement.* Cambridge, MA: South End Press.

Waller, M. R., & Rycenga, J. (Eds.). (2001). *Frontline feminisms: Women, war, and resistance.* New York: Routledge.

Feminist Theories of Interpersonal Violence

There are various feminist theories of interpersonal violence (e.g., socialist feminism, standpoint feminism, multicultural feminism), but despite this diversity there is a set of assumptions that feminist theories share. First, feminist theorists see *gender*—that is, the socially constructed expectations, attitudes, and behaviors associated with females and males, typically organized dichotomously as *femininity* and *masculinity*—as a central organizing component of social life. This means that in studying any form of behavior, including violence, one must consider in what ways the behavior is gendered; in other words, one must study how gender influences the frequency of the behavior and how it is expressed. Furthermore, instead of conceptualizing gender as natural and dichotomous, feminist theorists see gender as a process that is shaped by and that shapes social action, opportunities, and experiences.

In making the argument that gender shapes and is shaped by social action, opportunities, and experiences, feminists are not claiming that the genders or gender relations are equal or symmetrical. Instead, a second assumption of feminist theories is that on both the structural and the interpersonal levels, one gender is valued over another, a phenomenon called *sexism.* In American society and many others, male voices and experiences have historically been privileged over female voices and experiences. At the same time, however, not all men are equally privileged, nor are all women disadvantaged equally. A third assumption of feminist theorists, then, is that gender intersects with other demographic factors, including social class, race and ethnicity, age, and sexual orientation, to influence advantage and disadvantage, behavior, opportunities, and experiences.

In theorizing violence, feminists reject traditional legalistic definitions that focus almost exclusively on forms of physical assault, such as beating, kicking, threatening with a weapon, or using a weapon against another person. Feminist theorists consider such definitions too narrow. Instead, feminist theorists adopt a broader definition of violence that includes sexual, psychological, and economic violence as well as physical violence. At the same time, feminist theorists emphasize victims' perceptions and experiences along with the consequences of particular actions, instead of relying on purely legalistic criteria. For example, someone could be injured or harmed by behavior that does not involve physical assault, such as stalking or being constantly berated or insulted. Feminist theorists, therefore, define violence as any act—physical, sexual, or verbal—that is experienced by an individual as a threat, invasion, or assault and that has the effect of harming or degrading that individual or depriving her or him of the ability to control various aspects of daily life, including contact with others.

Early Feminist Theories of Interpersonal Violence

One early feminist perspective on interpersonal violence, the *liberation hypothesis,* was developed during the 1970s. Historically, women's rates of violent crime had been significantly lower than men's violent crime rates. During the 1970s, several reports indicated that women's rates of violent offending were not only increasing, but were increasing faster than those of men. Some theorists argued that these changes were the result of the women's liberation movement, which was giving women not only more legitimate opportunities, but also more illegitimate opportunities, including opportunities to engage in violent behavior. Careful reanalyses of crime data, however, showed that women's violent offending had not changed significantly and that the women who were being arrested for violent offenses could hardly be characterized as "liberated."

Most early feminist theorizing on interpersonal violence focused not on women's violent offending, but rather on men's violent victimization of women. Feminists pointed out that men's violence against women—for example, sexual assault, battering, incest, sexual harassment—had historically been overlooked by crime theorists. Feminists emphasized that women's victimization at the hands of men, especially men they knew and with whom they had intimate relationships, was more widespread than commonly thought. This violence, they argued, was a direct outgrowth of gender inequality, a means by which men preserve and reinforce their dominance and women's subordination in a patriarchal society. Men in patriarchal societies have greater access to

resources and, therefore, greater power than women. Gender norms justify this inequality and bestow on men a sense of entitlement to women's bodies, services, and deference. Indeed, research with male perpetrators has documented their sense of entitlement as well as their motives for using violence to punish and control women.

More Recent Feminist Theorizing on Interpersonal Violence

Although rates of male violence against women are high, relatively few men actually violently victimize women. Recent feminist theorizing on interpersonal violence, then, has addressed the question of why some men find violent behavior, against women, children, and other men, rewarding. Feminist theorists are also examining women's use of violence in intimate relationships and other social contexts.

One theoretical model that has emerged from this research conceptualizes gender as something men and women *do* in response to contextualized norms of masculinity and femininity. This perspective rejects the notion of gender as a static social role. Instead, it sees gender as flexible, changing over time and from situation to situation, as males and females decide or choose how they will establish their masculinity or femininity, respectively, in a given set of circumstances. Such choices, of course, are constrained by structural conditions and learned normative expectations, as well as by a person's social class, race/ethnicity, sexual orientation, and age. But rather than producing a single, homogenous gender role for males and another for females, these conditions produce a multitude of masculinities and femininities, each influenced by the social positioning of the individual.

Violence, then, may be a means of doing gender in certain situations. For example, in studying the characteristics of typical hate crime perpetrators and their victims along with the characteristics of the crimes themselves, criminologist Barbara Perry argues that committing such crimes is a way of accomplishing a specific type of masculinity, hegemonic masculinity, which is White, Christian, able-bodied, and heterosexual. Similarly, criminologist Jody Miller, who has studied girl gang members, maintains that while girls sometimes behave in ways they think of as "masculine," such as fighting, at other times they embrace a feminine identity, as girlfriends of male gang members or as mothers of young children. Moreover, while crime may be a way of "doing gender," gender may also be used to accomplish crime, such as when a woman capitalizes on her femininity in order to manipulate a robbery target into a situation that makes the crime easier to complete.

Feminist theorists also examine the ways in which violent victimization may be a pathway to criminal offending, including violent offending, especially for girls and women. Recent research indicates that girls who were sexually abused as children are significantly more likely than nonabused girls and than both abused and nonabused boys to be arrested for violent offenses. This pattern appears to hold in adulthood as well.

There are various other feminist theoretical approaches to understanding interpersonal violence. However, it should be clear that all feminist theories place gender at the center of the analysis and examine how gender intersects with other social locating factors to influence specific behavioral outcomes.

Claire M. Renzetti

See also Female Perpetrators of Interpersonal Violence

Further Readings

Miller, J. (1998). Up it up: Gender and the accomplishment of street robbery. *Criminology, 36,* 37–66.

Miller, J. (2002). The strengths and limits of "doing gender" for understanding street crime. *Theoretical Criminology, 6,* 433–460.

Perry, B. (2001). *In the name of hate: Understanding hate crime.* New York: Routledge.

Renzetti, C. M. (2004). Feminist theories of violent behavior. In M. A. Zahn, H. H. Brownstein, & S. L. Jackson (Eds.), *Violence: From theory to research* (pp. 131–143). Cincinnati, OH: LexisNexis.

Feticide

Feticide has been deemed the act or occurrence of terminating the life of a fetus, generally with the use of force and intention of harm against the mother. Feticide is particularly deemed as such when causing the termination of the life of the fetus is accomplished unlawfully. The term further includes the act of a purposefully caused miscarriage.

When reviewing the history of feticide the primary court case referenced is *Keeler v. Superior Court of Amador County.* This 1970 case involved the husband of a woman who was at the time 35 weeks pregnant with a fetus not fathered by the husband. The husband assaulted his wife after verbally indicating that his intent was to rid her body of the fetus. The fetus was delivered by cesarean section, without life, and found to have a fractured skull. The husband was charged with murder by use of section 187 in California law. The California Supreme Court found that by definition this law did not apply to the unborn child, and at the time feticide was not a criminal act in that state, as a fetus was not recognized as a human being until after birth.

It was after this ruling that many states began enacting feticide laws. Initially, the primary purpose of these laws was to guard the fetus from a third party, such as in the assault involving the aforementioned case of *Keeler v. Superior Court of Amador County.* Feticide laws essentially provided the fetus a separate defense from the mother and rights that had not been previously afforded.

It was in the late 1980s that the purpose of the feticide laws began to shift and, instead of separating mother from fetus for the purpose of providing a separate defense, the laws began to set mother and fetus in opposition to each other. Many of these laws increased the rights of the fetus while decreasing the rights of the mother.

Many states have feticide statutes that deal specifically with feticide, while others cover unlawful fetal death under general homicide statutes. The requirements determining whether a fetal death will be deemed a feticide or a homicide vary among jurisdictions. In either case, it is the terminology chosen by each jurisdiction to define the death as unlawful that must be considered. Some states' laws do not apply to the fetus at all stages, and many laws take into consideration the viability of the fetus. Other states require that the attacker be aware that the woman was pregnant at the time of the attack. Because the variation in definition from state to state is considerable, it is necessary to view the law of each jurisdiction individually.

Shannon Forbes Rushing

See also Femicide; Filicide; Homicides, Criminal; Infanticide

Further Readings

Faludi, S. (1991). *Backlash: The undeclared war against American women.* New York: Crown.

Garner, B. (Ed.). (2004). *Black's law dictionary* (8th ed.). St. Paul, MN: West.

Keeler v. Superior Court of Amador County, 87 Cal. Rptr. 481, 470 P. 2d 617 (1970).

FILICIDE

Filicide refers to the purposeful killing of a child, son or daughter, by his or her own parent. In addition, filicide identifies the parent who has killed his or her own child. A mother killing her own child can be further classified as maternal filicide. A father killing his own child can be further classified as paternal filicide.

In some cultures, and over a range of periods in history, the practice of killing one's child has for various reasons been deemed an acceptable practice. During ancient Roman times, a father was guaranteed the right by law to kill his children. This right was recognized as *patria potestas.* In countries such as China and India, a preference for male children historically has been accepted, thereby creating a culturally accepted killing of female infants. In other societies it has been acknowledged as a culturally customary event to kill newborns found to have birth defects.

Modern reasons for killing one's own child include, but are not limited to, monetary considerations, power, apprehension, and rejection. Due to economic issues, some cultures still deem it acceptable to kill one's child as a form of controlling family size.

The practice of child murder is not frequent. However, children are killed by their own parents more often than by other perpetrators, such as strangers. Children are considered to be most at risk during the first 24 hours after birth. A filicide during this time period is also termed *neonaticide.* It is in this time frame that most child murders occur, and babies, regardless of their sex, are most frequently killed by their mothers. Paternal filicide at this age is uncommon. It is estimated that more than 90% of male and female infants, 1 week old or younger, are killed by their mothers.

Child murders involving paternal filicide sometimes involve murder and suicide. The children are generally older than in maternal filicides, and involve child abuse that has turned fatal. Instances involving

both children and spouse being killed are termed *familicide*. This practice is nearly exclusive to male perpetrators.

The ability to determine the actual number of filicides has been questioned, and there is disagreement as to whether the official number is too low. This is because some of the victims' deaths may have been incorrectly classified, for example, where they have been attributed to natural causes such as sudden infant death syndrome.

Shannon Forbes Rushing and Marc Riedel

See also Familicide; Femicide; Feticide; Homicides, Criminal; Infanticide

Further Readings

Garner, B. (Ed.). (2004). *Black's law dictionary* (8th ed.). St. Paul, MN: West.

Kunz, J., & Bahr, S. J. (1996). A profile of parental homicide against children. *Journal of Family Violence, 11,* 347–362.

Pitt, S., & Bale, E. (1995). Neonaticide, infanticide, and filicide: A review of the literature. *Bulletin of the American Academy of Psychiatry and the Law, 23,* 375–386.

Riedel, M., & Welsh, W. N. (in press). *Criminal violence: Patterns, causes, and prevention* (2nd ed.). Los Angeles: Roxbury.

Stanton, J., & Simpson, A. (2002). Filicide: A review. *International Journal of Law and Psychiatry, 25,* 1–14.

Financial Abuse, Elderly and Battered Women

Financial exploitation in this context is generally defined as illegal or improper use of an older individual's financial resources, which may include money, property, or other assets. While scams and identity theft in which strangers target older individuals do occur, in most cases of financial exploitation, the perpetrator is someone known to the victim, such as a family member, caregiver, or friend. In some cases, financial resources are stolen from older individuals without their knowledge. In other cases, threats, intimidation, and violence are used as methods to steal resources. In some instances, undue influence is used for financial exploitation. In domestic violence, an abuser uses financial exploitation as a tactic to gain and maintain power and control and deny a victim resources needed for health and well-being or to leave and start anew. If an older victim has assets, the abuser may engage in acts of economic sabotage to reduce his or her independence and may bankrupt the victim if he or she rejects the abusive relationship. Finally, guardianships, conservatorships, or powers of attorney for an older individual may be misused to benefit the exploiter.

Indicators of financial exploitation can include but are not limited to the following:

- The older individual is kept unaware of assets, bank accounts, income, and net worth.
- Possessions, documents, or credit cards are missing.
- The exploiter isolates the older individual from friends, family, activities, and information.
- Bills are unpaid.
- The caregiver refuses to spend the older individual's money on that individual.
- The older individual has given many expensive gifts to the caregiver.
- Checks are made out to cash, often in whole dollar amounts.
- The caregiver convinces an older individual to sign a blank check for one purpose and then misuses the check or steals the money.

Some exploiters use undue influence to steal from an older adult. Undue influence is the substitution of one person's will for the true desires of another. Undue influence occurs when one person uses his or her role and power to deceptively exploit the trust, dependency, and fear of another. The power is used to gain psychological control over the decision making of a weaker person. Unlike common persuasion and sales techniques, fraud, duress, threats, and other deceits are often components of undue influence. Victims may or may not have capacity.

Anyone can be a victim of undue influence, and anyone can experience circumstances that may increase his or her susceptibility. Individuals with medical conditions, cognitive challenges, or mental health issues, or who are grieving, are isolated, or lack financial expertise, may be particularly vulnerable. Exploiters can also be anyone, including family members, caregivers, fiduciaries, opportunists, and career criminals. Undue influence is seldom itself a crime, but it is a method to commit financial exploitation.

In some cases, an older victim will have a guardian or attorney in fact under a power of attorney. The older individual will have voluntarily given or legally relinquished some or all decision-making power due to cognitive or physical needs to a surrogate decision maker. In some cases, the surrogate exploits the older individual by stealing from him or her, by misusing the victim's resources, and by not providing for the older person. While powers of attorney and guardianship documents bestow considerable legal authority, they are not legal licenses to steal.

The impact of financial exploitation on older victims can be significant. Its impact can be as significant as that of physical abuse. Often older victims lose the assets they have worked a lifetime to accumulate. They may be forced to leave their homes and live in poverty. Due to their age, many older victims may not be able to join the work force and may never financially recover. Some older victims experience a significant decline in their health or have committed suicide after being financially exploited.

Financial abuse usually occurs along with other forms of elder abuse. Physical abuse may be used to force the older victim to hand over assets. Neglect may be used to weaken an older victim to the point that he or she cannot resist what the abuser demands or as a threat to gain compliance with the perpetrator's demands. Psychological and emotional abuse may be used to convince older victims that they cannot live independently without the abuser and to discourage them from reporting.

Financial exploitation is often a crime. Victims can report their exploitation to law enforcement. If a case is criminally prosecuted, in addition to incarceration, a court can order victim restitution. Victim compensation funds may be able to provide emergency financial assistance as well.

Victims can also work with adult protective services and the aging network to learn about housing and potential benefit programs to help them if they are unable to recover the lost assets. If the financial exploitation is part of a pattern of power and control, a domestic violence program may be able to assist civil attorneys who can file lawsuits and protective orders to recover assets, separate the parties, demand accountings of expenses, and seek damages. In some cases, they can get orders setting aside property transfers. Professionals who misuse client assets also can be subjected to professional discipline.

Bonnie Brandl and Candace J. Heisler

See also Adult Protective Services; Domestic Violence Against Older Women; Elder Abuse; Ethical and Legal Issues, Treating Elder Abuse

Further Readings

Brandl, B., Heisler, C., & Stiegel, L. (2006). The parallels between undue influence, domestic violence, stalking and sexual assault. *Journal of Elder Abuse and Neglect, 17,* 37–54.

Brandl, B., Heisler, C., & Stiegel, L. (2006). *Undue influence: The criminal justice response* [CD]. Available at http://www.ncall.us/resources.html#OTHERPUBS or call (608) 255–0539 or (608) 255–3560 TTY to order.

Hafemeister, T. (2003). Financial abuse of the elderly in domestic settings. In R. Bonnie & R. Wallace (Eds.), *Elder mistreatment: Abuse, neglect, and exploitation in an aging America* (pp. 382–445). Washington, DC: National Academy Press.

Financial Literacy Versus Financial Abuse

Financial literacy is commonly defined as skills and knowledge that enable individuals to manage their finances, reach financial goals, build assets, and engage the mainstream economy. Financial education is an important tool that sets individuals on the path toward economic security and financial independence.

The power of financial education when coupled with comprehensive advocacy support can serve as a solid foundation for domestic violence survivors who are seeking safety and autonomy. Access to economic resources that help meet basic human needs is a safety predicator for many who experience abuse.

The financial impact of domestic violence is far reaching and devastating. Financial abuse is a tactic commonly used by abusive partners for controlling relationships by preventing their victims from accessing money, financial resources, or any means of financial security (such as employment). Financial abuse occurs in relationships marred by inequality, verbal abuse, emotional manipulation, violence, rape, and fear. Many people in abusive relationships have been denied access to resources, skills development, practical experience, or any encouragement to stand on their own and live financially independent lives. Whether they remain in or leave an abusive relationship many

survivors are challenged by dire circumstances, including homelessness, unemployment, years of financial debt, and sometimes bankruptcy.

Across the country, local community programs and coalitions have adopted financial literacy education programs to economically empower survivors while advocating to eliminate economic barriers survivors encounter when struggling to be safe. Financial literacy is a tool that can be used to help domestic violence survivors move toward long-term financial stability. Many survivor-centered financial education programs are attached to initiatives that focus on helping survivors with budgeting, saving, building credit, managing debt, purchasing a vehicle, preparing to purchase a home, or starting their own businesses. Survivor-centered financial education programs focus not only on financial abuse that occurs within the larger context of an abusive relationship, but they also provide key strategies for helping survivors manage or end financial responsibilities shared with an abusive partner.

When approaching financial education with a domestic violence survivor, it is important to adopt a philosophical acknowledgment that many political, social, and cultural beliefs influence views about how money is discussed, used, and valued, and these beliefs may define "financial security" for each individual. This framework also recognizes that financial education is not the only predictor of financial security or success.

Financial literacy and resource access must also be considered within the context of oppression. The financial impact of oppression continues to result in denied accessibility of resources for many individuals within this country. Domestic violence survivors who are gaining additional information, skills, and resources to engage with the economic mainstream also need to be prepared to navigate oppressive barriers and discrimination.

Domestic violence programs are serving as a resource for learning personal financial management, but without the assumption that all survivors of violence lack the information or skills they need to make informed decisions about their financial lives or safety.

Shawndell N. Dawson

See also Agency/Autonomy of Battered Women; Financial Abuse, Elderly and Battered Women

Further Readings

Correria, A. (2000). *Strategies to expand battered women's economic opportunities.* Washington, DC: National Resource Center on Domestic Violence.

Firearms

See Gun Violence

Foot Binding

Foot binding was practiced in China on young girls, usually at age 4 to 6, for about 1,000 years, from the 10th to the 20th centuries. The toes on each foot, except for the big toes, were broken—bent under and into the sole—then wrapped with the heel as tightly as possible with a piece of cloth that had been soaked in warm water or animal blood along with certain herbs. Every few days, the binding would be changed and the feet rewrapped so that they could be squeezed into progressively smaller shoes. The goal was to shrink the feet as much as possible, with the most desirable foot being only about 3 inches long. The practice caused a number of serious problems. For example, the feet usually would bleed and often became infected. The binding also typically cut off circulation to the feet and flesh as well as toes would fall off. The process was extremely painful, and most women were physically crippled by it, making walking difficult and, for some, impossible. As they aged, women with bound feet were at high risk of falling and incurring injuries from such falls, and they also had greater difficulty squatting and standing up after sitting.

Several justifications were offered for foot binding. One was simply that in Chinese culture, tiny feet were considered feminine. A woman with unbound (i.e., natural) feet was considered sexually unattractive, more masculine than feminine. Future mothers-in-law would inspect the feet of their sons' fiancés to ensure the young women did not have natural or "clown" feet. Foot binding was also a way to ensure that women remained chaste and faithful to their spouses in a culture that believed women were naturally lustful and lascivious. Inheritance was also important in Chinese society and was distributed along patrilineal lines.

Consequently, men wished to ensure the legitimacy of their heirs. A woman whose feet were bound literally could not "run around" on her husband. Finally, a woman with bound feet was a status symbol for men. An immobile woman could not engage in physical labor, so she was completely dependent on her husband for financial support. Having a wife with bound feet was a testament to a man's wealth and privilege, signifying his financial ability to afford such a spouse. One might expect, then, that foot binding was limited to the upper classes in China. However, although the practice originated with the nobility, it was often copied by the less privileged who aspired to higher status.

With the advent of the Qing Dynasty in China in the mid-1600s, an effort was made by the Manchu emperor to eliminate foot binding. A tax was imposed on parents whose daughters had bound feet, and the practice was outlawed in certain regions. Nevertheless, the practice continued to be passed on from mothers to daughters for nearly another 400 years, since most people clung to the belief that bound feet were beautiful and beauty ensured a good and lasting marriage. In a society in which all roles other than wife and mother—or prostitute—are closed to women, women often would do whatever they deemed necessary for the personal and economic security of their daughters. It was under the leadership of Sun Yat-Sen in 1911 that foot binding was officially eliminated in China, although it continued in isolated rural areas for several more years.

Claire M. Renzetti

See also Female Genital Mutilation

Further Readings

Blake, C. F. (1994). Footbinding in neo-Confucian China and the appropriation of female labor. *Signs, 19,* 676–712.

Dworkin, A. (1983). Gynocide: Chinese footbinding. In L. Richardson & V. Taylor (Eds.), *Feminist frontiers* (pp. 178–186). Reading, MA: Addison-Wesley.

Forced Marriages

Forced marriage is defined as a marital union where at least one of the intended spouses refuses to participate but is intimidated into marrying. The issue drew the attention of women's advocates, law enforcement, and policymakers internationally when Britain attempted to criminalize it in 2005. While the bill was abandoned, it inspired debates and concerns. Opponents of forced marriage have been careful to distinguish it from arranged marriage, which is customary in many Asian, Middle Eastern, African, and South American cultures. Historically, forced marriage was practiced in the West among aristocrats, royalty, and religious sects. "Shotgun weddings" occurred in the United States until the mid-20th century and were a way of forcing recalcitrant men to accept responsibility for women they had impregnated. Between 1890 and 1950, U.S. prosecutors often charged men with rape to persuade them to marry their sexual partners.

Although men can certainly be forced into marriages, the overwhelming majority of victims worldwide are girls and women. However, homosexual men or men who wish to marry outside their religion, caste, class, or ethnicity may be compelled to wed women selected by their families. There are no comprehensive statistics on how many females are forced into marriages each year, let alone an estimation of victimized men. The UK Forced Marriage Unit reports that out of approximately 300 victims it assists annually, 15% are men. Boys and young men may also be forced into marriage due to religious, political, and cultural dicta. For example, many adolescent boys are married off in Iran to avoid military service.

Arranged, child, early, and forced marriages and violence against women are closely linked. Fathers and brothers often exchange their young daughters and sisters for bride-price to increase family fortunes, swap them to confirm desirable matches for men in the family, offer them to repay debts and negotiate peace with feuding parties, or surrender them in lieu of monetary penalties for social miscreancy. In countries such as Kyrgyzstan and Ethiopia, young women are routinely abducted by men who want to marry them and are held captive until they consent. After a night spent with a man, a woman may have no other option but to marry him since her reputation is sullied. Many of the abductions are planned in conjunction with the girls' parents. The average age range of women forced into marriage globally is 13 to 30 years. Nonetheless, marriages of girls as young as 8 and 9 are frequently arranged with men in their 40s and 50s.

In traditional societies, girls are socialized to be obedient to their parents and are made cognizant early on that their families' respectability and happiness rest on their conduct. Thus, they may see no alternative but to submit to their families' wishes regarding marriage. Parents threatening to commit suicide may also subdue uncooperative daughters. For females who are considered parental or paternal property, forced marriage may be the norm, as most could not realistically resist the emotional and physical coercion and survive. The few who defy face the risk of life-threatening violence, alienation from family and community, ruined reputation, and the prospect of lifelong penury. Women are starved, imprisoned, beaten, maimed, and murdered by their own relatives to extract their acquiescence and to restore family status if they renounce their marriages. Between 1996 and 2005, 45 Turkish immigrant women in Germany were killed to save their families' "honor" because they had rejected their husbands after forced marriages. The toll women pay for forced marriages includes low education, lack of earning opportunities, early pregnancy, exposure to HIV, rape trauma, and risk of suicide.

Forced marriages are present in immigrant communities that have migrated to the West from traditional societies. Second-generation young women in particular may be deceived into returning to their parents' home-countries and are married off under duress. At times, parents subject their daughters to physical and psychological abuse and withhold travel documents to ensure compliance. The dynamics of immigrant forced marriages are somewhat distinct.

Many immigrant communities in the West believe that their cultures will be engulfed by the dominant host society unless actively maintained. Endogamy is consequently viewed as a means of extending traditional cultures. Furthermore, parents unused to dating and hypervigilant of their daughters' virginity may become alarmed at the personal and sexual autonomy girls reared in the West seek. Many experience it as disintegration of family cohesion and erosion of paternal authority that would eventually lead to social anomie. Since marriage in traditional societies is considered an alliance between families, the focus on individuals in Western-style romantic marriages is deemed selfish and inconsiderate. Arranged marriages thus are thought to not only preserve the traditional form of family alliance but also save children from their own foolishness.

By several United Nations charters, such as the Universal Declaration of Human Rights, the Convention on the Rights of the Child, the Declaration on Elimination of Discrimination Against Women, and the Convention on the Elimination of All Forms of Discrimination Against Women, forced marriage is a violation of human and women's rights. In accordance, Syria, Belgium, and Norway have already passed laws, while the United Kingdom, Holland, Germany, and Austria are reflecting on pertinent legislation. A few British provinces are deliberating ways to sanction clerics who solemnize forced weddings. Still, these laws are powerless to protect offshore marriages of immigrant children.

A few Middle Eastern and African countries have approached the issue innovatively. The highest religious leader in Saudi Arabia has issued a fatwa against forced marriage, declaring it un-Islamic. In Sierra Leone, prosecutors are pursuing forced marriage as a crime against humanity, relating it to the 1991–2002 civil war when large numbers of women were abducted, forced to marry, and forced to bear children by the rebel forces. Other nations, such as Cameroon and Iran, have responded to the problem by increasing the minimum age of marriage for girls.

Shamita Das Dasgupta

See also Abandonment; Acid Attacks; Battered Women; Honor Killing/Crime; Marital Rape/Wife Rape

Further Readings

An-Nai'im, A. (2000). *Forced marriage.* Retrieved on August 12, 2006, from http://www.soas.ac.uk/honourcrimes/FMpaperAnNai'im.htm

LaFraniere, S. (2005, November 27). Forced to marry before puberty, African girls pay lasting price. *New York Times.* Retrieved on August 12, 2006, from http://www.nytimes.com/2005/11/27/international/africa/27malawi.html

Forced Military Conscription

Forced military conscription describes the recruitment of civilians into an armed group through the use of physical force. State military conscription, in which a country legally requires its citizens to serve in its military, has existed for centuries. Popularly known as

"the draft" in Western countries, conscription became the model for maintaining a large standing army in Europe in the 19th century. Although many countries around the world have required all able-bodied men (and sometimes women, as is the case in Israel) to serve in the military, a number of countries eliminated the requirement in the 20th century as a result of moral arguments opposed to the practice: Many have argued against it as an instance of structural violence, in which state institutions do harm to individuals and populations. Military conscription was abolished in favor of voluntary recruitment in Great Britain in 1960 and the United States in 1973.

Military conscription becomes a form of interpersonal violence when it involves forcible abduction of individuals who are then ordered to complete military training and participate in combat against their will. This practice has been documented recently in Burma and Turkey. In Burma, local leaders are required to send a certain number of residents for military training, for which they must pay. In more extreme cases, reports state that adolescent males have been tied with ropes by military recruitment personnel and taken to remote military training camps. Family members seeking their release are told to pay bribes to have their relatives released. Witnesses in Turkey have reported similar incidents, as well as cruel treatment of trainees and imprisonment of conscientious objectors.

With the decrease in interstate warfare and the increase in intrastate or civil wars, forced military conscription by paramilitary groups has risen in the past few decades. Civilians caught between rebel factions are ordered to join militia to avoid being killed. Through a range of controlling tactics, civilians are trained in warfare and forced to engage in armed conflict. This practice often involves the abduction of children because they are typically less able to resist, physically and psychologically. The most grievous example comes from northern Uganda, where the rebel Lord's Resistance Army (LRA) has been abducting children and forcing them to fight against government troops since 1992. It is estimated that the LRA has forcibly conscripted as many as 30,000 children. If children are caught trying to escape, other abducted children are forced to kill them as part of their socialization into the LRA fighting force.

Aside from the brutality employed in forcible military conscription, many experts consider both state and paramilitary forced conscription to be forms of involuntary servitude and thus human rights violations. Despite protests, forcible conscription continues to be a prevalent tactic of military recruitment.

Kristen E. Cheney

See also Child Abductions, Nonfamily; Children and Adolescents Who Kill

Further Readings

Cheney, K. E. (2005). "Our children have only known war": Children's experiences and the uses of childhood in northern Uganda. *Children's Geographies, 3*(1), 23–45.

Flynn, G. Q. (2002). *Conscription and democracy: The draft in France, Great Britain, and the United States.* Westport, CT: Greenwood Press.

Steinberg, D. L. (2002). *Burma: The State of Myanmar.* Washington, DC: Georgetown University Press.

Forensic Nursing

Forensic nursing is the nursing care of crime victims and people who are accused or convicted of committing crimes. The term *forensic nurse* came into use in 1992 after a group of about 70 sexual assault nurses met in Minneapolis and started the International Association of Forensic Nursing. Forensic nursing is defined as the application of the medicolegal aspects of health care in the scientific investigation of trauma and/or death related issues. Forensic nursing practice is as old as the interface between the legal and health care systems and has been considered a subspecialty of nursing since 1995.

Forensic Nursing Practice

Clinical forensic nurses do many of the same things other nurses do: conduct health interviews, perform physical assessments, conduct medical tests, collect specimens, help people manage crises, document information, and prevent problems. Unlike other nurses, however, forensic nurses are involved with the patient specifically because there is an interface between the health care and legal systems, and that influences what the nurses do. For instance, a forensic nurse may collect specimens, an ordinary nursing function. Specimen collection becomes a forensic function when the specimens come from a suspect

in a reported sexual assault. In the same way, forensic psychiatric nurses may use the familiar tools to evaluate mental status, but the information may be used in court rather than in a discharge planning conference.

Forensic nurse researchers add to the body of scientific knowledge that supports forensic nursing practice, education, and administration. The National Institute of Nursing Research has funded over 40 violence-related research studies since 2001, most focusing on sexual violence or interpersonal violence. Forensic nurse education is provided in 32 master's and post-master's certificate programs nationwide, 13 of which are offered exclusively online. Forensic nurse administrators manage Sexual Assault Nurse Examiner programs in every state in the United States, some of which also incorporate services to victims of domestic violence.

The Forensic Nursing Workplace

Forensic nurses work in hospitals and clinics, just like other nurses do. The difference is that the hospital might be in a prison, or the clinic might be in a jail. Forensic nurses who are death investigators go to crime scenes. Forensic psychiatric nurses work in mental health facilities and advocacy organizations. Sexual assault nurse examiners work in hospital emergency departments and freestanding clinics.

Forensic nursing is a role rather than a job description, so forensic nursing principles are useful in any setting. If, for example, a nurse is focused on intimate partner violence and its effect on women and children, he or she might work in a prenatal or pediatric clinic. Legal nurse consultants help both the prosecution and defense in their search for truth and justice; they often own their own businesses and may have additional training as attorneys or paralegals.

Louanne Lawson

See also Elder Abuse; Expert Testimony; Intimate Partner Violence; Rape/Sexual Assault

Further Readings

Benak, L. (2006). Forensic nursing: A global response to crime, violence and trauma. *On the Edge, 12*(4), 9–10.

Lynch, V. A. (1993). Forensic aspects of health care: New roles, new responsibilities. *Journal of Psychosocial Nursing, 31,* 5–6.

Foster Care

Foster care is a social service providing temporary care to children whose homes are unsafe because of child maltreatment or parent or caregiver incapacity. When the substitute caregiver is related to the child, foster care may be referred to as kinship care. Typically, the term *foster care* includes only children in the legal custody of the state or county child welfare agency, while *kinship care* may refer to any child in a relative's care, whether or not the state or the relative has legal custody.

If a child welfare agency has placed a child in foster care, it must justify to the dependency court that the child would be at imminent risk of harm in the home from which he or she was removed. The state is required to make "reasonable efforts" to prevent the need for foster care, to reunify the family, and to find permanent family alternatives for children who cannot return home. Rules about circumstances that make foster care placement justifiable, as well as criteria for licensing and monitoring foster homes, are established through state laws and regulations. In most states, a parent may also place a child in foster care voluntarily. Federal law provides a national framework regarding the care of dependent children in foster care.

The foster care system has its roots in colonial period practices in which impoverished or orphaned children were indentured to families who could care for them and teach them a trade. Systems of indenture were later replaced by orphan asylums and then succeeded in the late 1800s by systems of "placing out" impoverished children from urban slums to host families in the countryside. These systems evolved with changing societal standards regarding appropriate living conditions for children and accepted practices related to child labor, as well as with the professionalization of the social work field. Over time, the focus of foster care shifted from orphans and destitute children to maltreatment of children by parents and caregivers.

Foster Care Settings and Foster Parents

Nearly half of children in foster care in the United States live in nonrelative family foster homes and another quarter live in foster care with relatives. The use of relatives as foster parents varies widely by state. About one in ten foster children live in institutions and a similar proportion live in group homes.

Foster parents are usually recruited, licensed, and trained by state or county child welfare agencies. They are paid a stipend as reimbursement for the child's room and board, but are not salaried employees. Foster care payment rates vary with the child's age and needs for specialized care. Foster parents tend to be older than biological parents and about 40% are employed full time outside the home. While the median level of experience of foster parents is about 3 years, there is a great deal of turnover in the population of foster parents, and state and local agencies face difficulties recruiting and retaining them.

Children in Foster Care

At the end of 2004, there were 518,000 children in foster care in the United States and 800,000 had spent some time that year in foster care. The number of children in foster care in the United States has risen nearly every year since national data collection began in the 1960s. Foster care is intended as a short-term service for families in crisis, although some children experience extended foster care stays. The median length of stay of children in foster care during 2004 was 18 months, and the median age at the time of entry to foster care was 8.3 years. Approximately half of children in foster care have a case goal of reunification with the parent or principal caretaker. Another fifth have adoption as their case goal, with the remaining children having case goals such as guardianship, long-term foster care, or emancipation.

Most children who enter foster care do so after a state child protection agency verifies or "substantiates" a report of child abuse or neglect, although relatively few substantiated maltreatment reports result in children's placement in foster care. The National Survey of Child and Adolescent Well-being (NSCAW), a nationally representative, longitudinal study of children in foster care and children investigated by child protective services, reveals that of children in foster care for 1 year, 60% had entered foster care primarily as a result of child neglect. Ten percent of children in foster care had experienced physical abuse as their most serious type of maltreatment, and 8% were victims of sexual abuse. Approximately 8% of children in foster care had not experienced abuse or neglect, but had been referred for reasons such as their own mental health needs or domestic violence in their families. Parental mental illness, substance abuse, and other serious impairments are associated with many children's foster care placements.

Rates of entry into foster care are highest for infants. The rates drop dramatically for 1-year-old children, and the risk of entry continues to decrease until children reach adolescence, at which point the risk rises again. Entry rates are higher for African American children than for White or Hispanic children. Children living in poor and urban communities are also much more likely to enter foster care than children living in other environments.

Many children in foster care have physical, emotional, and behavioral issues that warrant specialized treatment. The NSCAW study found that, on average, children in foster care scored somewhat below national norms on a variety of developmental measures. Of particular concern was that one third of children in foster care for a year demonstrated significant cognitive and/or behavioral problems.

Laura F. Radel

See also Adoption and Safe Families Act of 1997; Adoption Assistance and Child Welfare Act of 1980; Kinship Care

Further Readings

Mallon, G. P., & Hess, P. M. (Eds.). (2005). *Child welfare for the 21st century.* New York: Columbia University Press.

NSCAW Research Group. (2005). *National Survey of Child and Adolescent Well-Being research brief no. 1: Who are the children in foster care?* Retrieved July 7, 2006, from http://www.ndacan.cornell.edu/NDACAN/Publications/NSCAW_Research_Brief_1.pdf

NSCAW Research Group. (2005). *National Survey of Child and Adolescent Well-Being research brief no. 2: Foster children's caregivers and caregiving environments*. Retrieved July 7, 2006, from http://www.ndacan.cornell.edu/NDACAN/Publications/NSCAW_Research_Brief_2.pdf

Fraternities and Violence

There are two very distinct literatures on violence as related to fraternities, with only the smallest overlap. One literature, on hazing, touches lightly on predominantly White (PW) fraternities and is mainly concerned with violence in hazing in historically Black (HB) fraternities. The other literature is almost completely focused on PW fraternities and deals with

sexually predatory and aggressive practices. In neither case is the empirical support in the literature particularly strong.

Sexual Aggression

Sexual aggression and date rape are discussed here only in the context of PW fraternities, as there has been little research on these behaviors in HB fraternities. Often, people studying fraternities have felt that these organizations have provided a sort of subculture that insulates their members from the general norms or rules of the entire campus. Over the years, studies have shown that fraternities promote conformity, and earlier work showed that fraternity members were more likely to be accepting of racial prejudice and hate crimes. A preoccupation with loyalty, a very strong concern with masculinity, and the abuse of alcohol can easily lead to either individual or group violence. A historic indifference by most college administrations to violence against women has provided a lack of deterrence that allows such behavior to continue. If fraternity men think that they can get away with violence against women, it is because on most campuses, most of the time, they can.

Most of the citations in the literature have been to the earlier ethnographic studies of Patricia Martin and Robert Hummer or Peggy Sanday, or to an array of surveys on rape supportive attitudes, which did not find as clear an association between PW fraternity membership and self-reported sexual aggression as more recent empirical studies have found. For example, in a meta-analysis of a variety of empirical studies, researchers found a significant but modest relationship between fraternity membership and admitted sexual aggression. One reason why the effect is only modest may be that researchers lumped all fraternity members together into one pool, while in truth some fraternities may be more sexually aggressive than others. Further, fraternities are rarely monolithic entities where all members think alike; some members may be much more sexually aggressive than others, especially where they are more influenced by male peer support networks. Thus, those who live in the on-campus houses of the most predatory chapters may be the most influenced by male peer support and perhaps be the most aggressive. Male peer support further sustains hypermasculinity, group secrecy that promotes a lack of deterrence, and a culture of alcohol abuse that has repeatedly been associated with sexual aggression. Research indicates that bedroom wall pictures show that fraternity men engage more in the sexual objectification of women.

Physical Hazing

Hazing is rarely recognized as a criminal act, although virtually all states have laws against it. It has a long history on American campuses, particularly in the 19th century, but more recently it seems to have been limited mainly to fraternities and sororities. Hazing might include relatively lesser forms of degradation (marching around campus, singing songs on the campus green, wearing beanies), or it might include any uncomfortable activity that a young person could think up for the pledge: for example, spanking with paddles as often as daily for months or a year, forced drinking of large quantities of alcohol, eating disgusting foods designed to induce vomiting, being left outdoors in winter overnight wearing only underwear, not being allowed to sleep for days. Both fraternities and sororities practice mental forms of hazing, which are commonly dismissed as pranks, but which have occasionally left pledges so affected that they develop such symptoms as speech impediments.

To deal with abuses, physical hazing is banned today by all fraternity national organizations and central offices, such as the National Pan-Hellenic Council, the coordinating body for the eight historically African American fraternities and sororities, which has banned hazing in any form whatsoever. Spurred by the potential liability from lawsuits by harmed students, universities have also instituted strong antihazing rules. However, the net effect has been to hide the extent of current hazing; anywhere it continues it has been driven off campus and underground, where critics claim that it is getting more physically abusive beyond the control of campus officials and alumni.

There are strong pressures to keep hazing alive. Students often have not bought into the antihazing prohibitions. Alumni may be strong advocates of hazing and a problem in preventing university action. Pledges volunteer for hazing, not unlike some street gangs where those who join without major pain and stress are given much less prestige as members than those who are beaten. This has been particularly true in some HB chapters, where it may be a badge of masculinity, self-esteem, and pride to have undergone painful hazing.

Virtually all of the literature on hazing suggests that although PW fraternities are now only using humiliation techniques, some HB fraternities still engage in serious beatings of pledges and branding of members. In PW fraternities, pressure from national chapters seems to have cut back or ended beatings in the past 20 to 30 years, although a lack of alcohol and beatings has not meant an end to deaths or injuries in PW hazing.

Martin D. Schwartz

See also Alcohol and Violence; Hazing; Male Peer Support, Theory of; Rape Culture; Rape/Sexual Assault

Further Readings

Jones, R. L. (1994). *Black haze: Violence, sacrifice and manhood in black Greek-letter fraternities.* Albany: State University of New York Press.

Murnen, S. K., & Kohlman, M. H. (2007). Athletic participation, fraternity membership, and sexual aggression among college men: A meta-analytic review. *Sex Roles, 57,* 145–157.

Ruffins, P. (1997). Fratricide: Are African American fraternities beating themselves to death? *Black Issues in Higher Education, 14*(8), 18–25.

Sanday, P. R. (2007). *Fraternity gang rape: Brotherhood and privilege on campus* (2nd ed.). New York: New York University Press.

Schwartz, M. D., & DeKeseredy, W. S. (1997). *Sexual assault on the college campus: The role of male peer support.* Thousand Oaks, CA: Sage.

Fratricide

See Family Homicides

Full Faith and Credit Mandate

The Full Faith and Credit (FF&C) mandate requires states to honor and enforce (or give FF&C to) the orders of protection and to stop stalking issued by other states. The FF&C clause of the U.S. Constitution (article IV, § 1) and the statute, 28 U.S.C. § 1738, require every state to honor and enforce the public records and judicial decisions of other states as if they had issued them themselves. Thus a marriage certificate, driver's license, or divorce decree granted in one state will be honored by every other state unless the responding party was not afforded due process, particularly if the party was not notified of the action or given the right to contest it in court. States also need not give FF&C when the official action or court decision is against public policy, which is why states refused to give FF&C to polygamous marriages when they were legal in Utah.

A state may also opt through the principle of comity to enforce judgments of another state or country, even when it is not required to do so by the FF&C mandate. Comity is based on the same need for finality of legal proceedings as is FF&C, and also the legal principles of res judicata and issue preclusion, which prevent the same parties from relitigating the same case or claim previously decided by a court.

Need for FF&C

Some of the most violent and coercive batterers and stalkers drive their victims away, often forcing them to seek safety in other states. Many other battered victims travel temporarily across state lines for work or health care or to see family, shop, or vacation. Since abusers generally escalate their violence when their victims leave them or show any independence, victims of domestic violence need immediate police protection in the new state if their abusers threaten them. Yet most cannot obtain new orders of protection in a new state unless there is abuse in that state, and even then there are often long delays and difficulties in serving the abusers with court papers, assuming the victim has access to the courts in the new state. Furthermore, states may not be able to order sufficient protection when the abuser does not reside in the new state. Some abusers keep forcing their victims to flee to ever new states. The clear solution for victims who already have an order of protection from one state is for other states to honor and enforce the previously enacted order, without requiring them to go to court to register the order.

History

Traditionally U.S. court decisions held that because judicial determinations (such as injunctions and child

custody or support orders) were not final judgments and could be modified, they were not entitled to FF&C. Orders of protection and restraining orders to stop domestic violence and stalking are injunctions, which were seen to fall under this exception. Ex parte orders (those that courts give in an emergency before the respondent is given notice or a chance to contest the order) were particularly seen as not entitled to FF&C because they gave the respondent no due process.

The U.S. Supreme Court reversed this train of decisions in *Baker v. General Motors Corporation,* which held that equitable decrees (which include injunctions such as protective orders) are entitled to FF&C, even though they may not be final and may be modified in the state that issued them. Also supporting this new trend, orders of protection are not concerned with competing orders and are not against public policy.

New Hampshire, West Virginia, Kentucky, and Oregon voluntarily chose to provide comity to some protective orders of other states, but they were the exception and the procedures were generally cumbersome, were little known, and did not cover all orders.

Model for Custody Cases

Until recently child custody orders were not given FF&C because (a) they could always be modified and (b) two or more states could issue conflicting orders. Moving the child to another state was usually grounds for modifying a custody order. This actually encouraged someone who lost custody to abduct the child and shop for a more favorable forum in a new state in the hope of winning custody there. To prevent child abductions and forum shopping, the National Conference of Commissioners of State Laws (NCCUSL), which drafts model legislation for states to adopt, drafted an act to determine when a state must (a) decline custody cases and (b) agree to honor and enforce the custody orders of other states. Because some states were slow in adopting the model legislation or changed it, Congress enacted a law to accomplish the same goals. The federal law was slightly different, and, as federal law, it preempted inconsistent parts of any state's law. It also spurred the remaining states to enact consistent legislation. Congress took a similar approach so that states would have to give FF&C to the child support orders of other states.

Violence Against Women Act

Knowing that FF&C for preexisting protective orders would solve many of these problems, Congress provided language in the Violence Against Women Act (VAWA) I requiring states to give FF&C for orders of protection and/or to stop stalking that were issued by other states, similar to what it did for child custody and child support orders. The FF&C mandate for protective orders was enacted in 1994 and codified at 18 U.S.C. §§ 2265–2266, and covers protective provisions issued as part of other types of actions, such as divorce, paternity, and custody and juvenile cases.

The mandate also includes orders issued to Native Americans by tribal courts. Few tribes had domestic violence and stalking laws when VAWA was first enacted, but many have since enacted such laws.

Another part of VAWA also provided that no state may charge for a protective order if the state receives federal money under that part of the act. Every state accepts this money and certifies that it does not charge for orders of protection. Some states or counties still charge for orders, or order the respondent to pay on the theory that the orders are free to victims.

Police in some states are supposed to give FF&C to any order of protection or to stop stalking that is in effect if the respondent was given notice and an opportunity to be heard, and to honor and enforce it without requiring that the victim first have the order registered in the new state. This is true for ex parte orders as well.

Limitations

VAWA I included language for FF&C for all protective orders except those that violated due process, namely (a) orders when no notice or opportunity to be heard had been afforded to the respondent, including ex parte orders, and (b) mutual orders unless the respondent had filed a pleading, the original petitioner had been given notice and opportunity to be heard, and the court had made findings that both parties were legally entitled to be given orders. The exception for mutual orders given to respondents is because many courts automatically enter them or encourage the parties to agree to them, even though they usually deny the petitioning party's due process rights and are more dangerous to victims than no order at all. Congress made clear it did not mean to exempt the part of mutual orders given to the petitioner if notice and

opportunity had been given to the respondent, but only the part of such orders given to the respondent without due process.

Many states in their domestic violence statutes prohibit mutual orders or strongly discourage their use, often including similar due process guarantees. Some also require the court to decide if one party was the primary aggressor, the one who caused most of the domestic terror (but not necessarily the one who started the abuse), and not issue an order to that party even if some abuse had been mutual.

Although VAWA I excluded coverage for child custody and child support provisions in protective orders, VAWA II and III made clear that the FF&C mandate included child custody and child support provisions in protective orders.

Complications

In 2002 NCCUSL issued another model act for states to give FF&C to other states' protective orders. Although federal law makes clear that protective provisions in other types of civil and criminal cases are covered by law, and that child custody and child support provisions in protective orders are covered, NCCUSL's Uniform Interstate Enforcement of Domestic-Violence Protection Orders Act is inconsistent with many of these federal provisions. Almost a third of states have enacted this act, thwarting some domestic violence and stalking victims from receiving the full protection in other states that Congress intended them to get.

Joan Zorza

See also Violence Against Women Act

Further Readings

Baker v. General Motors Corporation, 522 U.S. 222 (1998).

Goelman, D. M. (2004). Shelter from the storm: Using jurisdictional statutes to protect victims of domestic violence after the Violence Against Women Act of 2000. *Columbia Journal of Gender and Law, 13,* 101–168.

Klein, C. F. (1995). Full faith and credit: Interstate enforcement of protection orders under the Violence Against Women Act of 1994. *Family Law Quarterly, 29,* 253–271.

Sack, E. J. (2004). Domestic violence across state lines: The Full Faith and Credit clause, congressional power, and interstate enforcement of protection orders. *Northwestern University Law Review, 98,* 827–906.

Uniform Interstate Enforcement of Domestic-Violence Protection Orders Act. Retrieved from http://www.nccusl.org/Update/ActSearchResults.asp

VAWA I, eventually enacted in 1994 as part of the Crime Bill, Pub. L. No. 103-322108 Stat. 1796. 18 U.S.C. §§ 2265–2266.

G

Gang Rape

Gang rape is a serious and greatly understudied form of rape. Gang rape is also sometimes referred to as group rape. Both terms refer to a rape or sexual assault committed by more than one perpetrator against one victim. Most research on gang rape has focused on cases reported to police or incidents in college populations. In general, research has shown that gang rape is less common than rape committed by one offender against one victim, yet more serious in terms of the number and severity of sexual acts suffered by victims.

Prevalence, Reporting, and Risk Factors

Research has shown estimated rates of gang rape range from under 2% in student populations to up to 26% in police-reported cases. However, according to the *Sourcebook of Criminal Justice Statistics*, there were 28,350 rapes/sexual assaults in 2005 that involved multiple offenders. That year there were 94,347 forcible rapes known to the police; therefore, approximately 30% of rapes in 2005 were gang or group rapes. Less than one third of rapes overall are reported to police, according to the National Crime Victimization Survey, and only 5% or fewer rapes of college students are reported to police. It is likely that gang rapes are also underreported to police, but data on this issue are lacking. Past studies of students and police-reported cases have shown that there is a preponderance of young offenders and victims in gang rapes, and greater levels of violence by offenders and substance use involved in gang rapes. Evidence is mixed about the demographic characteristics of offenders and victims in gang rapes, but some data suggest that victims and offenders in these incidents may more likely be of lower socioeconomic status. Although researchers and journalists have documented gang rape cases occurring in the context of fraternities and sports teams, no statistical evidence exists to show that these contexts pose greater risk of gang rape than other situations.

Comparisons of Gang and Individual Rapes

A few studies have compared gang and individual (e.g., single-offender) rapes, and most research shows that victims experience more completed rape and a greater number of other forced sexual acts in gang rape attacks. Studies have shown either no differences or higher levels of physical injuries for victims of gang rapes. Research on police-reported stranger rapes has found more alcohol and drug involvement, fewer weapons, more attacks at night, and less victim resistance in gang rapes. On the other hand, some research with college students has shown no difference in substance use involvement, but more victim resistance and more offender violence, including weapons, in gang rapes. A recent study of sexual assault victims recruited from the community showed that gang rapes are more likely than single-offender rapes to occur outdoors, be committed by stranger assailants, and involve more offender violence and weapons and greater physical injury to victims. These offenses are also more likely to involve substance use and victim resistance.

Postassault Functioning

Few studies have examined measures of postassault victim functioning. It is unclear whether gang rape victims are more likely than single-offender victims to tell others about their assaults. However, when they do disclose, research shows that gang rape victims are more likely to seek help from police, medical, and rape crisis services than single-offender victims. They also are more likely to contemplate or attempt suicide, have greater likelihood of having posttraumatic stress disorder, and are more likely to seek therapy after the assault than single-offender rape victims. Some research suggests that gang rape victims have greater histories of other traumatic events and child sexual abuse in their lives than single-offender rape victims.

Social Networks

A recent media-recruited community sample of over 1,000 sexual assault survivors in a large metropolitan area showed that 17.9% of sexual assaults were committed by two or more offenders. Although the gang rape victims in the sample did not differ from individual rape victims in their frequency of contact with social networks, they did perceive themselves to be getting along more poorly with others. In addition, even though the gang rape victims reported getting the same degree of positive social reactions from others whom they told about the assault, they also received more negative social reactions to sexual assault disclosure than individual rape victims received. This is important because other research shows that negative social reactions (e.g., being blamed) relate to more posttraumatic stress disorder in sexual assault victims. It is possible that gang rape victims may have poorer relationships or ability to elicit social support from their social networks and/or face greater stigma from others following assault.

Implications

Although cases of gang rape have been reported in the media and in research, this form of sexual assault is understudied. Unfortunately, statistics on the incidence and prevalence of gang rape from representative community samples are lacking. More research attention and intervention are needed to address this serious crime. A small body of existing research comparing gang to single-offender rapes does suggest that gang rapes are more violent and appear to have more serious consequences for victims. Treatment and intervention efforts are needed for victims of gang rape to address this high-risk subgroup of rape victims.

Sarah E. Ullman

See also Rape Culture; Rape/Sexual Assault; Rape Trauma Syndrome

Further Readings

Bachman, R., & Saltzman, L. E. (1995). *Violence against women: Estimates from the redesigned survey.* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Gidycz, C., & Koss, M. P. (1990). A comparison of group and individual sexual assault victims. *Psychology of Women Quarterly, 14,* 325–342.

O'Sullivan, C. S. (1991). Acquaintance gang rape on campus. In A. Parrot & C. Bechhofer (Eds.), *Acquaintance rape: The hidden crime* (pp. 140–156). New York: Wiley.

Ullman, S. E. (1999). A comparison of gang and individual rape incidents. *Violence and Victims, 14,* 123–133.

Ullman, S. E. (2005, November). *Comparing gang and individual rapes in a community sample of urban women.* Paper presented at the annual meeting of the American Society of Criminology, Toronto.

Web Sites

Sourcebook of Criminal Justice Statistics online: http://www.albany.edu/sourcebook

Gang Violence

The problems posed by gangs in many communities have received increasing attention in the United States and, more recently, in some European nations as well. What is called delinquent behavior when the gang member is a minor and criminal behavior when the gang member is an adult has been the subject of more scholarly and public attention during the past few decades. According to the most recent National Youth Gang Center (NYGC) survey of law enforcement agencies, 21,500 gangs with 731,500 members have been officially reported in the United States. Since the NYGC surveys began in 1996, every city whose population exceeded 250,000 has reported the presence of gangs. A number of cross-sectional and longitudinal

studies have demonstrated that membership in a gang is associated with a significant *enhancement effect*—that is, belonging to a gang enhances the chances that an individual will commit delinquent or criminal offenses, including serious, violent offenses, and that the individual will engage in more delinquent or criminal behavior while in the gang than either before joining the gang or after leaving the gang.

In analyzing gang-related violent crime, it is important to define that term. Two major definitions are employed by law enforcement agencies in classifying crimes that they believe may be gang related. The first, utilized by more than half of all law enforcement agencies, defines gang-related crime as crime that involves a gang member as a perpetrator or as a victim. The second, utilized by about one third of all law enforcement agencies, is a more restrictive definition that requires that the crime be determined to be gang motivated (committed for the purpose of furthering the gang's interests and activities). If such motivation can be proved, the convicted offender may be subject to "sentence enhancements" (additional time to be served), since many states have integrated these "add-on" sentences in their sentencing statutes with the intention of deterring gang-motivated criminal behavior. Using the more restrictive "gang-motivated" definition significantly reduces the number of crimes that are classified as gang related.

One important, although not sufficient, indicator of gang violence is gang-related homicides. Although homicide data are generally accurately reported, determining whether they are gang related depends on many factors. It is thought that the number of gang-related homicides is likely to be underestimated. Nonetheless, in a recent year, more than 1,300 homicides committed in 132 U.S. cities with populations of at least 100,000 were classified as gang related, in that they involved a gang member. The two cities with the most chronic gang problems, Los Angeles and Chicago, accounted for more than half of those homicides. Also, about one in every five homicides committed in those cities involved a gang member, and they were most likely to occur in areas with greater populations, chronic gang presence, and a larger number of gang members. Major factors that contribute to these gang-related homicides and other gang-related violent crime include the increasing access to and use of highly lethal weapons by gang members, along with the retaliation and status concerns of gang members.

Popular perceptions notwithstanding, research consistently shows that only a small percentage of gang-related crime is violent in nature, most gang members' behavior is neither violent nor related to drug sales, and most violent criminals are not gang members. For example, homicides generally constitute less than 5% of all serious gang-related offenses in Los Angeles and less than 1% of *all* gang-related offenses in that city, which has one of the most chronic gang problems in the United States. Furthermore, during the late 1990s (as opposed to the preceding decade), juvenile arrests for violent felony offenses *declined* by 34%, while reports of gang membership were up significantly. Such divergence between the reported growth of gangs and the concomitant *decline* in juvenile felony arrests provides further evidence against the popular assumption of an automatic connection between gangs and serious crime.

Another popular assumption—that drug trafficking–related violence generally involves gang members—is also not borne out by research. Drug selling and violence are not causally related within gangs and, historically, gang-related violence preceded the more recent advent of drug sales as a significant source of income for gang members. Moreover, recent fears about large increases in violence by female gangs have not been borne out by empirical research. Females, both those in gangs and those not in gangs, are generally less violent than are males, although research does show that female gang members are more violent than those who are not in gangs.

Most gang members' behavior, including their criminal behavior, is in fact quite diverse. This has been termed *cafeteria-style* criminal/delinquent behavior. Nonetheless, the stereotype of the "violent gang" is often perpetuated by inaccurate media portrayals. When violent crime *is* gang related, it is most often gang *member* violence, rather than an organized, collective gang activity. Occasionally, violent conflict does take place *between* rival gangs and can involve many individuals at the same time. Sometimes, the level of violence to which a gang member is exposed can even be a catalyst that precipitates his or her leaving the gang. While popular opinion holds that one cannot ever leave the gang, research shows that although this can be a challenging process, it can and does occur successfully and exposure to violence is often cited as a significant factor influencing the decision to leave the gang.

Finally, a major factor that is currently contributing to gang-related violence in U.S. communities—and is likely to worsen—is the return of gang members from prison to the communities from which they came. In the most recent National Youth Gang Center Survey, 63% of jurisdictions reported that they had experienced

the return of gang members from confinement and two thirds of those jurisdictions indicated that those gang members were significantly involved in violent crime. The challenge of "prisoner reentry" is a major one, with more than half a million ex-prisoners—many of whom are gang members—returning to society each year, mostly without having benefited from any significant rehabilitation services. Gang affiliation in prison has an independent effect on prison violence, and the connection that exists between gang members in prison and those in the community has been well documented. The "revolving door" of conviction, incarceration, release, rearrest, and reincarceration provides a steady and fresh supply of experienced gang members that exacerbates efforts to control gang-related crime and violence in the community, and incidents that occur in either the prison or the community can have rapid and serious repercussions in the other location due to the close ties that exist between gang members inside and those outside the prison walls.

C. Ronald Huff

See also Delinquency and Dating Violence; Peer Influences on Youth Violence; Prison Violence and Prison Gangs; Youth Violence

Further Readings

Decker, S. H. (1996). Collective and normative features of gang violence. *Justice Quarterly, 13,* 243–264.

Decker, S. H., & Lauritsen, J. L. (2002). Leaving the gang. In C. R. Huff (Ed.), *Gangs in America* (3rd ed., pp. 51–67). Thousand Oaks, CA: Sage.

Decker, S. H., & Weerman, F. M. (Eds.). (2005). *European street gangs and troublesome youth groups.* New York: AltaMira Press.

Egley, A., Jr., Howell, J. C., & Major, A. K. (2006). *National Youth Gang Survey, 1999–2001.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Esbensen, F.-A., & Huizinga, D. (1993). Gangs, drugs, and delinquency in a survey of urban youth. *Criminology, 31,* 565–589.

Huff, C. R. (1998). *Comparing the criminal behavior of youth gangs and at-risk youths.* Washington, DC: National Institute of Justice.

Klein, M. W. (1995). *The American street gang.* New York: Oxford University Press.

Miller, J. (2002). The girls in the gang: What we've learned from two decades of research. In C. R. Huff (Ed.), *Gangs in America* (3rd ed., pp. 175–197). Thousand Oaks, CA: Sage.

Thornberry, T. P., Krohn, M. D., Lizotte, A. J., Smith, C. A., & Tobin, K. (2003). *Gangs and delinquency in developmental perspective.* New York: Cambridge University Press.

Gendercide

Gendercide is the practice of killing a child, or letting a child die by not taking care of him or her, because of his or her gender. Sex-selective abortion, or feticide, refers to a particular method of gendercide in which a fetus is aborted after determining, usually through an ultrasound or amniocentesis procedure, that the fetus is of an undesired or unwanted gender. Gendercide, in any form or manner, is denounced by researchers as "morally deplorable," "uncivilized," and a grim example of violence against children.

The prevalence of sex-selective feticide and infanticide, directed mainly at females, is not necessarily based on an individual's or particular family's decision. Instead, it is a social phenomenon rationalized through traditions and sociocultural values. Historical evidence of these practices, including selective neglect of female children, has been found in cultures around the globe. Many patriarchal societies have historically tended to recognize that raising daughters is less financially beneficial than raising sons. These societies have assumed that sons will provide their parents a sense of security and continuation of the family lineage. Through this lens, daughters are viewed more as liabilities than assets.

Anthropologists refer to many examples of female infanticide in the pre-Christian Mediterranean, Middle Eastern, African, and Asian cultures. Countries like China, India, Bangladesh, and Nepal have continued this traditional practice. The governments in these countries have declared these practices illegal. However, the enforcement of abortion laws based on fetus determination has generally been poor in all these countries. For example, media reports from all parts of India claim that female feticide cases have totaled millions during the past several years and are on the rise even among the educated middle-class people due to an increasing awareness of overpopulation and a high cost of raising children.

There are numerous official as well as unofficial reports in China and India stating that the female infanticide practices have caused a decline in the ratio of females to males. That demographic imbalance is

likely to affect marriage and family relations in years to come.

Studies indicate denial among populations of the realities of violence against women. Studies are not available that identify short-range as well as long-range consequences of female feticide and infanticide.

Raghu N. Singh

See also Feticide; Infanticide

Further Readings

Freed, R. S. (1989). Beliefs and practices resulting in female deaths and fewer females than males in India. *Population and Environment, 10,* 144–161.

Jones, A. (Ed.). (2004). *Genocide and gendercide.* Nashville, TN: Vanderbilt University Press.

Warren, M. A. (1985). *Gendercide: The implications of sex selection.* Totowa, NJ: Rowman & Allanheld.

Genocide

Genocide has emerged as one of the most important problems facing the international community. It stands alone in terms of the human suffering, loss, and death it engenders as well as the destruction of homes, property, and even cultures. Research suggests that during the 20th century, genocide and related crimes have killed more than four times as many people as all the international and civil wars combined. During the second half of the last century the pace and lethality of genocidal crimes increased dramatically and the world was witness to genocides in such places as Cambodia, Bosnia, and Rwanda. The new century is not starting out well if the genocide in the Darfur region of the Sudan is any indication. Since 2003 the Sudanese government has organized militia groups known as the Janjaweed to kill, terrorize, and displace thousands of members of non-Arabic tribes in the Darfur.

The term *genocide* was originally coined by Polish lawyer Raphael Lemkin in 1944. He created it from the ancient Greek word *genos* (race, tribe) and the Latin *cide* (killing). The word, therefore, is intended to describe the destruction of a group of people. While this might seem fairly clear, a great deal of confusion surrounds the meaning of the word *genocide.* One reason for this problem is that it is often difficult to distinguish between genocide and other forms of atrocities such as war crimes and human rights violations. Genocide, it is important to point out, is usually perpetrated during the middle of an ongoing conflict such as a civil war, and it is often hard to distinguish between massacres that are considered war crimes and others that might be part of a genocide. Unfortunately, international law defines these crimes broadly, with a great deal of conceptual overlap and ambiguity. Torture and medical experimentation, for example, are specifically listed as war crimes, yet both also occur frequently during genocides. During the Holocaust, for example, many infamous experiments were performed on unwilling victims. Do we consider these to be war crimes or genocide? In the same vein, do we merely perceive genocide as a type of human rights violation, or do we see it as a distinct and separate type of phenomenon? Additionally, because it is such a powerful and emotion-laden word, *genocide* has also often been used by social commentators and activists to describe such things as integration, bisexuality, urban sprawl, and family planning, which often serves to further muddy the waters regarding the nature of genocide.

These definitional difficulties do not mean, however, that genocide cannot be accurately defined. According to the United Nations (UN) Genocide Convention of 1948, genocide is defined as follows:

> Any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, such as: (a) Killing members of the group; (b) Causing serious bodily or mental harm to members of the group; (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; (d) Imposing measures intended to prevent births within the group; (e) Forcibly transferring children of the group to another group.

This definition makes clear that genocide is about destroying entire populations. Mass killings and massacres, as horrible as they are, do not rise to the level of genocide unless they are part of a larger program intended to destroy a group. In other words, genocide is a systematic attempt to exterminate an entire population group. According to the UN definition, genocide is also more than just murder, and can include a variety of policies and behaviors, many of which are not immediately lethal. Forcing sterilization, imposing measures intended to prevent births within a group, and sending children to boarding schools

where they are forbidden to speak their language or practice their beliefs are all potentially genocidal. Although these practices do not involve overt acts of violence against individuals, they are, nonetheless, considered genocide because their intent is to destroy a group. While the individuals are left alive, the ties that bind them together as a people are obliterated.

According to the convention document, genocide can only occur against national, ethnic, racial, or religious groups. This means that destroying other types of collectives does not count as genocide. Political parties, for example, are a type of group that is excluded from the official UN definition of genocide because it was suggested that they did not have the same permanence and stability as the listed groups. This is a problem since many examples of mass crimes may have all the hallmarks of genocide, but may not be defined as such because the targeted group does not fit into one of the listed categories.

Defining genocide is one thing, trying to explain such violence is quite another. Genocide is a group's attempt to achieve a specific goal or goals. The group may consider their plans rational, but theirs is a flawed rationality since the decision-making process is typically influenced by various nationalistic and racial ideologies, historic perceptions of injustice and persecution, a desire for revenge, and a host of other emotive issues. Genocides are therefore not completely objective and rational because old hatreds and prejudices often guide the thinking processes of leaders intent on gaining or achieving some ambition.

Generally speaking, a number of motivations have been identified as providing the rationale for genocide. Helen Fein, a leading scholar of genocide, suggests four types of genocide in terms of motivation: (1) developmental, (2) despotic, (3) ideological, and (4) retributive.

Developmental genocides are those in which the targeted groups are seen as an impediment to the colonization and/or exploitation of a given geographic area. This happens most often against Indigenous peoples who may be perceived as being in the way of progress. In Central and South America, for example, many Native peoples have been subjected to genocide as various nations have attempted to remove them from land found to be rich in oil and valuable minerals.

Despotic genocides, on the other hand, involve situations in which a government uses genocide as a weapon against rivals for political power. The violence of the Stalinist Soviet Union fits into this category since Stalin and his henchmen tried to eliminate members of various political, economic, and national groups because they were perceived to be a threat to the consolidation of power.

Ideological genocide refers to the attempted destruction of a population because of a belief system. The Nazis and the Khmer Rouge of Cambodia, for example, perpetrated their excesses in the name of building a better society. The Nazis saw themselves as revolutionaries who would create a new Germany of wealth, prosperity, and order based on notions of racial hygiene and purity, and they attempted to eliminate from the nation everyone who was seen as an obstacle to achieving this new social order. Similarly, the Khmer Rouge wanted to return Cambodia to a historic and mythic era of greatness when the ethnic Khmer empire ruled the region. The Khmer Rouge attempted to achieve this through the destruction of all corrupting and oppositional influences within Cambodian society.

The last category of Fein's typology concerns *retributive* genocides. These are perpetrated by one group against another engaged in a struggle for political and social power. The Rwandan genocide is illustrative of this type since the Hutu government instigated the genocide against the Tutsi population partially because it was trying to maintain power during a civil war.

Fein's typology of genocide indicates that genocides are perpetrated for ostensibly rational, if reprehensible, reasons. Ultimately, genocide occurs because governmental officials decide that it is the solution to a real or perceived problem and is the preferred method to achieve a variety of political, economic, and/or social goals. While it may appear to be completely unjustified and irrational to outsiders and the larger world community, to those officials advocating the destructive policies of genocide, it makes perfect sense.

Alex Alvarez

See also Community Violence; Human Rights; Mass Murder; Oppression and Violence; United Nations, International Law/Courts; United Nations Conventions and Declarations

Further Readings

Alvarez, A. (2001). *Governments, citizens, and genocide: A comparative and interdisciplinary approach.* Bloomington: Indiana University Press.

Apsel, J. (Ed.). (2005). *Darfur: Genocide before our eyes.* New York: Institute for the Study of Genocide.
Churchill, W. (1997). *A little matter of genocide: Holocaust and denial in the Americas 1492 to the present*. San Francisco: City Lights Books.
Fein, H. (1993). *Genocide: A sociological perspective.* Thousand Oaks, CA: Sage.
LeBlanc, L. J. (1991). *The United States and the Genocide Convention.* Durham, NC: Duke University Press.
Power, S. (2002). *A problem from hell: America and the age of genocide.* New York: Basic Books.
Reisman, W. M., & Antoniou, C. T. (Eds.). (1994). *The laws of war: A comprehensive collection of primary documents on international law governing armed conflict.* New York: Vintage Books.
Totten, S., Parsons, W. S., & Charny, I. W. (Eds.). (1997). *Century of genocide: Eyewitness accounts and critical views.* New York: Routledge.
Valentino, B. A. (2004). *Final solutions: Mass killing and genocide in the 20th century.* Ithaca, NY: Cornell University Press.
Weitz, E. D. (2003). *A century of genocide: Utopias of race and nation.* Princeton, NJ: Princeton University Press.

Geographic Patterns

Criminologists, law enforcement officials, and city planners have long been interested in the relationship between geography and crime. Some of the earliest empirical studies of crime were conducted in the 1830s and 1840s by Andre Michel Guerry and Adolphe Quételet, who plotted recorded crimes on maps and showed considerable variation in the numbers of crimes across geographic areas. As part of the Chicago ecological school of the 1920s and 1930s, Clifford Shaw and Henry McKay examined rates of delinquency in reference to the concentric zones in urban areas. The development of social area analysis and factor analytic techniques in the 1950s and 1960s renewed interest in the relationship between space and crime. These methods demonstrated a strong relationship between the population characteristics and crime rates in areas. The related fields of environmental criminology and the geography of crime emerged in the 1970s and 1980s, demonstrating the multidisciplinary nature of the subject. These fields seek to explain the spatial distribution of offenses and the spatial distribution of offenders. While many of these developments have focused on an understanding and explanation of spatial variations in interpersonal crime per se, they also have contributed to crime prevention and control efforts.

Understanding Spatial Variations

Research on geography and interpersonal violence examines variations in violence across very broad geographical areas down to relatively small areas. It has demonstrated significant regional variations within countries, variation within regions, within cities, and within neighborhoods. Many of the studies of the relationship between geography and crime rely on official data provided by law enforcement officials such as the Federal Bureau of Investigation's Uniform Crime Reporting (UCR) Program. Since many crimes of violence are not reported to the police, these findings must be viewed cautiously. Other studies use data generated by self-report studies, including the Department of Justice National Crime Victimization Survey (NCVS).

Throughout the 20th century, homicide rates showed a consistent regional variation. The South has had the highest rate of homicides, followed by the West, then the Midwest. The Northeast has consistently had the lowest homicide rate. Rates of sexual assault and other assaults also vary across regions. Based on the recent self-report studies of the NCVS, the Northeast has the lowest rate of sexual assaults. The Midwest has the next lowest rate of sexual assaults, and the South and the West report the highest rates.

Within regions, there is considerable variation in violent crime rates across areas. Data from the UCR and the NCVS show that urban areas have higher rates of violent offenses than suburban areas, which are higher than rural areas. The 2005 NCVS reported a violent victimization rate for persons age 12 and over of 29.8 per 1,000 urban residents, 18.6 for suburban residents, and 16.4 for rural residents. This overall pattern was similar for rapes and sexual assaults (1.5 per 1,000 for urban areas, 0.7 for suburban areas, and 0.1 for rural areas) as well as robberies (4.7, 1.9, 1.4, respectively) and other assaults (23.6, 16.0, 14.9, respectively).

Crime is not evenly distributed across city neighborhoods. Many neighborhoods in the same city have much higher crime rates than others. In most cities, the majority of violent offenses occur in a small percentage of the city's neighborhoods. For example, William J. Wilson pointed out that over half of the murders and aggravated assaults in Chicago occurred in 7 of the city's 24 police districts. Areas that have higher rates of violent offenses tend to have higher

rates of poverty, residential mobility, and ethnic heterogeneity. Extremely deprived areas have much higher rates of violent crime than areas with moderate or low levels of disadvantage.

Even within neighborhoods, crime is not evenly distributed across all spaces. Recent research has begun to use a "micro" approach that focuses on specific places within neighborhoods. These may be particular buildings or addresses, blocks or street segments. One study found that 14% of all crimes against persons were concentrated in 56 hot spots that comprised only 4% of all street segments or intersections in the city.

Research on the geography of crime also shows that most violent criminals tend to commit their crimes close to home and most crime victims are victimized near their homes. Numerous studies of murder, robbery, and rape show that offenders commit a high percentage of offenses within a short distance of their homes. The average violent offender travels 1.5 miles to the location of the crime. About 25% of all murder offenders commit their offense within two blocks of their home. Spontaneous offenses tend to occur in places where offenders spend the majority of their time (i.e., close to home). Offenders choose to commit premeditated offenses in areas that they know well, again, areas closer to home.

Recent research suggests that about 25% of all violent victimizations occur in the victim's home. Fifty percent of violent victimizations occur within 1 mile of the victim's home, and over 75% occur within 5 miles of the victim's home. The NCVS report shows that 38% of rapes and sexual assaults occurred in the victim's home and another 23% occurred within 1 mile of the victim's home. Thirty-three percent of assaults occurred inside or near the victim's home and another 17% occurred within a mile of the victim's home.

Explanation of Spatial Variations

Social scientists have tried to explain these variations in crime across physical space from a number of different perspectives, including the social disorganization and routine activities approaches. Social disorganization is defined as the inability of a community to achieve the common goals of its residents and maintain effective controls. The social disorganization approach, rooted in the early works of Clifford Shaw and Henry McKay on juvenile delinquency, suggests that crime is higher in communities characterized by low socioeconomic status, high rates of transiency, racial heterogeneity, and family disruption. It is not these demographic characteristics themselves that directly lead to high rates of crime. Rather, these characteristics are related to low levels of neighborhood friendship networks, low levels of membership in local organizations, and high levels of unsupervised youth. These are the factors that contribute to higher levels of crime in some neighborhoods.

The routine activities approach, again based on the human ecological model, seeks to explain crimes involving direct contact between a victim and offender. It suggests that there must be a convergence in time and space of three essential components of crime: an offender motivated to commit a crime, a suitable target, and the absence of guardians capable of preventing the crime. The convergence of these factors depends on the structure of everyday routine interactions. The nature of these everyday activities determines the location of potential victims and the pool of personal contacts they will have, including contacts with potential offenders.

Crime Prevention and Control

Law enforcement officials have a particular interest in the geography of crime. Knowledge of the relationship between physical space and crime provides police with important information that affects their allocation of resources and criminal investigations. Simple mapping techniques that plot known offenses allow police to target certain hot spots for special attention. Geographic profiling assists law enforcement in investigations. When serial violent offenders are suspected, the locations of crime sites are entered into a computer and analyzed to determine the area where the offender is most likely to reside.

The relationship between space and crime is also of interest to groups concerned with crime prevention, including urban planners and architects. Drawing from the concepts of the social disorganization and routine activities approaches, some researchers suggest that buildings and areas can be designed to reduce crime. Jane Jacobs suggests that buildings should be oriented toward the street to encourage surveillance by residents and that there should be a clear separation between public and private spaces. Oscar Newman's defensible space concept suggests the use of real or symbolic barriers to divide neighborhoods

into manageable areas. The barriers, either gates or clearly marked entrances to areas, may reduce access to the area by outsiders. Gated communities, suburban cul-de-sacs, and inner-city street closings all serve to reduce the likelihood of potential offenders entering the area and becoming familiar with the area. Reducing the number of outsiders coming into the community may also increase the territoriality of residents, who will be more likely to notice and be more watchful of any strangers who do enter the area. Offenders would be deterred by the increased likelihood of being observed and few escape routes if they were observed. Crime would be lower in areas with these designs, because the physical layout of the areas and the heightened social organization of residents would make potential offenders less likely to enter areas to commit their crimes.

The work of Jane Jacobs and Oscar Newman contributed to the growth of C. Ray Jeffery's urban and architectural design perspective, Crime Prevention Through Environmental Design (CPTED). This approach focuses on reducing crime through design principles that include providing natural surveillance of areas, territorial reinforcement, access control, and target hardening. Implementing CPTED has resulted in significant decreases in criminal activity in some communities.

Patrick G. Donnelly

See also Legal System, Criminal Justice Strategies to Reduce Interpersonal Violence; National Crime Victimization Survey; Uniform Crime Reports

Further Readings

Brantingham, P., & Brantingham, P. (1984). *Patterns in crime.* New York: Macmillan.

Evans, D. J., & Herbert, D. T. (1989). *The geography of crime.* New York: Routledge.

Greenbook, The

The "Greenbook" is so named because its cover is green. Its real title is *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice,* and it was published in 1999 by the National Council of Juvenile and Family Court Judges (NCJFCJ) after an 18-month development process.

A growing body of research in the 1980s and 1990s showed (1) that there was a co-occurrence of child maltreatment and adult-to-adult domestic violence in up to half of the families studied, and (2) that even when children were not themselves maltreated, many were exposed to violence by one parent against another. The Greenbook was developed as a result of this growing research and the frustration of service providers that their responses to battered mothers and their children were fragmented. The Family Violence Department of NCJFCJ convened a national group of experts from child welfare systems, domestic violence organizations, and juvenile courts to discuss this issue and establish national best-practice guidelines. The Greenbook contains 67 such recommendations on how to better serve families with the coordinated responses of these three social service and justice systems. The recommendations are grouped into five chapters focused on overarching principles and each of the three systems. The committee that developed the Greenbook struggled with many difficult issues, including defining terms, the sharing of confidential information, and mandating services among others. In the end, the committee found common ground in a shared language that sought safety, stability, and well-being for all victims in a family, and accountability for perpetrators of violence.

The Greenbook drew the interest of the federal government and after its publication the government developed a Greenbook Initiative that provided funding to support six demonstration sites in five states, technical assistance providers, and a national cross-site evaluation. A unique aspect of the federal initiative was that it drew support from across multiple government agencies, including the Office on Violence Against Women, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Programs, the Office on Victims of Crime, the Centers for Disease Control and Prevention, and several units of the Department of Health and Human Services, including the Children's Bureau and the Office of the Assistant Secretary of Planning and Evaluation. In addition to the federally funded demonstration sites many other communities around the United States have adopted the recommendations found in the Greenbook.

The results of the national cross-site evaluations comparing the six federally funded demonstration sites are becoming available and show positive outcomes

as well as some mixed results. There have been increases in collaboration and changes in agency policies and practices, yet some of these changes appear transitory or partial.

Jeffrey L. Edleson

See also Child Exposure to Intimate Partner Violence; Failure to Protect; National Council of Juvenile and Family Court Judges; Office on Violence Against Women

Further Readings

National Council of Juvenile and Family Court Judges. (1999). *Effective intervention in domestic violence and child maltreatment cases: Guidelines for policy and practice.* Reno, NV: Author.

Web Sites

The Greenbook: http://www.thegreenbook.info/

Gun Control

Gun violence has become an epidemic in the United States and concerns about reducing gun violence have created a number of policy choices at the state and federal level. Federal authorities have encouraged local governments to create programs such as Project Safe Neighborhood (PSN) and Project Exile, which focus on reducing gun violence in many U.S. cities. However, these programs are only a portion of the gun control initiative. Gun control policy is also related to the social and historical foundations of the problem, political ideologies, and gun control legislation.

The debate on gun control laws and policies in the United States demonstrates a struggle that has been ongoing in both politics and policy process for decades. Gun control and regulations of gun ownership have played a significant role in gaining public support during elections. Debate on gun control policies has become a highly salient issue, especially at times when gun violence has appeared in schools or other public places. Social science research on gun control can be divided into three main categories that present the scientific and political debate on the issue.

History, Culture, and Gun Control

The first group of research studies focuses on gun control from a historical viewpoint and mainly explains the role of guns in American society throughout history. This type of research also considers gun ownership as a cultural phenomenon and claims that gun ownership is at the center of traditional American life. Discussions on the role of guns in American traditional life are also connected to the origins of the Second Amendment of the U.S. Constitution, which guarantees citizens the right to bear arms. Advocates of gun ownership claim that the Constitution gives citizens of the United States the right to own a gun and that the right is protected. On the other hand, advocates of gun control arguments highlight the relationship between gun ownership and gun violence and claim that it is not against the spirit of the Constitution to make guns unreachable to criminals. Advocates of gun control also argue that the Constitution is a "living and changing" document; that is, any part of it can be discarded at will, and that rights are never absolute. They argue that at the time the Constitution was drafted citizens were arms of the government, so they needed weapons to protect their government. Gun control advocates argue that the states, the federal government, and the people have all changed over time.

Another argument centers on the differences in beliefs about gun control among cultures and demographic regions. Gary Kleck's study of the cultural foundations of gun control indicates that gun control support is more a product of culture conflict than response to crime. The findings of his study suggest that high crime rates and prior victimization do not increase support for gun control among the general urban population. Gun control opinion was found to be related to membership in groups whose cultures have certain opinions concerning guns, hunting, modernism versus traditionalism, change orientation versus status quo, and internationalism versus localism. On the other hand, the research shows that regional origins, gender, and affiliation with a religion are unrelated to gun control opinions. Research also shows that support is stronger in cities with more police and fewer gun owners per capita.

Gun Control and Politics and Legislation

The second type of research puts gun control at the center of the political arena. Political debate about

gun control and the ideological foundations of that debate, interest group participation, and party politics are some of the major issues studied under this type of research. This research suggests that the American political process muddies the gun control debate. The interaction of different political actors makes the issue even more complicated, which later results in poorly crafted and ineffective policy that accomplishes nothing more than conflict that feeds back into the policy debate.

A significant amount of research has been conducted to examine the legislative aspects of gun control and measure the effectiveness of gun control laws. Political debates on gun control are also related to the legislative side of the gun control issue. Liberals and conservatives differ from each other when they look at gun control as a policy option. Liberals argue that gun availability causes violence and insist that gun control is both justified and necessary to prevent such violence. Conservatives, on the other hand, think that it is unfair to disarm responsible citizens because of irresponsible criminals. Conservative ideology supports the idea that almost all gun violence is perpetrated by a very small group of criminals using illegal guns, while the vast majority of firearms are never used illegally. From the conservative perspective, outlawing guns to prevent violence would be like outlawing speech or printing presses in order to prevent libel.

In terms of legislative process, conservatives oppose passage of new legislation for gun control and support the enforcement of existing laws and programs that provide sentence enhancements for crimes committed with guns. Both gun control supporters and Second Amendment advocates agree that prosecutors should be given the discretion to be able to increase sentences for crimes committed with guns. From a deterrence perspective, sentence enhancement should reduce gun violence by incapacitating gun criminals through longer sentences. Such a policy does not affect the ability of law-abiding adults to keep guns for self-defense or recreation.

The social science literature presents contradictory findings about the application of sentence enhancement laws and their effects on reducing firearm-related crimes. However, a large number of studies show that sentence enhancement laws are not significant in deterring firearm-related crimes, and in many cases those laws are used as a plea-bargaining tool.

Most recently, the federal government began an initiative called Project Safe Neighborhood (PSN) to reduce gun violence by increasing enforcement and prosecution of gun laws. PSN is a coordinated effort to stop gun violence in communities through enhanced, directed resources and more effective prosecutions of gun crime. Prosecutors are expected to apply the maximum sentence for gun crimes in their jurisdictions. With a budget of $550 million, PSN aims to enhance penalties for gun crime by diverting those who have committed federal firearm offenses into federal court, where prison sentences are typically more severe than in most state systems.

Criminal Justice Interventions and Policy Perspectives

The third category of research basically approaches gun control from a policy perspective and includes criminal justice interventions, the outcomes of gun violence reduction programs, and criminological research that seeks to explain the relationship between firearms and violent crimes. The main concern among these researchers is whether gun ownership increases or decreases crime rates. On one side of the spectrum, scholars who take the "more guns, less crime" approach argue that gun ownership increases deterrence by allowing people to defend themselves. Classical criminological theory underlies this approach, with the principle that people will be deterred from crime if the pain associated with punishment outweighs the pleasure associated with crime. There is research that indicates that allowing citizens to carry concealed weapons deters violent crimes without increasing accidental deaths. However, at the other end of the spectrum, researchers focus on the idea that the availability of guns and increased number of gun owners are two of the most important causes of violent crimes. Supporters of this approach criticize the way the government and the media emphasize the costs of gun ownership over the benefits, despite the fact that the best evidence shows that the benefits clearly outweigh the costs.

The theoretical and policy implications of the assumption that the objective of gun ownership is to enhance the security of gun owners and their associates have also been explored by researchers. Gun ownership may be one possible way to reduce crime; however, alternative ways to achieve this objective, such as better police control, education, and socioeconomic justice, should be considered before drawing the conclusion that gun ownership reduces crime.

The various segments of the gun control debate are interconnected and are not necessarily mutually exclusive. Any historical explanation can be related with the political, policy level, and legislative aspects of the gun control debate. However, looking at the gun control issue at different levels of analysis helps us to clarify one of the most controversial social and political debates in American history.

Cuneyt Gurer

See also Gun Control, Legislation; Gun Violence

Further Readings

Correa, H. (2001). An analytic approach to the study of gun control policies. *Socio-Economic Planning Sciences, 35,* 253–262.

Egendorf, L. K. (2005). *Guns and violence: Current controversies.* Farmington Hills, MI: Greenhaven Press.

Kleck, G. (1996). Crime, culture conflict and the sources of support for gun control. *American Behavioral Scientist, 39,* 387–404.

Lott, J. R. (2003). *The bias against guns: Why almost everything you heard about gun control is wrong.* Washington, DC: Regnery.

Vizzard, W. J. (1995). The impact of agenda conflict on policy formulation and implementation: The case of gun control. *Public Administration Review, 55,* 341–347.

Gun Control, Legislation

Political debate about gun control has a direct influence on the legislative aspect of gun control policies in the United States. How liberal and conservative parties think about gun control determines their approach to gun legislation. Therefore, liberals who support strict control policies emphasize the necessity of new laws and restrictions on gun ownership, whereas conservatives argue that the Second Amendment of the Constitution gives citizens the right to bear arms and, instead of new laws with more severe restrictions on gun ownership, they support enforcement of existing laws.

In democratic societies, legislative proposals gain popular support and are passed into law for two basic reasons. The first reason has been labeled the *instrumentalist explanation* and suggests that laws are passed because their supporters believe that they will help solve social problems. The second reason, the *conflict perspective,* suggests that laws are instruments of power used by conflicting social groups to gain or preserve some advantage of wealth, prestige, or influence.

Gun control legislation represents both instrumentalist and conflict perspectives where legislative proposals to require restrictions on gun ownership, assuming such laws will affect violent crime rates, face significant opposition from interest groups and political parties that support policies other than legislative restrictions. For example, in 1994, during the Clinton administration, the federal government enacted legislation banning certain semiautomatic weapons and large capacity ammunition magazines. Even though this law only included a small portion of the group of weapons that ban advocates proposed, it was a product of a highly competitive legislative process. The main source of opposition to the ban was the National Rifle Association (NRA), a third-party interest group. In 2001, the Bush administration designed a nationwide program that proposed enhanced sentences for gun crimes and increased law enforcement capacities. Enhanced sentences were considered to have a deterrent effect on gun crimes and found bipartisan support because they did not affect gun ownership by law-abiding citizens.

Aside from the political aspect of the legislative process, it is also worth mentioning the instrumental aspect of the laws, which suggests that those laws are believed to help solve gun-related problems. Research on the impact of gun laws to reduce gun crimes provides little evidence about their effectiveness, suggesting that gun laws are not really effective tools in reducing gun violence. Sentence enhancement for gun crimes, a common feature of the federal programs, and their effect on violent crime and reduction of gun use also do not show promising results in research evaluating their effectiveness. For example, one recent study explored the effects of sentence enhancement laws on reduction of violence in Detroit, Jacksonville, Tampa, and Miami and concluded that there was little evidence that sentence enhancement laws are successful in reducing violent crime. However, in a similar study conducted in two Pennsylvania cities, Philadelphia and Pittsburgh, there was evidence that sentencing laws substantially reduced the number of homicides.

In summary, two characteristics of gun control legislation have been documented: the instrumentalist approach that aims to find a solution to the problem of gun violence, and the conflict approach that represents the law as a product of power in the political process. In either case, in order to have effective gun

control policies, social programs, effective law enforcement strategies, and targeted problem-solving instruments are necessary in addition to legislation.

Cuneyt Gurer

See also Gun Control; Gun Violence

Further Readings

Hahn, R. A., Bilukha, O., Crosby, A., Fullilove, M. T., Liberman, A., Moscicki, E., et al. (Task Force on Community Preventive Services). (2005). Firearms laws and the reduction of violence: A systematic review. *American Journal of Preventive Medicine, 28*(2S1), 40–71.

Kleck, G. (1996). Crime, culture conflict and the sources of support for gun control. *American Behavioral Scientist, 39,* 387–404.

McDowall, D., Loftin, C., & Wiersema, B. (1992). A comparative study of the preventive effects of mandatory sentencing laws for gun crimes. *Journal of Criminal Law and Criminology, 83,* 378–394.

Gun Violence

Guns and violence are integrally related. A discussion about guns that does not mention their role in violence, or a discussion of violence without regard to guns, misses part of the whole picture. Understanding the nature of gun violence requires looking at the issue from different levels of analysis and different political approaches. Examining varying levels of analysis allows us to consider the issue of how individuals, society, and state institutions see the problem. An examination of different political approaches will highlight the issue of the political debate around gun control and violence. This entry begins with gun violence statistics and then discusses gun violence with regard to individuals, society, and governmental interventions.

Gun Violence Statistics

Between 1999 and 2003, there were 140,795 gun-related violent deaths in the United States, accounting for 57.8% of all violence-related deaths within the same period. During this time frame, firearm-related homicide was the leading cause of violence-related deaths in the United States for individuals between the ages 15 and 34.

According to Federal Bureau of Investigation (FBI) statistics, 68% of the homicides that occurred in 2005 were committed with firearms. Of those, 75% involved handguns, and the remaining 25% involved shotguns, rifles, and unknown gun types. The number of murders committed with a firearm increased from 8,890 to 10,100—nearly 14%—between 2001 and 2005.

The proportion of gun involvement in violent offenses remains well above the average of other industrialized countries. Most gun violence scholars agree that gun violence is an "epidemic" for the United States; however, the causes and solutions are debated widely. The primary form of the debate on how to reduce gun violence involves policy options regarding gun availability. On one side of the debate, it is claimed that gun violence is related to easy access to guns in American society. Conversely, others argue that the ability to legally possess guns decreases violence because the legal carriers of the weapons are able to protect themselves from violent offenders; therefore, they actually have a deterrent effect.

In addition to the high proportion of fatal incidents of violence, the National Crime Victimization Survey (NCVS), which is a national victimization survey of about 134,000 persons age 12 and older, reveals that a substantial number of nonfatal violent crimes were also committed with a firearm. While the proportion of nonfatal violent incidents that involved the use of a firearm fell to 6% by 2004, a substantial increase to approximately 9% was observed in 2005.

It is estimated that 49% of U.S. households have guns, which amounts to 47.6 million households. Half of the weapons in these households are owned specifically for self-defense. Nevertheless, guns are involved in approximately 70% of homicides and 60% of suicides in the United States. Death by firearm is the second leading cause of injury death. In the United States, gun mortality is more than twice that of the next highest of the industrialized countries. It costs as much as $100 billion each year, and it disproportionately affects young people, as it is the second leading cause of death among youth ages 10 to 19.

Individuals and Gun Violence

Violent behavior, in general, can be considered a way of communicating where such action is either accepted or tolerated. In this context, Deanna L. Wilkinson and Jeffrey Fagan have argued that the presence of firearms presents a unique contingency

that shapes decision-making patterns of individuals. The presence of firearms influences decisions both in social interactions with the potential for becoming disputes and within disputes that have already begun. From an individual point of view, gun use has become a means of status and identity formation for members of inner-city neighborhoods in the United States. Therefore, gun violence can be thought of as an ultimate tool to form and sustain positive social identities within the neighborhood. For some, firearms represent toughness, power, dominance, self-defense, and protection for those living in a violent subculture.

Society and Gun Violence

Violence in the society and the availability of guns present risk factors. Some studies indicate that television programs and video games cause further violence. Research also indicates that adolescents who are exposed to higher levels of community violence also engage in higher levels of violent activity, associate with more deviant peers, and adhere more strongly to an aggressive cognitive style. Families are important determinants of both violent victimization and perpetration. Neighborhood disadvantage also plays a significant role in violence outcomes.

Federal Government/State Intervention in Gun Violence

Gun violence in the United States has created a huge and ongoing debate on gun control laws and policies, which has resulted in a struggle both in politics and policy processes for decades. In politics, gun control and regulation of gun ownership have played a significant role in gaining public support during elections. Debate on gun control policies has become a highly salient issue, especially at times when gun violence occurs in schools or other public places. As gun violence grew in the United States, gun control became an important topic for the federal government to address in various ways. It has been argued, in fact, that American policy processes promote a complicated debate on the gun issue and that the debate on gun control is a product of the American political process, rather than America's romance with guns.

One policy option shared by both gun control supporters and Second Amendment advocates is enhanced prison penalties for gun crimes, which has found widespread support from all sides of the U.S. gun policy debate. From a deterrence perspective, sentence enhancements ought to reduce gun violence by incapacitating gun criminals through longer sentences. Sentence enhancements give prosecutors discretion to be able to increase sentences for gun crimes. However, others have found that sentence enhancement laws have not produced a significant deterrent effect for firearm-related crimes and, in many cases, those charges are used as a plea-bargaining tool.

Most recently, the federal government proposed Project Safe Neighborhood (PSN) to reduce gun violence by increasing enforcement and prosecution of gun laws. Under this initiative, prosecutors are expected to argue for the maximum sentence for gun crime charges in their jurisdictions. PSN is a coordinated effort to stop gun violence in communities through enhanced, directed resources and more effective prosecution of gun crimes.

Criminologist Lawrence Sherman examined gun violence programs and research on gun violence in the United States from an epidemiological perspective. He concludes that most gun crimes would still occur even if every convicted felon in the United States were shipped to Australia, rather than just barred from legal gun ownership. By making this argument, Sherman illustrates that a policy of using prior felony conviction to determine which people are unsafe to have guns is too simplistic. Rather, gun crime rates might be better reduced by adopting an epidemiologically based perspective. An individual's decision to use a gun in crime cannot adequately be predicted simply by previous criminal history, and alternative strategies to restricting sales to "safe people" are needed to substantially reduce gun violence. Taking such an epidemiologic approach would involve such tactics as increasing gun patrols that focus on high-risk times and geographically concentrated violent places.

Gun violence is a substantial and pervasive problem that has been difficult to solve in the United States. While some strategies have shown promise for reducing gun violence in targeted communities, large-scale changes in policies have been less successful at addressing the gun violence issue. While the debate continues on the most appropriate policy response to gun violence, few would argue that individuals in the United States continue to be killed by firearms at an unacceptable rate.

Eric Jefferis and Cuneyt Gurer

See also Gang Violence; Gun Control; Gun Control, Legislation; Homicides, Criminal

Further Readings

Behrman, R. E. (2002). Children, youth, and gun violence. *The Future of Children, 12*(2). Retrieved from http://www.futureofchildren.org/pubs-inf02825/pubs-info_show.htm?doc_id=154414

Egendorf, L. (2005). *Guns and violence.* Farmington Hills, MI: Greenhaven Press.

Federal Bureau of Investigation. (2005). *Crime in the United States, 2005.* Retrieved August 24, 2007, from www.fbi.com

National Center for Injury Prevention and Control. (2008). *WISQARS (Web-based Injury Query and Reporting System*). Retrieved from http://www.cdc.gov/ncipc/wisqars/default.htm

Sherman, L. W. (2000). Reducing gun violence: What works, what doesn't, what's promising. In *Perspectives on crime and justice: 1999–2000* [Lecture series]. Washington, DC: U.S. Department of Justice, National Institute of Justice.

Vizzard, W. J. (1995). The impact of agenda conflict on policy formulation and implementation: The case of gun control. *Public Administration Review, 55,* 341–347.

Wilkinson, D. L., & Fagan, J. (2001). What we know about gun use among adolescents. *Clinical Child and Family Psychology Review, 4*(2), 109–132.

Zimring, F., & Hawkins, G. (1997). *Crime is not the problem: Lethal violence in America.* New York: Oxford University Press.

H

Hague Convention on the Civil Aspects of International Child Abduction

The Hague Convention on the Civil Aspects of International Child Abduction was completed in 1980 in the Netherlands. Countries that agree to the Hague Convention are expected to help quickly return abducted children to their country of habitual residence, where other issues, such as custody, can be resolved by local jurisdictions.

Under the Hague Convention, the "left behind" parent files a petition for the return of the child. This parent must prove that the removal was wrongful by showing there was a breach of custody rights and that those rights were being exercised at the time of the removal. Courts first decide where the child's habitual residence is located, for this determination settles which country's court has jurisdiction over custody and other issues related to the child. If the court decides that the habitual residence of the child is in the other country, the parent who has taken the child—called the *removing parent, taker,* or *abducting parent*—can use one of the six defenses in order to stop the return of his or her child to the country of habitual residence. These include the following: (a) the left behind parent consented or acquiesced to the removal of the child by, for example, sending belongings or even forcibly excluding the child and his or her mother from the habitual residence; (b) the child has reached an age of maturity at which his or her own wishes to stay with the taking parent can be considered; (c) at least 1 year has passed from the date of removal and the child is well settled into a new residence; (d) the left behind parent was not exercising his or her custody rights; (e) returning the child would create a grave risk of physical or psychological harm to the child; or (f) the return of the child would violate his or her human rights, for example, where there are inadequate protections in place in the other country to safeguard the child from an abusive parent. If the court decides that one or more of these situations exist then the order for return of the child most often will not be granted and any further court proceedings will take place in the same country where the petition was heard, that is, in the country to where the child was taken.

When the Hague Convention was completed, it mainly focused on helping the left behind parent because at that time research showed that the typical abductor was the male noncustodial parent who had taken the child to a country where the mother did not have any access to the child. However, recent surveys have shown that 68% of taking parents are now mothers and that many are victims of adult domestic violence fleeing for their safety. Furthermore, other studies have shown that female parents are more likely to abduct when they were the victims of abuse, while male parents are more likely to abduct when they are the abuser. As the Hague Convention now stands, battered mothers may be drawn into Hague proceedings as a respondent to a petition accusing them of child abduction when they were attempting to protect their children and themselves from gravely dangerous adult partners.

Although a few courts have refused to order the return of children when the mother was fleeing her abuser, many courts fail to find or classify this situation as a defense to wrongful removal and the child is ordered to be returned to the country of the left behind parent. Even though the orders do not mandate that mothers return with their children, when the return is ordered, often the mother will follow her children back to the country of the abuser. This may place the battered mother and children back into physical danger. The Hague Convention may be ill equipped to deal with domestic violence today because there is no defense for women fleeing domestic violence with their children. Some judges have recognized children's exposure to violence as a grave risk and refused to return children. One formal solution would be to change Hague Convention–implementing legislation in each nation, such as International Child Abduction Remedies in the United States, so that it recognizes what the social science literature has found, that child exposure to adult domestic violence may pose a grave risk to a child's physical and mental health.

Sudha Shetty and Jeffrey L. Edleson

See also Child Abductions, Family; Child Exposure to Intimate Partner Violence; United Nations, International Law/Courts

Further Readings

Shetty, S., & Edleson, J. L. (2005). Adult domestic violence in cases of international parental child abduction. *Violence Against Women, 11,* 115–138.

Web Sites

The Hague Domestic Violence Project: http://www.haguedv.org

Harvard School of Public Health College Alcohol Study

The Harvard School of Public Health College Alcohol Study (CAS) conducted four large surveys of American college students in the spring semesters of 1993, 1997, 1999, and 2001. Over 80 publications based on CAS data explore the role of alcohol in college life, including its role in interpersonal violence. Among its most important findings about interpersonal violence is that 1 in 20 college women reported experiencing rape in the 7 or so months since the beginning of the school year, with most of the rapes (72%) occurring when the woman was too intoxicated to give consent.

Questions about rape are included in the 1997 and later surveys. Women were asked to respond to three questions about whether (since the beginning of the school year) they had sexual intercourse against their wishes because they had been forced or threatened, or when they were so intoxicated that they were unable to consent to sex. The items conform to the legal definition of rape in many states and have been used in other studies. Several factors were associated with the risk of rape, most importantly the level of binge drinking at the college, being underage, residing in a sorority house, having engaged in binge drinking in high school, and using illicit drugs. Women who attend colleges with high rates of binge drinking (rates of 50% or more) were significantly more likely to be raped while intoxicated than women who attend schools with low rates of binge drinking (where 35% or fewer students engage in binge drinking).

The findings suggest that substance abuse prevention (for both potential perpetrators and victims) should place a significant role in rape prevention. While the perpetrator is always responsible legally and morally for rape, identifying the factors that place women at increased vulnerability to rape (such as binge drinking) remain important. The CAS data identified binge drinking and its overall rate on campus as such a factor. Far from being an innocent rite of passage, college binge drinking is a risk factor in violence against women. Men need to know what constitutes rape, and that intoxication is a stop sign for sex.

Binge drinking has been the focus of the CAS since its inception. The CAS defines it as five or more drinks in a row for men and four or more drinks for women, at least once in the 2 weeks before the survey was completed. Roughly two in five college students meet that definition, with one in five a frequent binge drinker with three or more episodes during the 2 weeks. These results remained largely stable from 1993 to 2001, despite increased attention to this issue by colleges. One in three colleges had 50% or more of students defined as binge drinkers.

The methods used in the CAS distinguish it from other attempts to measure excessive drinking by college students. The CAS was funded by the Robert Wood Johnson Foundation. A representative sample of 179 four-year colleges was selected, with probability proportionate to enrollment sampling. Each of the 140

institutions that initially participated in the study provided the CAS with a list of full-time students, from which a random sample was drawn. Institutions were located in 40 states and the District of Columbia and represented a cross-section of American higher education. The principal investigator of CAS, Henry Wechsler of the Harvard School of Public Health, designed a 20-page questionnaire based on his own previous college studies and other large-scale surveys. Questionnaires were mailed to students in the spring semester of each year, with four separate mailings as well as a drawing for a cash award designed to increase participation. An initial response rate of 69% was achieved, with over 17,000 students completing the questionnaire in the first survey year.

Binge drinking is associated with higher risks of alcohol-related problems for the individual drinker, including missing classes, getting behind in schoolwork, doing something one regrets, and arguing with friends. Binge drinkers have higher rates of engaging in unplanned sexual activity, not using protection during sex, and getting hurt or injured. Almost half of the frequent binge drinkers surveyed had experienced five or more different alcohol-related problems since the beginning of the school year.

In addition to the effects of binge drinking, the CAS also explored secondhand binge effects, problems that affect nonbingeing students who live in residence halls or a fraternity or sorority house. Nonbingeing students at schools with higher rates of binge drinking are more likely than students at schools with lower rates to have experienced secondhand binge effects as the result of others' drinking, such as experiencing an unwanted sexual advance or being pushed, hit, or assaulted.

The CAS helped call attention to binge drinking and associated problems such as intoxicated rape and has led to considerable research and prevention efforts. A special task force on college drinking was created by the National Institute of Alcohol Abuse and Alcoholism. Its 2002 report used CAS and other data to present a snapshot of the problems associated with binge drinking, including 1,400 student deaths, over 70,000 sexual assaults or date rapes, and 600,000 assaults each year. The report urges colleges to change the culture of college binge drinking, and provides information about prevention efforts that have been proved to be effective among college students and the general population, as well as programs that hold promise for changing behavior.

George W. Dowdall

See also Alcohol and Violence; Rape/Sexual Assault; Substance Abuse

Further Readings

Dowdall, G. W., & Wechsler, H. (2002). Studying college alcohol use: Widening the lens, sharpening the focus. *Journal of Studies on Alcohol, Supplement, 14,* 14–22.

Kuo, M., Dowdall, G. W., Koss, M. P., & Wechsler, H. (2004). Correlates of rape while intoxicated in a national sample of college women. *Journal of Studies on Alcohol, 65,* 37–45.

Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism. (2002). *A call to action: Changing the culture of drinking at U.S. colleges.* Rockville, MD: National Institute of Alcohol Abuse and Alcoholism.

Wechsler, H., Davenport, A., Dowdall, G., Moeykens, B., & Castillo, S. (1994). Health and behavioral consequences of binge drinking in college: A national survey of students at 140 colleges. *Journal of the American Medical Association, 272,* 1672–1677.

Wechsler, H., Dowdall, G., Davenport, A., & Rimm, E. (1995). A gender-specific measure of binge drinking among college students. *American Journal of Public Health, 85,* 982–985.

Wechsler, H. W., & Wuethrich, B. (2002). *Dying to drink: Confronting binge drinking on college campuses*. New York: Rodale.

Hate Crimes (Bias Crimes), Anti-Gay

Identifying a crime that is motivated by hate is important because this type of violence sends a message to an entire group of people beyond the immediate victim of the crime. Such victims are targeted because of who they are, and the message is that their group is inferior, wrong, and unworthy. Still, there is much disagreement as to whether these crimes should be treated differently from other crimes and how to determine bias motivation on the part of the offenders.

The U.S. Congress defined a hate crime as a crime in which "the defendant's conduct was motivated by hatred, bias, or prejudice, based on the actual or perceived race, color, religion, national origin, ethnicity, gender, sexual orientation, or gender identity of another individual or group of individuals" in HR 4797 in 1992, and added disability status in 1994.

These hate crime categories are used by the Federal Bureau of Investigation (FBI) in collecting crime statistics, but they are not the categories used in the federal hate crime law passed in 1968. The federal law only protects those who were victims of hate crimes because of their religion, race, or national origin.

Types of Anti-Gay Hate Crimes Data Collection

Congress passed the Hate Crime Statistics Act of 1990 after rising anti-gay violence in the 1980s. This was the first federal civil rights law to include sexual orientation as a class. However, collecting accurate anti-gay hate crimes statistics is a challenge. The first impediment is that many lesbians and gay men will not take the risk to "out" themselves as gay to medical or legal personnel; hence, there is an incalculable underreporting factor. The second impediment is that there are three main sources of anti-gay hate crimes report sources, each of which has its own limitations.

One source of information on hate crimes is the FBI. In 2003, the FBI reported 1,239 hate crimes (17% of the total number) based on actual or perceived sexual orientation of the victims. However, such reporting is voluntary and over a third of law enforcement jurisdictions do not report to the FBI. Furthermore, some jurisdictions that do not report show up as having "0" hate crimes, which leads to faulty numbers. Due to lack of training, personnel may believe the FBI is not interested in minor hate crimes, such as hate graffiti or vandalism, and so do not report them. Differing local definitions of hate crimes and political pressure around reporting hate crimes may contribute to inconsistent numbers. In addition, some persons in law enforcement are reluctant to assess the motive of the offender and feel it is outside of their purview.

A second source, the National Crime Victimization Survey (NCVS), is based on interviews of 77,600 nationally representative persons interviewed biannually about their experiences with crime. The NCVS reported an annual average of 210,000 hate crime victimizations between July 2000 and December 2003. Of these, 1 in 6 incidents were based on the sexual orientation of the victim. The NCVS requires corroborating evidence of derogatory language used by the offender, hate symbols left by the offender, or police confirmation that a hate crime occurred.

A third source, the National Coalition of Anti-Violence Programs (NCAVP), collects annual data from NCAVP member organizations around the country. The NCAVP's *2004 Report on Anti-Lesbian, Gay, Transgender & Bisexual Violence* stated that 1,792 incidents of bias had been reported to them involving 2,131 victims. The NCAVP is comprised of over 20 antiviolence organizations that serve lesbian, gay, bisexual, and transgender (LGBT) victims of bias, domestic violence, and other forms of violence affecting the LGBT community. The NCAVP data are dependent on victims knowing about their organizations and calling to make self-reports.

Anti-Gay Activism

Significantly, there was a wave of anti-gay hate crimes across the country in 2005 that included vandalism, murder, graffiti, and assaults. The increased sense that homophobia can be freely expressed resulted from a number of factors, such as the debate over who is entitled to marriage rights, the possibility of a constitutional amendment defining marriage as between one man and one woman, and the 11 states that passed constitutional amendments prohibiting same-sex marriages in 2004.

This negative climate, however, has a 30-year history. Since the late 1970s when Anita Bryant founded the first national anti-gay organization, Save Our Children, the conservative religious Right has unified under anti-gay themes. The rhetoric has shifted over time, from references to "diseased perverts" to stopping "special rights" to promoting "family values," but the political organizing has effectively supported the platform for hate crimes. Fred Phelps of the Westboro Baptist Church, with his godhatesfags Web site, is the extreme version of the religious Right. Paul Cameron, whose "research" has been discredited by both the American Sociological Association and the American Psychological Association but is touted by anti-gay groups, provides "data" that gays and lesbians are physically and mentally diseased. The gains of gays and lesbians such as civil unions in Vermont and marriage in Massachusetts, and the U.S. Supreme Court's striking down sodomy laws in 2003, have further served to unite anti-gay activists.

Legal Response to Hate Crimes

High-visibility hate crime murder victims, such as Matthew Shepard in Wyoming in 1998 and Billy Jack Gaither in Alabama in 1999, bring the debate about

gay rights to national prominence. In 2000, the U.S. Supreme Court ruled that the Boy Scouts could discriminate against gay scoutmasters. In 2004, the Massachusetts Supreme Court ruled that gay and lesbian couples could legally marry. The alternation of victory and defeat takes place on the field of civil rights where real people live and where some suffer from hate crimes because of who they are and their associated group membership. Introduced into the House of Representatives in September 2005, the Local Law Enforcement Enhancement Act adds the categories of sexual orientation and gender identity to federal hate crimes legislation. It remains to be seen whether this bill will be passed and whether hate crimes legislation has any impact on lessening anti-gay hate crimes as long as some in society oppose the right to safely be gay or lesbian.

Lori B. Girshick

See also Homophobia; Homophobia and Media Representations of Gay, Lesbian, Bisexual, and Transgender People; Legislation, Hate Crimes

Further Readings

Harlow, C. W. (2005). *Hate crime reported by victims and police.* Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Patton, C. (2005). *2004 Report on anti-lesbian, gay, transgender & bisexual violence.* New York: National Coalition of Anti-Violence Programs.

Hate Crimes (Bias Crimes), Criminal Justice Responses

In 1990, President George H. W. Bush signed into law the federal Hate Crime Statistics Act (HCSA), which mandated that the attorney general's office collect data on hate crime, that is, crime motivated by the victim's race, religion, ethnicity, or sexual orientation. An array of other criminal justice responses—not just legislative ones—has also been implemented across the United States as a means of either preventing or responding to bias-motivated violence.

As is typical of governmental decrees, the HCSA provides a legalistic definition of hate crime: "crimes that manifest evidence of prejudice based on race, religion, sexual orientation or ethnicity." For the most part, states that subsequently (or previously) introduced hate crime legislation have followed suit, adopting a similar definitional style. All states except Utah currently have some form of hate crime statute. What differs across the nation is the breadth of protected classes. Indeed, there is considerable variation in the victim populations addressed by state hate crime statutes. The common categories are reduced to race, religion, and ethnicity. Sexual orientation and gender, for example, appear in only a handful of statutes, as does country of origin. Minnesota, for instance, records hate crime motivated by the victim's race, religion, national origin, sex, age, disability, and sexual orientation. In New Jersey, however, criminal violations of persons or property are designated as hate crimes when the victim's race, color, creed, ethnicity, or religion was a motivating factor. Oregon hate crime protections are extended to victims violated because of perceived race, color, religion, national origin, sexual orientation, marital status, political affiliation or beliefs, membership or activity in or on behalf of a labor organization or against a labor organization, physical or mental handicap, age, economic or social status, or citizenship of the victim.

What these otherwise diverse statutes do share is an emphasis on the legal definition of *crime.* That is, the term *hate crime* assumes the commission of a criminal offense, a violation of an existing criminal code. The hate crime designation may only be applied when a *predicate offense* or underlying crime is committed as a result of bias or prejudice. For the most part, these statutes apply only to index offenses. However, some states specify a different, often narrower range of relevant offenses, such as harassment, vandalism, and assault.

Moreover, the nature of hate crime legislation is itself disparate. At the federal level, hate crime may be confronted through the Hate Crime Statistics Act, the Hate Crime Sentencing Enhancement Act, the Violence Against Women Act, the Hate Crimes Prevention Act, the Church Arsons Prevention Act, or the Civil Rights Act. At the state level, some jurisdictions account for institutional vandalism, some require hate crime data collection, some provide for police hate crime training, and most allow for penalty enhancement for bias-motivated crime. The latter refers to the provision for increasing the penalty associated with an offense if it is deemed motivated by bias. In some states, the bias must be the sole motivation; in others, it must only be motivated "in part" by animus. In addition, most states also

have an array of civil rights statutes that might be invoked to protect vulnerable groups from victimization or to provide redress. In fact, these were the precursors to hate crime legislation. Until the 1990s, they were often the only means by which bias-motivated crimes could be addressed.

However, it is not enough to simply legislate against hate crime. It is debatable, first of all, whether it has anything more than symbolic impact. Moreover, in order for it to have any impact, it must be enforceable. To date, there is a limited tendency for police to designate hate crimes, or for prosecutors to follow up even where charges are laid. Consequently the criminal justice response to serving the needs of victims must be varied and broad, to include not just legislation, but such things as the establishment of victims' bills of rights such as that developed by the International Association of Chiefs of Police in 1983, or the array of services known as victim-witness programs. These programs serve the general needs of victims, but may have particular relevance for hate crime victims.

Victims who come in contact with the criminal justice system may find themselves in a quandary in that those to whom they turn for help may be unwilling or unable to respond to their victimization effectively. The experience of victimization is traumatic for all people; however, it can be even more so for those whose racial, sexual, or ethnic identity, for example, leaves them vulnerable. Hate crime victims may fear the risk of secondary victimization. Some criminal justice personnel have themselves been perpetrators of bias-motivated violence.

Criminal justice agencies that are representative of the communities they serve will almost invariably be more aware of the particular problems of these communities. However, minority groups are dramatically underrepresented as service providers in the criminal justice system. As the United States has become even more diverse, police agencies, in particular, have begun to recognize the need to recruit those from minority communities. These recruits bring with them an understanding of their clientele, as well as slightly different approaches to their jobs. Latino/a police officers, for example, may bring insights into the specificity of domestic violence among Latinos/as; women may bring dialogic rather than aggressive tactics into emotional confrontations; people with disabilities may bring attention to the barriers implied by the physical environment. In other words, hiring those who are different is a way to celebrate and take advantage of diversity.

Nonetheless, hiring and promoting diversity within criminal justice agencies is no guarantee that those agencies will necessarily be more sensitive to cultural diversity and more effective in responding to hate crimes. There are gay men who are racist, women who are homophobic, Latinos/as who are classist. Prejudice cuts across difference. Consequently, regardless of the makeup of criminal justice agencies, cultural awareness training has also grown in importance as a means of sensitizing professionals to the experiences, values, and needs of the communities they serve. The Anti-Defamation League, for example, regularly provides police training on hate groups, on the impacts of hate crime, and even on how to identify a hate crime.

Additionally, criminal justice practitioners must be made aware that different communities may in fact experience the trauma of victimization in different ways. Awareness and knowledge of how hate crimes affect diverse communities allows criminal justice actors to implement services that are appropriate to localized dynamics. For example, communities experiencing high rates of victimization of women may implement nighttime transportation services, or short- and long-term shelter programs. These would not be an appropriate response, however, where the paramount problem is violence against gay men and lesbians. In those cases, the creation of media and educational campaigns against homophobia or of a local gay and lesbian advocacy panel may be the most effective intervention. Ultimately, the key to effective delivery of victim services is sensitivity to the cultural needs of the victim's community, in a way that empowers victims and potential victims.

Barbara Perry

See also Hate Crimes (Bias Crimes), Anti-Gay; Hate Crimes (Bias Crimes), Gender Motivated; Hate Crimes (Bias Crimes), Racially Motivated; Hate Crimes (Bias Crimes), Religiously Motivated; Victimology; Victims' Rights Movement

Further Readings

Jacobs, J., & Potter, K. (2000). *Hate crimes: Criminal law and identity politics.* New York: Oxford University Press.

Jenness, V., & Broad, K. (1998). *Hate crimes: New social movements and the politics of violence.* New York: Aldine de Gruyter.

Lawrence, F. (2002). *Punishing hate: Bias crimes under American law.* Cambridge, MA: Harvard University Press.

Perry, B. (2004). *Hate and bias crime: A reader.* New York: Routledge.

Hate Crimes (Bias Crimes), Gender Motivated

Gender bias hate crimes are a subset of the larger category of hate crimes, that is, crimes committed due to an offender's bias or prejudice toward a victim's real or perceived group membership. Specifically in the case of gender-motivated bias crimes, the bias is a result of prejudice or hostility due to the victim's gender. Although hate crime laws' categorization of gender as a protected status can include anyone based on his or her gender, male or female, in practice "gender" is a proxy for girls and women. Protection for transgendered individuals, when it is offered under hate crime statutes, is usually provided by the categories of "gender expression" or "transgender."

Violence against women fits the hate crime paradigm when women are selected as victims due to their gender (the discriminatory selection model) or due to the perpetrator's hatred of women (the animus model). In either case, women are targeted because they are women, that is, not *who* they are, but *what* they are. Many crimes committed against women fit these models, such as sexual assault, domestic violence, and other assaults in which men are the primary perpetrators and women the primary victims. Violence against women most likely to be designated a gender bias hate crime is sexual or physical assault by a serial male offender; certain cases of domestic violence in which a pattern of a man's repeated violence against consecutive women can be established; or the murder of women because they are women, termed *femicide.*

One incident of violence against women that is frequently held up as the hallmark of a gender-biased hate crime is known as the Montreal Massacre. The crime occurred in Montreal, Canada, on December 6, 1989, at the University of Montreal. A 25-year-old man, Marc Lépine, entered the university's school of engineering and separated the women from the men, ordering the men out of the classroom. While screaming of his hatred for feminists he opened fire, killing 14 young women and wounding another 9 women and 4 men, before killing himself. A suicide note blamed his educational and personal failures on women. Additionally, a hit list of prominent Canadian women holding nontraditional jobs was found on his body. This tragedy was almost unanimously held to be a gender-motivated hate crime, which opened the door for viewing other violence against women in the same way.

One benefit of viewing violence against women as gender-bias hate crimes is that prosecutors can seek additional punishment if a bias motivation can be proved in states with penalty enhancement measures. Another benefit is being able to connect the dots between individual incidents of violence against women, creating a picture of institutionalized sexism, prejudice, and misogyny directed toward women as a group that often erupts into violence. When violence against women is identified as political and institutional, rather than personal, then solutions will be addressed at that level.

Policy History

In lobbying for the federal Hate Crimes Statistics Act (HCSA) in 1988, which was adopted in 1990, a hate crime coalition of racial/ethnic, religious, and sexual orientation groups lobbied for the national collection of data on hate crimes directed toward their constituencies. Then-president of the National Organization for Women, Molly Yard, advocated for the inclusion of the category of gender. Yard argued that violence against women fit the hate crimes paradigm, that is, many times women are targeted for victimization because they are women.

The hate crime coalition refused to add gender as a status category under the HCSA for a number of reasons, including (a) fear that its inclusion would delay the passage of the bill; (b) concern about opening the gates for admission of additional categories, such as age and disability; (c) concern that the prevalence of violence against women would overwhelm data collection efforts; and (d) a belief that gender did not fit the hate crime paradigm since many women know their attackers. In contrast, the gender category was often added at the state level, mostly because the legitimacy of women as a historically oppressed group requiring special protections under the law had become an established part of the legal canon.

Gender as a Controversial Category

Therefore, gender has increasingly become a part of the hate crime policy template, although gender's fit within the hate crime paradigm remains controversial. At least 20 states currently include gender as a status category in their hate crime statutes, although that inclusion may be more symbolic than practical.

Opponents of inclusion of violence against women as a hate crime note that many women know their attackers and special laws already exist that address violence against women, such as sexual assault and domestic violence statutes. Also acting against the inclusion of gender into hate crime categories is its prevalence and the fact that women constitute half the population. These two factors combine to make violence against women look essentially random and unrelated, rather than targeted. Anecdotally, many people believe men hurt or kill women because they love them, not because they hate them. Additionally, crimes are less likely to be categorized as hate crimes if there are multiple or mixed motives, which tend to muddy the hate crime waters. A perpetrator often has multiple motives when committing a violent offense against a woman, making a hate crime charge less likely.

Supporters of the perspective that violence against women constitutes a hate crime note that similar to established patterns in hate crimes, women are often called names during the assault that specifically target their gender, and the larger community of women is often affected by the violence committed against one woman. For example, when a woman is sexually assaulted in a neighborhood, fear ripples through the community of women who fear they could be targeted next. Although women may change where they go, they cannot change what they are—women. When a rapist is looking for a victim, he often lies in wait, not for the next *person* to cross his path, but the next *woman.*

Beverly A. McPhail

See also Femicide; Hate Crimes (Bias Crimes), Criminal Justice Responses

Further Readings

Angelari, M. (1994). Hate crime statutes: A promising tool for fighting violence against women. *Journal of Gender & the Law, 2,* 63–105.

Copeland, L., & Wolfe, L. (1991). *Violence against women as bias motivated hate crime: Defining the issues.* Washington, DC: Center for Women Policy Studies.

Jenness, V. (1999). Managing differences and making legislation: Social movements and the radicalization, sexualization, and gendering of federal hate crime law in the U.S., 1985–1998. *Social Problems, 46,* 548–571.

Jenness, V., & Broad, K. (1994). Antiviolence activism and the (in)visibility of gender in the gay/lesbian and women's movements. *Gender & Society, 8,* 402–423.

McPhail, B. A. (2002). Gender-bias hate crimes. *Trauma, Violence, & Abuse, 3,* 125–143.

McPhail, B. A., & DiNitto, D. (2005). Prosecutorial perspectives on gender-bias hate crimes. *Violence Against Women, 11,* 1162–1185.

Weisburd, S. B., & Levin, B. (1994). "On the basis of sex": Recognizing gender-based bias crimes. *Stanford Law & Policy Review, 5,* 21–47.

Hate Crimes (Bias Crimes), Legislation

See Legislation, Hate Crimes

Hate Crimes (Bias Crimes), Racially Motivated

To date, hate crime literature has tended to be very broad and nonspecific in its focus. That is, little scholarship devotes attention to specific categories of victims. Extant literature has tended to discuss hate crime in generic terms, as if it was experienced in the same ways by women, by Jews, by gay men, by Latinos/as, or by lesbians. Even racial violence is collapsed into one broad category, as if all racial and ethnic groups experienced it the same way. Consequently, there is not a very clear picture of the specific dynamics and consequences that may be associated with victimization on the basis of different racial identities.

Anti-White Violence

Interestingly, U.S. data sources report high numbers of anti-White violence—although Whites remain underrepresented as victims. For example, the Uniform Crime Reporting (UCR) Program hate crime data consistently report approximately 1,000 incidents motivated by anti-White bias—or 10% of all victimizations, and 20% of all racially motivated

victimizations. However, scholars have made virtually no attempt to understand the dynamics of anti-White victimization, or the dynamics of reporting by White victims. It may be that White victims are more likely to report their victimization, seeing it as an affront to the racial order. Or, in fact, it might be a form of ethnic bias—anti-Italian, or anti-Polish—that does not fit neatly into the limited Hispanic/non-Hispanic ethnic categories in the UCR. Scholars have hardly acknowledged, let alone explored, this apparent anomaly.

Anti-Black Violence

Not surprisingly, in the United States, the limited data available suggest that African Americans are the most frequent victims of racial violence. UCR data, for example, regularly reveal that African Americans make up approximately two thirds of all victims of racially motivated violence. Thus, the history of discrimination and intolerance against Black Americans persists in the form of normative violent practices: verbal taunts, assaults, vandalism, church arsons, police brutality. While certainly not as dramatic as the thousands of lynchings in the late 19th and early 20th centuries, hate crime continues to be an everyday expectation for African Americans. And many of the same stereotypes—for example, Black male predator, lazy cheaters—continue to inform the hostility that predisposes offenders to assault blacks.

Anti–Native American Violence

Native Americans are also overrepresented as victims of racially motivated violence. History is replete with stories of the genocidal attempts to remove the American Indians from their land. However, scholarly attention to the historical and contemporary victimization of American Indians as nations has unfortunately blinded us to the corresponding victimization of American Indians as individual members of those many nations. The UCR indicates that in 2004, there were 83 incidents in which Native Americans were victims of hate crime, representing less than 1% of all offenses, and just over 1% of all those motivated by race. However, even these data must be taken with a grain of salt, since the UCR is fraught with limitations, especially with respect to underreporting. This may be particularly relevant in the case of Native Americans, thereby explaining the low rates of victimization recorded in UCR statistics. Some recent work has begun to shed light on the specific experiences of American Indians and the ways in which the genocidal history of colonialism continues to inform hate crime perpetrated against them.

Anti-Hispanic Violence

Nearly as little is known about Latino/a victims of racially motivated crime. While this population has a staggeringly high rate of victimization in general, little effort has been made to tease out the effect of racial animus in this context. Moreover, anti-Hispanic victimization is often inseparable from anti-immigrant violence, given the elision between race, ethnicity, and immigration. As is the case with Native Americans, there is no uniform collection of data on violence against Hispanics. A recent National Council of La Raza report offers some insights here, but even that is limited. It is a one-time-only report that does not systematically replicate its inquiry on an annual basis.

Anti-Asian Violence

In contrast to anti-Black and anti-Hispanic hate crime, anti-Asian violence accounts for a relatively small proportion of all racially motivated hate crime. However, it does represent a growing proportion. Many sources suggest that it constitutes the most dramatically and rapidly growing type of racial violence. The 2002 National Asian Pacific American Legal Consortium yearly audit seems to confirm what anecdotal evidence and intuitive observations have suggested: riding a wave of anti-immigrant sentiments, anti-Asian violence was consistently on the rise throughout the 1990s. Decreases in the early years of the 21st century are attributed more to failures to investigate and fear of reporting than to significant changes in victimization. Moreover, the audit suggests that anti-Asian hate crime remains very violent.

It is interesting to note that a substantial number of suspected offenders involved in violence against Asian Americans are African American or Hispanic. In 1995, these two groups accounted for nearly 45% of offenders. However, neither the dynamics of White-on-Asian violence nor Asian conflicts with other groups have been systematically examined. In the aftermath of the September 11, 2001, attacks in the United States, it is more important than ever to

study and understand the animus that underlies anti-Asian violence.

Since the terrorist attacks on September 11, anti-Asian violence has taken a dramatically different form, and racial and ethnic minorities associated with Islam in most Western countries have experienced increased negative attention from the media, police, and security forces, and indeed from agitated citizenry. There has been a concomitant increase in all such countries in the extent of anti-Muslim or "Islamophobic" hate crime, racial vilification, and discrimination. This has been exacerbated by subsequent terrorist events, notably in Bali in October 2002 and October 2005, Madrid in March 2004, and London in July 2005.

Evidence of retaliatory anti-Muslim violence abounds. Within the first week after the September 11 attacks, there were at least seven homicides that appeared to have been racially motivated, reactionary violence. Most major U.S. cities experienced a rash of hate crime, ranging in seriousness from verbal abuse to graffiti and vandalism to arson and murder. By September 18, 2001, the FBI was investigating more than 40 possible hate crimes thought to be related to the terrorist attacks; by October 3, they were investigating more than 90. The number had risen to 145 by October 11. The Muslim Public Affairs Council of Southern California reported 800 cases nationwide by mid-October, and the American-Arab Anti-Discrimination Committee had recorded over 1,100 such offenses by mid-November. The slogans that accompanied the violence reveal a strong sense of the illegitimacy of Arab residence in the United States along with a similarly strong desire for revenge.

While the recent wave of anti-Muslim violence clearly was motivated by anger and outrage at the 9/11 terrorist attacks, it is also informed by a broader history and culture that supports anti-Muslim, anti-Arab, and anti–Middle East sentiments. Many Americans have long been hostile to what they perceive as Islamic fundamentalism, which in turn is increasingly associated with terrorism in the American psyche. Especially in the aftermath of the September 11 attacks on New York City and Washington, D.C., Americans have come to associate the fundamentalism of Islam with fundamentalist violence, believing Muslims will do anything they deem to be the "will of Allah." Consequently, Muslims are suspected of being foreign and domestic terrorists, and thus "worthy" victims of hate crime.

Anti-Immigrant Violence

"Immigrant bashing" has also become a part of the daily reality of those who have reached new shores in search of promised freedom and opportunity. In this context, racially motivated violence may be a response to the violation of concrete, geographical boundaries. Hostility toward those perceived as "foreign" is apparent in acts ranging from vandalism and graffiti to brutal assaults worldwide. Inspired by political and media constructions of immigrants as the root of all problems, native-born Americans and native-born Europeans express their opinions in hateful words and deeds.

In the United States, unfortunately, there are no concrete data on anti-immigrant violence. Violence against a Korean shop owner, for example, is classified and recorded as anti-Asian violence. However, the connection between the perpetrator's tendency to equate ethnicity with immigrant status is apparent in the verbal assaults that often accompany physical assaults. When East Indians or Haitians are told to "go back where you belong," the assumption is clear: regardless of whether they are first-, second- or third-generation, those who are "different" are perpetual foreigners who do not belong. It is likely, therefore, that a significant proportion of the more than 500 anti-Asian and nearly 1,000 anti-Hispanic hate crimes recorded by the FBI in 2000 were motivated by anti-immigrant sentiments. Perhaps even some of the more than 3,000 anti-Black hate crimes were motivated by the perception that the victims were Nigerian, or Haitian, or South African, for example. The data sources are simply too limited to allow researchers to tease out the complicated relationship between race and immigration status.

Barbara Perry

See also Hate Crimes (Bias Crimes), Criminal Justice Responses; Hate Crimes (Bias Crimes), Religiously Motivated; Victimology; Victims' Rights Movement

Further Readings

Bowling, B. (1998). *Violent racism: Victimization, policing and social context.* Oxford, UK: Oxford University Press.

Gerstenfeld, P. (2004). *Hate crimes: Causes, control and controversies.* Thousand Oaks, CA: Sage.

Perry, B. (2001). *In the name of hate: Understanding hate crime.* New York: Routledge.

Perry, B. (Ed.). (2004). *Hate and bias crime: A reader.* New York: Routledge.

Hate Crimes (Bias Crimes), Religiously Motivated

Hate crimes are acts of violence, intolerance, and bigotry, intended to hurt and intimidate someone because of his or her race, ethnicity, national origin, religion, sexual orientation, or disability. Religiously motivated hate crimes are an integral part of interpersonal violence in the United States. In 2000, there were 9,721 reported cases of single-bias incidents. Of these, 18.8% were determined to be religiously motivated. The violence perpetrated in a hate crime, including a religiously based motive, affects not only that individual and his or her family, but also the community with similar religious characteristics as the victim.

Federal and State Legislation

During the 1960s, the federal government passed several statutes to protect individuals from discrimination due to race, ethnicity, national origin, or religious prejudice. Prior to the passage of hate crime legislation, the police classified incidents of religious intimidation and harassment under the headings of "suspicious circumstances" or "malicious mischief."

Due to rising public pressure, Congress passed the Hate Crimes Statistics Act (HSCA) in 1990. The Act requires the Department of Justice (DOJ) to collect data from law enforcement agencies on crimes that manifest prejudice based on race, religion, sexual orientation, or ethnicity. Every year, the Bureau of Justice Statistics, a branch of the DOJ, must publish a summary of the findings. The HSCA has brought distinct awareness to hate crimes, strongly encouraging law enforcement to provide bias training. In 1996, Congress passed the Church Arson Prevention Act, which criminalizes any intentional destruction, damage, or defacement to religious property primarily due to the fact that it is religious property. Furthermore, the act punishes those who interfere with an individual's free exercise of religious beliefs.

On the state level, 45 states have enacted statutes that give broader protections against hate crimes, and all of them protect individuals from religiously motivated crimes.

Crime Reporting

On the federal level, the Federal Bureau of Investigation (FBI) and Bureau of Alcohol, Tobacco and Firearms are the law enforcement agencies authorized to conduct investigations into federal hate crimes and assist local police with hate crime investigations. For example, in a recent hate crimes case in Alabama, local law enforcement teamed with FBI agents to investigate several church arsons.

The FBI's Uniform Crime Reporting Program is the only national data collection program. The FBI has encouraged local jurisdictions to report incidents of crimes, including hate crimes, using the National Incident-Based Reporting System, but participation by police departments in reporting systems is voluntary, so not all jurisdictions participate. Furthermore, studies show that the law enforcement agencies that participate in these reporting systems sometimes deflate their hate crime statistics. The most frequent form of religiously motivated hate crime, according to these reports, is intimidation tactics, followed by the destruction of property.

Examples of Incidents of Religiously Motivated Hate Crimes

Violence Against Muslims

Several cities saw an increase in anti-Muslim violence following the September 11, 2001, terrorist attacks. In 2001, there were 481 anti-Islamic hate crimes reported to the FBI, an increase of 1,700%, most thought to be related to September 11. Many Muslim women who wear traditional head scarves, or *hijabs,* were afraid to travel alone during the immediate post-9/11 period, concerned that they would be subject to anti-Muslim slurs, harassment, and even physical violence.

Violence Against Jews

Historically, anti-Semitism, or hatred, prejudice, and discrimination toward Jews, has fueled religiously motivated bias crimes against this population. Jewish synagogues and areas where large congregations of Jewish immigrants and families live have been targets of anti-Semitic attacks, including verbal taunts and slurs, and swastika spray paintings. Recently, teenagers who are self-identifed Nazis were arrested in New York for beating a group of girls who they believed were Jewish.

Community Education

Several federal departments fund various organizations to develop programs and provide training seminars and

technical assistance to individuals and local agencies regarding hate crimes. There needs to be a strong community response to religiously motivated hate crimes, in order to avoid the polarization of groups and the targeted group's isolation and escalation of hate-motivated violence in the name of self-defense.

There are several national organizations that tackle religious prejudice and hate. For example, the Anti-Defamation League, an organization whose mission is to "stop the defamation of Jewish people and to secure justice and fair treatment for all," develops curriculum and teaching tools for educators to utilize with their students. The Council on American-Islamic Relations works to address the understanding of Islam by encouraging dialogue and educating the community about civil liberties. Other groups, such as the Southern Poverty Law Center and American Civil Liberties Union, do community education through litigation and policy advocacy.

Chaitra P. Shenoy

See also Community Violence; Hate Crimes (Bias Crimes), Criminal Justice Responses; Hate Crimes (Bias Crimes), Racially Motivated; Health Consequences of Hate Crime

Further Readings

Anti-Defamation League. (2007, January). *Education.* Retrieved July 17, 2007, from http://rac.org/advocacy/issues/issuehcp

Human Rights Watch. (2002, November). *We are not the enemy.* Retrieved April 10, 2006, from http://www.hrw.org/reports/2002/usahate/

National Criminal Justice Service. (2003, August). *Hate crime: A summary.* Retrieved March 16, 2006, from http://www.policyalmanac.org/crime/archive/hate_crime.shtml

Hazing

Hazing is characterized by tests of loyalty for social group membership that can involve physical or emotional abuse of the candidates. Hazing has been reported in diverse social contexts, such as academic fraternities and sororities, sports teams, military and paramilitary forces, and street gangs. Research has shown that the methods of hazing vary among different social groups. Athletic groups (e.g., football teams) employ physical challenges (e.g., degrading positions and tasks, exposure to the elements, excessive physical activity) and physical abuse as their preferred hazing methods; these methods are extended in the physical endurance and abuse associated with military and gang initiations. In contrast, fraternities and sororities often employ violations of social rules and norms (e.g., wearing humiliating dress and attire, complete or partial nudity) as their preferred hazing methods. In particular, excessive alcohol consumption has been widely used in fraternity and sorority hazing and accounts for a significant proportion of hazing-related deaths.

Hazing has a dual purpose of promoting loyalty to a social group through shared hardship of the candidates and of reinforcing the established social structure within the social group. The procedures used to enforce hazing legitimize the positions earned by the group members within a social group. For example, a president of a fraternity has to take charge of recruiting new pledges and delegating the responsibilities of hazing the candidates to other fraternity members. Receiving group membership provides a justification for candidates' efforts and the hardship they experienced during the hazing experience. Victims of hazing are often reluctant to report the physical or emotional abuse they suffer because of the shame involved in the experience or because they would forfeit membership in the social group by speaking out. Furthermore, the secretive nature of hazing leads to a lack of awareness of it by authority figures (e.g., college administrators, athletic coaches, police) who have the influence to disrupt hazing activities.

Some suggested methods to prevent hazing include using alternative group-building activities (e.g., fundraising, mentoring, communal field trips), clarification and strict enforcement of antihazing policies by authority figures, and providing an immediate and detailed investigation of any reports of hazing.

Aldwin Domingo

See also Attachment Disorder; Campus Violence; Fraternities and Violence

Further Readings

Hollmann, B. B. (2002). Hazing: Hidden campus crime. *New Directions for Student Services, 99,* 11–23.

Keating, C. F., Pomerantz, J., Pommer, S. D., Ritt, S. J. H., Miller, L. M., & McCormick, J. (2005). Going to college and unpacking hazing: A functional approach to decrypting initiation practices among undergraduates. *Group Dynamics: Theory, Research, Practice, 9,* 104–126.

Health Care Response, Prevention Strategies for Reducing Interpersonal Violence

Prevention is a systematic process that promotes safe, healthy environments and behaviors and reduces the likelihood or frequency of an incident, injury, or condition from occurring. There are three types of prevention: primary, secondary, and tertiary. *Primary* prevention is taking action before a problem arises. *Secondary* prevention is the early detection of the problem, relying on physical changes, symptoms, or abnormal tests to determine action. It focuses on responses that take place shortly after the condition has developed or has been recognized. *Tertiary* prevention slows or prevents deterioration from a condition, focusing on treatment of and rehabilitation from the consequences of the condition. These are usually long-term responses to ameliorate or prevent further negative effects.

Primary prevention strategies can target the individual, relationship, community, or societal levels. *Individual* strategies address personal or biological factors. *Relationship* strategies focus on relations with others. *Community* strategies target the policies and practices of communities and social environments, such as schools, workplaces, and neighborhoods. *Societal* strategies focus on the macro level, addressing norms, beliefs, or policies. For example, tobacco control used this continuum to frame its work to reduce smoking. Prohibiting smoking in public places changed societal norms. To date, most public health and health care efforts to prevent interpersonal violence have focused on the first two areas (individual and relationship).

Prevention Strategies for the Prenatal and Birth Period

During this time period, primary prevention efforts focus on the individual level, largely with home visits. In addition to violence reduction and child abuse prevention, prenatal and early childhood home visitation has been used for a wide range of health and nonhealth goals. Home visitation programs are common in Europe, where they are most often made available to all childbearing families, regardless of estimated risk of child-related health or social problems. In the United States, home visitation programs are commonly targeted to specific population groups that are at high risk for problems. These include low-income groups; minorities; youth; less-educated groups; first-time mothers; substance abusers; children at risk for abuse or neglect; and low birth weight, premature, disabled, or developmentally compromised infants. Visitation programs include, but are not limited to, one or more of the following components: training of parent(s) on prenatal and infant care, training on parenting, child abuse and neglect prevention, developmental interaction with infants or toddlers, family planning assistance, development of problem-solving skills and life skills, educational and work opportunities, and linkage with community services. In addition to home visits, programs can include daycare; parent group meetings for support, instruction, or both; advocacy; transportation; and other services. When such services are provided in addition to home visitation, the program is considered multicomponent.

The evaluations of home visitation programs demonstrate that women's prenatal health-related behaviors improve, child abuse and neglect rates are reduced, maternal welfare dependence is reduced, successive pregnancies are spaced, and maternal criminal behavior as well as behavior problems related to drug and alcohol abuse are also reduced. Early home visits have also impacted antisocial behavior and the use of substances by teens.

In 2003, the Centers for Disease Control and Prevention (CDC) reviewed the scientific evidence concerning the effectiveness of early childhood home visitation in preventing violence by the visited child against others or self (i.e., suicidal behavior), violence against the child (i.e., maltreatment, which is defined as abuse or neglect), violence by the visited parent, and intimate partner violence. They concluded that there was insufficient evidence to determine the effectiveness of early childhood home visitation in preventing violence by visited children and between adults. However, this is difficult research to do. Home visitation programs in the United States are diverse, differing in focus, curricula, duration, visitor qualifications, and target populations. Although no single optimal, effective, and cost-effective approach could be defined for the multiplicity of possible outcomes, settings, and target populations, the CDC stated that the findings were robust, suggesting that programs can be effective. Health professionals and policymakers are encouraged to carefully consider the attributes and characteristics of the particular home visitation program to be implemented.

Secondary prevention efforts can occur during routine prenatal care visits when women are assessed for factors that might complicate the pregnancy or impact a healthy outcome. In addition to screening for health problems like anemia, diabetes, or poor weight gain, providers have the opportunity to assess for violence. This is encouraged by the American College of Obstetrics and Gynecology. Screening is recommended for a number of symptoms and problems that have been identified as potential indicators of abuse such as preterm labor, poor weight gain, and depression.

Strategies for Infants and Children

During the infancy and childhood years, parents are encouraged to bring children into a health care office for well-child visits. This time is used to give immunizations preventing childhood diseases and to assess biomedical health, behavior, development, and family functioning, as well as to provide parent education through age-appropriate counseling, referred to as *anticipatory guidance*. Anticipatory guidance has been part of the well-child check for years and has been integrated into state-supported efforts such as Bright Futures or Child and Teen Check-ups. This is a primary prevention approach that includes topics such as nutrition, sleep, toileting, discipline, childcare, screening for lead exposure, and safety in the home regarding poisons and medications. When a problem is identified, the child and parent are referred for additional assistance.

Recent efforts have summarized the components of anticipatory guidance to prevent violence throughout the child's life—infancy, toddler, school age, adolescence—and guidance for the parents of adolescents. These components are all included in the program Connected Kids: Safe, Strong, and Secure, which is a complete package of parent and adolescent educational brochures, a clinical guide for pediatricians, and a Web site with supporting literature and supporting training materials from the Internet.

Anticipatory guidance can have several positive outcomes. Used strategically, it can be effective in leading to behavioral change, particularly if the counseling addresses issues of concern to the parent. Verbal counseling accompanied by personalized written information seems to be effective. Supportive materials need to be compelling and written to match the educational level of the parent.

Anticipatory guidance is encouraged by professional medical organizations that focus on the health of children (American Academy of Pediatrics and the American Academy of Family Physicians), but how to best translate the directive into practice is far from simple. Clinics often delegate some of the assessment to a nurse, incorporate questions in the office visit grid, or, with the advent of the electronic medical record, include smart texts with the guidance appropriate to the age of the child. Studies show that anticipatory guidance is provided inadequately in many practices and the format is not always useful to the parent. There are many topics to cover and topics are not equally relevant; priorities need to be set.

Linking prevention strategies to risk and protective factors improves the chance of effectiveness. For example, one of the most consistent risk factors for intimate partner violence (IPV) as an adult is exposure to it as a child. Therefore, secondary and tertiary prevention efforts with victims and perpetrators, such as referrals to shelters and domestic violence support groups for victims, and using the court and batterers programs for perpetrators, may actually be primary prevention for exposed children. In 1998, the American Academy of Pediatrics encouraged physicians to inquire about IPV, since witnessing the abuse between adults in the home is associated with physical and mental health problems in the child. IPV is generally not a mandatory report in most states unless the child is being hurt.

In the realm of secondary and tertiary prevention, watching for signs of child abuse and neglect has been the responsibility of physicians since the mid-1960s. As mandated reporters, physicians are required by law to report a family to the local children's protective services when there is a concern about abuse or neglect.

Strategies for Adolescents

Relationship health falls on a spectrum that includes healthy, unhealthy, and abusive relationships. Primary prevention focused on the relationship level can be done individually or with a curriculum in a classroom or group setting. This means educating teens about their dating or peer relationships before abuse or violence happens.

Guidelines for Adolescent Preventive Services, developed by the American Medical Association, outlines areas of anticipatory guidance and health assessments that providers should address with teens in the

health care setting. Violence prevention recommendations include counseling teens about resolving personal conflicts without violence and avoiding the use of weapons and weapon safety. As previously discussed, the implementation of these recommendations is a challenge.

On the community level, prevention efforts for teens have resulted in a number of curricula on "healthy relationships." Some examples are the Family Violence Prevention Fund's *Expect Respect: Working with Men and Boys,* which focuses on educating males about dating violence; the CDC's sexual violence prevention program, *Beginning the Dialogue,* which identifies concepts and strategies that may be used as a foundation for planning, implementing, and evaluating sexual violence prevention activities in a community; and the CDC's *Choose Respect,* which focuses on healthy teen relationships.

Strategies for Adults

To date, there has been no deliberate approach for discussing relationship health with adult patients in the health care setting. To achieve this, providers must understand the elements of healthy, unhealthy, and abusive relationships, and also have the skills, comfort level, tools, and time to initiate and follow through on conversations about relationship health. At this point, few health systems or professional health organizations have developed an approach to this issue. Promotion of positive relationship health should lessen individual, financial, and social costs of both intimate partner and employee abuse and violence. However, this requires sustained efforts on the part of health systems, with commitment from leadership, the designation of internal champions, and the implementation and ongoing evaluations of policies and practice.

Most efforts in the health care setting are secondary or tertiary prevention in nature. A number of screening tools and guidelines are available to assist providers in inquiring about IPV during the health care encounter in order to identify individuals in abusive relationships so that they can be referred before long-term consequences begin. Tertiary prevention seeks to identify victims and to limit the disability from the violence by caring for their health issues, both physical and mental, and linking them with resources to address the abuse.

Strategies for Seniors

Assessing elders for the evidence of abuse or neglect by their caregivers has been encouraged for a number of years. U.S. physicians are mandated by law to report cases where they suspect the abuse or neglect of an elderly person or vulnerable adult to local adult protective services. The "vulnerable adult" is defined in law and refers to an adult who is physically or mentally incapacitated, so that he or she is unable to make decisions for him- or herself. Efforts to identify older victims of IPV are a more recent development. Meeting the needs of these victims requires the collaboration of domestic violence advocacy and services for the elderly. Identifying elder abuse or older victims of IPV can be both secondary and tertiary prevention. Screening questions and tools are available. Efforts are needed to raise the awareness of physicians so that they understand the signs and symptoms associated with abuse and neglect, take the time to create privacy, and then routinely inquire about abuse when the signs and symptoms are present. Once abuse is identified, then the individual needs to be linked with services.

Community-Focused Efforts

Over the years, public awareness campaigns have addressed interpersonal violence. Messages communicate the norms of nonviolence in relationships and in the family and publicize available community resources for violence and abuse. Outlets for these campaigns have occurred through the media, slogans on buses, billboards, and educational literature distributed at various community locations. Examples include education about shaken baby syndrome or child abuse; about what is appropriate and inappropriate in dating relationships or intimate relationships; and about financial exploitation.

There are many opportunities to prevent interpersonal violence across the lifespan at the individual, relationship, and community levels within the realm of health. These approaches include primary, secondary, and tertiary prevention. The Institute of Medicine, in its report *Confronting Chronic Neglect*, concludes that additional effort is needed to enhance the education of physicians throughout their careers so that they have the skills to do a better job in identifying and assisting victims of interpersonal violence.

On the relationship and community levels, continued efforts by public health and health systems are needed.

Therese Zink and Pat Koppa

See also Health Care Response to Child Maltreatment; Health Care Response to Intimate Partner Violence; Health Consequences of Child Maltreatment; Health Consequences of Intimate Partner Violence; Home Visitation Services; Prevention Programs, Adolescent Dating Violence; Prevention Programs, Child Maltreatment; Prevention Programs, Community Mobilization; Prevention Programs, Definitions; Prevention Programs, Interpersonal Violence

Further Readings

American Medical Association. (1997). *Guidelines for adolescent preventive services.* Retrieved November 25, 2006, from http://www.ama-assn.org/ama/upload/mm/39/gapsmono.pdf

Centers for Disease Control and Prevention. (2003). *First reports evaluating the effectiveness of strategies for preventing violence—Early childhood home visitation: Findings from the Task Force on Community Preventive Services.* Retrieved November 4, 2006, from http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5214a1.htm

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2006). *Choose respect.* Retrieved November 25, 2006, from http://www.chooserespect.org/scripts/about/aboutcr.asp

Institute of Medicine. (2002). *Confronting chronic neglect: The education and training of health professionals on family violence.* Washington, DC: National Academy Press.

Page-Glascoe, F., Oberklaid, F., Dworkin, P. H., & Trimm, F. (1998). *Brief approaches to educating patients and parents in primary care.* Retrieved November 6, 2006, from http://pediatrics.aappublications.org/cgi/reprint/101/6/e10

Salber, P. R., & Taliaferro, E. (2006). *The physician's guide to intimate partner violence and abuse: A reference for health care professionals.* Volcano, CA: Volcano Press.

Web Sites

Connected Kids: Safe, Strong, and Secure: http://www.aap.org/ConnectedKids/

Health Care Response to Child Maltreatment

The health care system has the potential to address child maltreatment in a number of different ways, including primary, secondary, and tertiary prevention programs and services.

Primary prevention programs and services aim to prevent maltreatment from occurring in the first place. Home visitation programs staffed by health care professionals such as nurses have been well studied, and at least one has demonstrated some effectiveness in preventing child abuse and neglect. More recently, prevention programs based in the hospital and primary care setting have been developed. Programs to prevent abusive head trauma typically teach parents not to shake babies, and offer methods other than shaking for dealing with new baby frustrations. Less structured, but similar interventions may occur in primary care settings, and may include printed handouts from organizations such as the American Academy of Pediatrics, the National Exchange Club, and others.

Secondary prevention includes interventions that target families already at high risk for maltreatment, such as those with substance abuse, intimate partner violence, depression, other mental health problems, and/or lack of social support. Parents and caregivers with these risk factors can be identified through screening during their own primary or pregnancy-related health care, or during child health care visits. Brief screening questionnaires for substance abuse, intimate partner violence, and depression have been developed and validated for a variety of populations and health care settings.

The purpose of tertiary prevention is to ameliorate the short- and long-term adverse effects of maltreatment once the abuse or neglect has occurred. The health care system spends more resources on tertiary prevention than on primary or secondary prevention. Components of tertiary prevention may include diagnosis and acute treatment; long-term medical, rehabilitative, and mental health services; reporting to child protective service and law enforcement agencies; and providing court testimony.

Health care professionals play a significant role in identifying children with suspected maltreatment, and in providing further medical evaluation and treatment.

Children who have been maltreated may present to their primary health care providers, to a hospital emergency department, or to subspecialists such as orthopedic surgeons, gastroenterologists, pulmonologists, neurologists, and neurosurgeons. Therefore, all health care professionals who treat children must be aware of the possibility of maltreatment, and the need to distinguish abuse from other injuries. Specialists in the field of child maltreatment are available in many, but not all, jurisdictions to assist in the identification, evaluation, and reporting of maltreatment.

Medical care for children with suspected abuse may include treatment of presenting injuries, as well as identification and treatment of occult (masked) injuries, such as fractures, head/brain injuries, and abdominal injuries. Because caregivers of maltreated children may provide a misleading or absent history of injury, such injuries may be missed unless they are screened for using x-rays and/or laboratory tests. Identification of occult injuries may also solidify a diagnosis of abuse when a child presents with injuries that are suspicious for, but not diagnostic of, maltreatment. Medical treatment will vary according to the type and extent of injuries present. Injuries such as bruises may require no medical intervention. Minor burns and fractures may require emergency department care. Other, more severe injuries such as burns, fractures, brain injuries, and injuries to internal organs may demand hospitalization, surgery, and/or intensive care management.

All health care professionals in the United States are required by law to report children with suspected maltreatment to child protective service agencies. Doing so allows for further investigation into the circumstances surrounding the alleged abuse or neglect, and intervention, when necessary, to ensure the safety of the maltreated child. Health care professionals may also be required to report suspected physical and sexual abuse to law enforcement for investigation of possible criminal activity. Professionals in health care may be subpoenaed to testify in criminal and/or civil legal proceedings.

Abused and neglected children may have chronic medical and mental health care needs as a result of maltreatment. Children with significant brain, skin, and/or abdominal injuries may require extensive physical, occupational, speech, and other therapy to aid in functional recovery. These services may be provided to inpatients in acute care and rehabilitation hospitals. Outpatient rehabilitation services may also be needed.

Finally, health professionals play an important role in addressing the mental health care needs of children who have been abused or neglected. While some providers will refer children to mental health services, others, such as psychiatrists, psychologists, social workers, and licensed therapists, will be directly responsible for providing mental health treatment services.

Wendy G. Lane

See also Child Abuse Prevention; Child Neglect; Child Physical Abuse; Child Sexual Abuse; Health Consequences of Child Maltreatment

Further Readings

Dias, M., Smith, K., deGuehery, K., Mazur, P., Li, V., & Shaffer, M. L. (2005). Preventing abusive head trauma among infants and young children: A hospital-based parent education program. *Pediatrics*, *115,* e470–e477.

Dubowitz, H. (2002). Preventing child neglect and physical abuse: A role for pediatricians. *Pediatrics in Review, 23*(6), 191–196.

Ewing, J. A. (1984). Detecting alcoholism: The CAGE Questionnaire. *Journal of the American Medical Association, 252*(14), 1905–1907.

Feldhaus, K. M., Koziol-McLain, J., Amsbury, H. L., Norton, I. M., Lowenstein, S. R., & Abbott, J. T. (1997). Accuracy of 3 brief screening questions for detecting partner violence in the emergency department. *Journal of the American Medical Association, 277*(17), 1357–1361.

Olds, D. L., et al. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. *Journal of the American Medical Association, 278*(8), 637–643.

Reece, R. M. (Ed.). (2000). *Treatment of child abuse: Common ground for mental health, medical, and legal practitioners.* Baltimore, MD: Johns Hopkins University Press.

Whooley, M. A., Avins, A. L., Miranda, J., & Browner, W. S. (1997). Case-finding instruments for depression. Two questions are as good as many. *Journal of General Internal Medicine, 12,* 439–445.

Health Care Response to Intimate Partner Violence

Studies show that intimate partner violence (IPV) affects the physical and mental health of victims and

the children who witness it. Because IPV is widespread and the consequences, acute and chronic, are serious, health care organizations have encouraged providers to identify patients experiencing IPV and refer them to local resources. To date a number of screening tools have been validated, but research is limited on how provider identification impacts the health and quality of life of IPV victims. Several best practice guidelines have been developed to guide providers in the identification and management of IPV. Research demonstrates that training alone is insufficient to ensure that providers screen for IPV. Rather, systemwide approaches that incorporate prompts about screening, formal training with tool kits, referral resources and routine consultation, and timely feedback with providers on the initiative or program have been the most successful.

Health Impact

IPV victims use more health care resources than persons who are not abused. Health care costs for victims are almost 50% higher than those of nonvictims. Much of this is nonemergent care. In the primary care office, 11% to 22% of women are currently experiencing physical violence by an intimate partner. In fact, almost half (47%) of the victims who were murdered by their intimate partners were seen in the health care setting for general health or mental health issues during the year prior to their deaths. In addition to injuries, studies show that chronic health conditions, such as migraine headaches, chronic pain, and irritable bowel syndrome are common among victims of IPV. A recent study by the Harvard School of Public Health demonstrates that physical violence compromises a woman's health during pregnancy, her likelihood of carrying a child to term, and the fetal development and health of her newborn. Mental health diagnoses such as depression, substance abuse, anxiety, and posttraumatic stress disorder occur up to four times more often in victims compared to persons who are not abused.

Health Care Response

Since 1992 professional health care organizations, such as the American Medical Association (AMA), American Academy of Family Physicians, American College of Obstetrics and Gynecology (ACOG), American College of Physicians, and American Nurses Association, have encouraged health providers to identify and treat IPV victims. Recognizing the impact of witnessing IPV on children, the American Academy of Pediatrics encouraged pediatricians to screen during well-child visits and when children presented with symptoms or problems often associated with IPV exposure (e.g., behavior problems, depression, and chronic pain complaints). In 1992, the Joint Commission on Healthcare Organization Accreditation introduced standards that hospitals and their associated clinics must adhere to regarding the identification and management of patients living with IPV as part of accreditation.

The AMA, ACOG, the Family Violence Prevention Fund, and others have developed best practice guidelines that endorse screening all women for IPV during well-woman exams and when women present with "red flag" signs and symptoms, such as injuries, chronic conditions, depression, or pregnancy concerns. Always keeping in mind victim privacy and confidentiality, providers are encouraged to respond by (a) validating the victim's experience, (b) affirming no one deserves to be abused, (c) assessing support and safety, (d) sharing IPV resources, and (e) scheduling follow-up appointments.

Recognizing that an intimate relationship is abusive and attaining behavior change is a process, and health providers are encouraged to respect the victim's timeline and decisions in coping with the abusive relationship. In most states, it is not mandatory to report IPV to authorities, unless a weapon is used or severe injury occurs.

Current Research

Evidence-based reviews neither support nor negate the value of these efforts in the health care setting, but call for further research as much evidence is anecdotal in nature. Rebuttals to these reviews encourage efforts to identify signs of IPV in patients, due to the prevalence and impact of IPV, in order to produce comprehensive and quality care. Failing to identify signs of IPV means the provider may miss an important dimension of the patient's situation and associated stressors that are contributing to the patient's health condition. For example, treating migraines without identifying IPV may result in a reduced benefit to the overall health and function of a patient. Conversely, treating headaches and discussing safety and available options would be more comprehensive.

Qualitative research shows that victims want to be asked about IPV, even if they do not disclose immediately. Victims report wanting hope and knowing that support and options are available. A number of validated screening tools exist. Recent work by Harriet MacMillan demonstrates that women prefer self-completed (computer, audiotape, or written) to face-to-face questioning about IPV. All formats identify similar rates of IPV.

Research on what types of interventions impact the health and welfare of victims is limited. Studies show that discussing safety behaviors with a nurse helped women adopt more of the behaviors. Victims also need help with obtaining orders of protection, which decrease the occurrences of abusive incidents. Postshelter advocacy and counseling have been found to improve women's scores on quality of life, social supports, depression, and self-esteem as well as to elevate self-worth scores for children. Onsite advocacy services improve provider screening and referral rates.

Specialized Training for Health Care Providers

Despite the encouragement of professional organizations, less than 10% of health providers routinely inquire about IPV. Training alone does not increase screening rates. However, specialized training based on models for behavior change with built-in reinforcement, such as feedback on screening, chart prompts, newsletters, and periodic updates on patient outcomes, improves rates of inquiry. Systemwide approaches, like those instituted at WomanKind in Minnesota and Kaiser Permanente in California with specialized training and victim interventions, have brought about improved outcomes and comprehensive system change. Support from system administration and health leaders, who make IPV management a priority, allocate resources, ensure training of staff, and deliver necessary health system supports, is essential for success. Collaboration with local advocacy services is also imperative.

Future Opportunities

With more research, there are many opportunities to improve the care of victims within the health care setting. IPV impacts the physical and mental health of victims, perpetrators, and children. More research on how to assist all members of the family and identifying and implementing public health prevention efforts are important goals for future work.

Therese Zink and Susan M. Hadley

See also Health Care Response, Prevention Strategies for Reducing Interpersonal Violence; Health Consequences of Intimate Partner Violence; Intimate Partner Violence

Further Readings

AMA Council on Scientific Affairs. (2005, June). *Report 7 of the Council on Scientific Affairs (A-05): Diagnosis and management of family violence.* Chicago: American Medical Association.

American College of Obstetrics and Gynecology (ACOG). (1999). *Domestic violence: Educational bulletin.* Washington, DC: Author.

American College of Physicians. (1986, March 3). *Domestic violence.* Position paper presented to the American College of Physicians, Philadelphia.

Committee on Child Abuse and Neglect, American Academy of Pediatrics. (1998). The role of pediatricians in recognizing and intervening on behalf of abused women. *Pediatrics, 101,* 1091–1092.

Flitcraft, A. H., Hadley, S. M., Hendricks-Matthews, M. K., McLeer, S. V., & Warshaw, C. (1992). *American Medical Association diagnostic and treatment guidelines for domestic violence.* Chicago: American Medical Association.

Institute of Medicine. (2002). *Confronting chronic neglect: The education and training of health professionals on family violence.* Washington, DC: National Academy Press.

MacMillan, H. L., et al. (2006). Approaches to screening for intimate partner violence in health care settings. *Journal of the American Medical Association, 296*(5), 530–536.

Nelson, H. D., Nygren, P., McInerney, Y., & Klein, J. (2004). Screening women and elderly adults for family and intimate partner violence: A review of the evidence for the U.S. preventive services task force. *Annals of Internal Medicine, 140,* 382–386.

Ramsay, J., Richardson, J., Carter, Y., Davidson, L., & Feder, G. (2002). Should health professionals screen women for domestic violence? Systematic review. *British Medical Journal, 325,* 314–318.

Silverman, J. G., Decker, M. R., Reed, E., & Raj, A. (2006). Intimate partner violence victimization prior to and during pregnancy among women residing in 26 U.S. states: Associations with maternal and neonatal health. *American Journal of Obstetrics and Gynecology, 195*(1), 140–148.

Wathen, C., & MacMillan, H. (2003). Interventions for violence against women: Scientific review. *Journal of the American Medical Association, 289*(5), 589–600.

Health Consequences of Child Maltreatment

Men and women who have experienced interpersonal violence often have poorer health than their nonabused counterparts—and these effects last long after the abuse has ended. Moreover, abuse survivors are significantly more likely to have a number of serious illnesses and to die prematurely compared to nonabused people. They often experience increased rates of cardiovascular disease, diabetes, and metabolic syndrome, the precursor to type 2 diabetes. Using an adult HMO sample, the Adverse Childhood Experiences (ACE) study found that men and women who had experienced four or more types of ACE were significantly more likely to have ischemic heart disease, cancer, stroke, skeletal fractures, chronic obstructive pulmonary disease, chronic bronchitis, and hepatitis. The types of adverse experiences included childhood maltreatment (physical abuse, sexual abuse, and neglect), parental mental illness, parental substance abuse, and parental criminal activity. The researchers counted each type (not incident) of ACE that a person experienced as "one."

Given these rates of illness, it is not surprising that abuse survivors see doctors more often and have higher patterns of health care use. In an HMO sample, 22% of child sexual abuse survivors had visited a doctor 10 or more times a year, compared with 6% of the nonabused control group. High health care use was also noted in a study of women who had been battered or raped as adults.

In addition to office visits, health care use can include hospitalizations and surgery. Women who have experienced child or domestic abuse were also more likely to have had repeated surgeries. Severity of the abuse experience was the most powerful predictor of number of physician visits and outpatient costs.

One factor that might be driving the higher patterns of health care use among adult survivors is the increased likelihood of one or more chronic pain syndromes. Chronic pain is a major form of disability, accounting for an estimated $125 billion each year in health care costs, and it is common among victims of violence. In one study, pain was the most commonly occurring symptom in a community sample of child sexual abuse survivors.

Of the functional chronic pain syndromes, irritable bowel syndrome has been studied the most with regard to past abuse. In samples of patients in treatment for irritable bowel, abuse survivors comprise 50% to 70%. Abuse survivors can also suffer from chronic pain in other parts of the body. Abuse has been related to chronic or recurring headaches, pelvic pain, back pain, or more generalized pain syndromes. These findings apply to both survivors of childhood abuse and those abused as adults. Patients with these conditions often have marked physiological abnormalities in brain structure and function that are apparent using technology such as positron emission tomography (PET) scans, computed tomography (CT) scans, and magnetic resonance imaging (MRI) of the brain.

Why Maltreatment as Children Makes Adults Sick

While researchers have documented that abuse survivors are more prone to physical illness, they know substantially less about why this occurs. However, researchers have identified five possible pathways by which victimization is likely to influence health in abuse survivors—physiological changes, behavior, cognitive beliefs, social relationships, and emotional health. Adult survivors can be influenced by any or all of these, and the five types influence each other. Indeed, they form a complex matrix of interrelationships, all of which influence health.

Physiological Changes

Traumatic events change the way the body functions. The body becomes "threat sensitized" and more vulnerable to stress reactions and depression when faced with subsequent stressors. There is also evidence that survivors' pain threshold is lowered, making them more vulnerable to chronic pain syndromes. The more severe the abusive experience, the more dramatic the physiologic changes.

Behavior

Traumatic events increase the risk of participation in harmful activities that include smoking, eating disorders and obesity, substance abuse, and unsafe sexual

practices. Sleep disturbances are also common in abuse survivors, and this compromises every aspect of health.

Cognitive Beliefs

What one thinks about oneself and others can have a measurable impact on one's immune system and cardiovascular health. Shame and low self-esteem and self-efficacy all have deleterious effects on health. Hostile or mistrusting beliefs about others can also have a negative impact on health, and influence the next category: quality of social relationships.

Social Relationships

Abuse survivors have higher rates of unstable relationships, divorce, and revictimization at the hands of intimate partners. Marital strife, for example, increases the risk of heart disease in women. But positive and supportive relationships buffer stress and even increase longevity. In short, one's social relationships can either enhance health or make it substantially worse. And abuse survivors often have troubled relationships.

Emotional Health

A person's emotional health also influences his or her physical health. Psychological stress, depression, and posttraumatic stress disorder increase inflammation by increasing levels of proinflammatory cytokines. Elevated inflammation increases the risk of diseases such as cardiovascular disease, metabolic syndrome, and even Alzheimer's disease.

Recognizing the complexity of the forces that are related to the health of abuse survivors, researchers and health care professionals can strive for an approach that addresses all five of these pathways. Health outcomes are unlikely to improve if such professionals continue in the current mind-set of treating mental health and physical health aftereffects separately. Recognizing, and addressing, all these underlying factors can help health care professionals improve the health of adult survivors of childhood abuse.

Kathleen Kendall-Tackett

See also Depression; Incest

Further Readings

Arnold, R. P., Rogers, D., & Cook, D. A. G. (1990). Medical problems of adults who were sexually abused in childhood. *British Medical Journal, 300,* 705–708.

Batten, S. V., Aslan, M., Maciejewski, P. K., & Mazure, C. M. (2004). Childhood maltreatment as a risk factor for adult cardiovascular disease and depression. *Journal of Clinical Psychiatry, 65,* 249–254.

Bremner, J. D. (2005). The neurobiology of childhood sexual abuse in women with post-traumatic stress disorder. In K. A. Kendall-Tackett (Ed.), *The handbook of women, stress and trauma* (pp. 181–206). New York: Taylor & Francis.

Felitti, V. J. (1991). Long-term medical consequences of incest, rape, and molestation. *Southern Medical Journal, 84,* 328–331.

Felitti, V. J., et al. (2001). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. In K. Franey, R. Geffner, & R. Falconer (Eds.), *The cost of child maltreatment: Who pays? We all do* (pp. 53–69). San Diego, CA: Family Violence and Sexual Assault Institute.

Kendall-Tackett, K. A. (2003). *Treating the lifetime health effects of childhood victimization.* Kingston, NJ: Civic Research Institute.

Kendall-Tackett, K. A. (2007). Cardiovascular disease and metabolic syndrome as sequelae of violence against women: A psychoneuroimmunology approach. *Trauma, Violence and Abuse, 8*(2), 117–126.

Kendall-Tackett, K. A., & Marshall, R. (1999). Victimization and diabetes: An exploratory study. *Child Abuse & Neglect, 23,* 593–596.

Kendall-Tackett, K. A., Marshall, R., & Ness, K. E. (2000). Victimization, healthcare use, and health maintenance. *Family Violence & Sexual Assault Bulletin, 16,* 18–21.

Kendall-Tackett, K. A., Marshall, R., & Ness, K. E. (2003). Chronic pain syndromes and violence against women. *Women and Therapy, 26,* 45–56.

Koss, M. P., Koss, P. G., & Woodruff, M. S. (1991). Deleterious effects of criminal victimization on women's health and medical utilization. *Archives of Internal Medicine, 151,* 342–347.

Leserman, J., Drossman, D. A., Li, Z., Toomey, T. C., Nachman, G., & Glogau, L. (1996). Sexual and physical abuse history in gastroenterology practice: How types of abuse impact health status. *Psychosomatic Medicine, 58,* 4–15.

Okifuji, A., Turk, D. C., & Kalauokalani, D. (1999). Clinical outcome and economic evaluation of multidisciplinary pain centers. In A. R. Block, E. F. Kremer, &

E. Fernandez (Eds.), *Handbook of pain syndromes* (pp. 77–97). Mahwah, NJ: Lawrence Erlbaum.

Teegen, F. (1999). Childhood sexual abuse and long-term sequelae. In A. Maercker, M. Schutzwohl, & Z. Solomon (Eds.), *Posttraumatic stress disorder: A lifespan developmental perspective* (pp. 97–112). Seattle, WA: Hogrefe & Huber.

Health Consequences of Hate Crime

Hate crimes are generally defined as crimes motivated by bias or prejudice against the victim's real or perceived race, ethnicity, religion, sexual orientation, gender, or disability. Hate crime legislation varies by state according to the victim characteristics protected, as well as by requirements for data collection and law enforcement training. According to the Federal Bureau of Investigation, hate crimes comprise less than 1% of all reported crimes. However, hate crimes are believed to be underreported, and the National Crime Victimization Survey reported over 200,000 hate crime victimizations from mid-2000 through December 2003. Since hate crimes are perceived by many as qualitatively different from nonhate crimes, it is logical to expect unique physical and emotional responses to victimization experiences.

The health effects of hate crimes may be felt by both the individual victim and the broader community. Proponents of hate crime legislation argue that the harm extends beyond the individual victim to members of the group that share the victim's real or perceived characteristics. However, there has been a dearth of research on the effects of hate crime on communities at large. Additionally, early researchers focused on the physical harm experienced by victims of hate crimes, which has been characterized as excessively brutal. Media coverage of high-profile cases—such as the murder in 1998 of Matthew Shepard, a gay university student in Wyoming who was severely beaten and died from his injuries, and James Byrd, an African American man in Texas who was dragged to his death the same year—highlights the extreme cruelty inflicted on some hate crime victims.

Some researchers have found that hate crime victims suffer more severe physical injuries than those who are the victims of nonhate crimes. A study in the 1990s by Jack Levin and Jack McDevitt on hate crime assaults in Boston found that a higher percentage of hate crime victims than nonhate crime victims required medical treatment. Similarly, a 2005 study of National Incident-Based Reporting System data on hate crime assaults found that hate crime victims were more likely to be seriously injured than nonhate crime victims. However, not all studies confirm that hate crime victims suffer more severe physical injuries than nonhate crime victims, and the vast majority of reported hate crimes are low-level offenses, such as harassment and intimidation, in which no injuries are sustained.

In addition to examining the physical effects of hate crime victimization, researchers have explored the psychological effects of victimization, finding some indication that hate crime victims report higher levels of psychological harm. Studies have found that hate crime victims report feeling more nervous, having trouble concentrating, and feeling more angry than nonhate crime victims. A victim survey conducted by researchers at Northeastern University measured psychological and behavioral responses of victims of both hate- and nonhate-motivated incidents of aggravated assault. The researchers found that hate crime victims suffered more severe and longer-lasting psychological effects than victims of nonhate crimes, but there was little difference between the victims' behavioral responses. Hate crime victims reported psychological effects, such as having trouble concentrating at work, experiencing intrusive thoughts about the crime, feeling depressed or sad, and feeling more nervous than usual. However, there was no difference between hate and nonhate crime victims' behavioral responses, such as avoidance, relocating, attempted suicide, or taking self-defense classes.

Overall, more research is needed to investigate the physical and psychological health consequences of hate crimes. In general, there is little research to support the contention that hate crime victims suffer more severe injuries than nonhate crime victims. However, some research bears out that hate crime victims may in fact experience greater psychological harm.

Nickie D. Phillips

See also Hate Crimes (Bias Crimes), Anti-Gay; Hate Crimes (Bias Crimes), Criminal Justice Responses; Hate Crimes (Bias Crimes), Gender Motivated

Further Readings

Garcia, L., McDevitt, J., Gu, J., & Balboni, J. (2002). *Psychological and behavioral effects of bias and nonbias motivated assault.* Washington, DC: National Institute of Justice.

Garofalo, J. (1997). Hate crime victimization in the United States. In R. Davis, A. Lurigio, & W. Skogan (Eds.), *Victims of crime* (2nd ed., pp. 134–145). Thousand Oaks, CA: Sage.

Harlow, C. W. (2005). *Hate crime reported by victims and police.* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Herek, G., & Berrill, K. (1992). *Hate crimes: Confronting violence against lesbians and gay men.* Newbury Park, CA: Sage.

Herek, G., Cogan, J., & Gillis, J. (2002). Victim experiences in hate crimes based on sexual orientation. *Journal of Social Issues, 58,* 319–399.

Lawrence, F. (1999). *Punishing hate: Bias crimes under American law.* Cambridge, MA: Harvard University Press.

Health Consequences of Incarceration

Prisons and jails hold not only those responsible for inflicting interpersonal violence, but also those who have chronic histories of physical and/or sexual abuse. Individuals most likely to be imprisoned are often impoverished with little access to physical and/or mental health care prior to incarceration. As such, the rates of infectious communicable diseases in the penal institutions are far greater than in the general population, resulting in a vulnerability that can negatively affect individuals' physical health. Similarly, conditions of confinement may exacerbate or contribute to the high rates of mental health disorders among the incarcerated. Although accreditation standards exist for the delivery of health care services within jails and prisons, privatization of those services and movement toward managed care may affect the quality and quantity of services available.

Prisoners have a much greater prevalence of active tuberculosis, hepatitis C, and HIV/AIDS than the general population. Due to the crowded conditions, they may pass on their infection to other prisoners and staff. In addition, a higher prevalence of sexually transmitted infections (STIs) means that unprotected sex during incarceration threatens health through the transmission of STIs, including HIV/AIDS.

Recently, the Bureau of Justice Statistics reported that 55% of men and 73% of women in state prisons have a diagnosable mental health disorder. Certainly the loss of social supports and separation from family can contribute to symptom intensity. However, other conditions of confinement, such as threats to physical safety, sexual assaults and harassment by staff and other inmates, overcrowded conditions, and segregation also erode mental health, leading to decompensation. Although therapeutic services, such as medications and therapy, are available, only about one third of those who need treatment receive it.

Due to their being a relatively small proportion (8% to 10%) of the incarcerated, women often receive inadequate health care. This is particularly problematic because health care needs are complicated by the high rates of physical and sexual abuse women experience. Personnel delivering gynecological care may be insensitive to the possibility that an exam might trigger a reexperiencing of a traumatic event. In addition, pregnancy is a particularly high-risk situation, both medically and psychologically. Obstetrical visits and delivery take place in community hospitals. Women are escorted and observed by guards during delivery, and are sometimes shackled. Except in a few instances, mothers are returned to the institution without their infants.

The National Commission on Correctional Health Care requires institutions seeking accreditation to comply with standards for health services. These standards include thorough screening for infectious diseases and communicable illnesses at intake. In addition, mental health screening, assessment, and treatment are essential. Many states have retained private health care providers or correctional health maintenance organizations. Medical malpractice lawsuits brought by inmates against states and prison health care providers have been largely unsuccessful.

Sheryl Pimlott Kubiak

See also AIDS/HIV; Mental Illness; Prison Violence, Sexual Assault; Prison Violence by Corrections Staff; Prison Violence by Inmates; Sexually Transmitted Diseases

Further Readings

Amnesty International. (2000). *Pregnant and imprisoned in the United States.* New York: Author.

Hammett, T. M. (2006). HIV in prisons. *Criminology and Public Policy, 5,* 109–112.

Treadwell, H. M., & Nottingham, J. H. (Eds.). (2005). Public health consequences of imprisonment [Special issue]. *American Journal of Public Health, 95*(10).

Health Consequences of Intimate Partner Violence

The negative health effects of intimate partner violence (IPV) are diverse and epidemic. IPV, which is often interchangeably called domestic violence, spousal abuse, family violence, or wife beating, can significantly degrade the physical, sexual, reproductive, and mental health status of IPV survivors. Survivors of IPV have been shown to need more emergency room visits, physician visits, and prescriptions filled than individuals who have not experienced IPV. Not only does IPV cause immediate injury, but its effects also culminate over time and manifest as an array of health problems that prevail far after the abuse has ended. The complexity and duration of the negative health effects of IPV cause it to be difficult to identify, diagnose, and treat by medical professionals who have not been properly trained. The public health community has accordingly recognized IPV as a public health priority and has begun addressing its health consequences through position papers, changes in health care delivery, community partnerships, and medical trainings.

Long-Term Health Consequences of Physical Violence

In addition to the immediate injury that often results from physical violence, such as lacerations, bruises, broken bones, and concussions, victims of IPV also often suffer from related long-term physical health problems. The effects of ongoing or consistent abuse are cumulative and proportionate to the duration and severity of abuse. Consequently, routine violence has been shown to increase the likelihood of recurring physical ailments such as arthritis and chronic pain syndrome. When the violence is more focused around the head and neck, it can lead to neurological difficulties such as headaches, vision and hearing impairment, and an inability to concentrate.

Health Consequences of Sexual Violence

In addition to physical violence, the definition of IPV also often includes sexual assault by an intimate partner. The term *sexual abuse* refers to any sexual action that is committed to establish, maintain, or exploit an imbalance of power. This abuse includes but is not limited to the use or threat of physical violence for sex, degrading or cruel sex acts, and sex with the intention of emotional manipulation. While the immediate and chronic health consequences of sexual abuse include many of the effects of physical abuse, these consequences also encompass a set of problems characteristic to this type of violence.

Victims of sexual abuse are often not permitted to negotiate safer sex practices, and therefore are at a higher risk for unwanted pregnancies and sexually transmitted diseases. Possible cumulative effects of sexual violence include vaginal and anal tearing, gynecological infections, urinary tract infections, pelvic inflammatory disease, bladder infections, chronic pelvic pain, and cervical cancer.

Health Consequences of Psychological Violence

Psychological abuse and emotional abuse are also strong predictors of poor physical and mental health. Survivors of IPV are more likely to suffer from depression, posttraumatic stress disorder, insomnia, and panic attacks. A lack of agency, constant fear of safety for oneself and loved ones, verbal abuse, and psychological intimidation are only a few contributing causes of a survivor's mental health ailments.

In addition to mental health problems, psychological abuse can also result in physical problems caused by emotional strain, often called psychosomatic effects. These effects can manifest themselves as gastrointestinal problems, such as irritable bowel syndrome, stomach ulcers, constipation, diarrhea, and chronic stomach pain. Survivors of IPV are also more likely to experience high blood pressure and poor heart health. Additionally, stress caused by violence

most likely reduces immune system response, increasing the potential to contract communicable diseases.

Survivors of violence may also employ coping behaviors that are physically harmful in an effort to reduce psychological suffering. Individuals who have experienced IPV are more likely to have an eating disorder, abuse drugs, drink alcohol, and smoke cigarettes. The most detrimental health effect rooted in the psychological suffering caused by IPV is the increased likelihood to have thoughts of suicide and to commit suicide.

Health Care and Intimate Partner Violence

In addition to health problems caused directly by IPV, survivors of abuse also face difficulties in receiving effective health care. Batterers often employ controlling and isolating behavior that limits the people, institutions, and services with whom their partner has the ability to interact. In an effort to conceal the violence or to exert control in the relationship, perpetrators of IPV may not allow victims to seek prescriptive or preventive medical care. Thus survivors of IPV are less likely to visit medical professionals to treat injuries that have already occurred or to participate in regular health screenings such as pap smears and mammograms.

When survivors of IPV do receive screening and treatment from medical professionals, they may not receive care that is tailored to their experiences. Survivors are often reluctant to disclose experiences of abuse in hospitals because they fear for their safety, are embarrassed, or do not identify their abuse as a cause of their deteriorating health. Additionally, questions regarding abuse are typically not a routine part of screenings administered in medical settings. Therefore, the complexity of causes and effects of this type of violence may evade medical professionals who have not been appropriately trained to accurately and comprehensively identify, diagnose, and treat the health consequences of abuse.

Public Health Response to Intimate Partner Violence

In response to the far-reaching and distinctive health consequences of IPV, the United States' public health community has been acknowledging domestic violence as a public health priority since the 1980s. In 1985, U.S. Surgeon General C. Everett Koop publicly recognized domestic violence as a pressing public health issue. In the following 15 years, a number of leading national health organizations issued position papers identifying violence against women, family violence, or domestic violence as a public health priority. These health organizations include the American College of Obstetrics and Gynecology, the American Nurses Association, the American Medical Association, the American Public Health Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Psychological Association, and the American Academy of Nurse Practitioners.

In 2006 the World Health Organization (WHO) released the results of its multicountry study on the health effects of domestic violence. Through this investigation that interviewed over 24,000 women in urban and rural areas of 10 countries, WHO asserted that IPV is the most common type of violence in women's lives and must be viewed as a key global health priority.

Sara J. Shoener

See also Depression; Health Care Response, Prevention Strategies for Reducing Interpersonal Violence; Health Care Response to Intimate Partner Violence; Intimate Partner Violence; Posttraumatic Stress Disorder; Self-Injury

Further Readings

Campbell, J. C. (Ed.). (1998). *Empowering survivors of abuse: Health care for battered women and their children.* Thousand Oaks, CA: Sage.

Chamberlain, L. (2006). *Making the connection: Domestic violence and public health.* San Francisco, CA: Family Violence Prevention Fund.

Coker, A., Smith, P., Bethea, L., King, M., & McKeown, R. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine, 9*(5), 451–457.

Garcia-Moreno, C., Jansen, A. F. M. H., Ellsberg, M., Heise, L., & Watts, C. (2005). *WHO Multi-country Study on Women's Health and Domestic Violence Against Women: Initial results on prevalence, health outcomes, and women's responses.* Geneva: World Health Organization.

Morewitz, S. J. (2004). *Domestic violence and maternal and child health.* New York: Kluwer Academic/Plenum.

Help-Seeking Behaviors of Abused Women

Help-seeking refers to the process of an individual seeking assistance from informal and formal sources of support. Informal sources of support include family members, friends, coworkers, neighbors, employers, and faith-based leaders, whereas formal support refers to agencies within larger systems (e.g., criminal justice, human service, social service, and child protective systems). Regarding intimate partner violence (IPV), in particular, evidence suggests that survivors seek assistance from *both* informal and formal sources of support to meet a variety of needs; however, survivors are more likely to seek informal support. Survivors reported telling family and/or friends about the violence before telling formal sources like police. Informal assistance sought from family and friends is often important in helping the survivor cope with violence-associated stress or to become safer.

While the decision of whether and from whom to seek assistance is a complicated one, survivors of IPV engage in *active* help-seeking. Early theorizing about battered women and learned helplessness implied that survivors of IPV were unlikely to seek assistance. Others proposed that it was, in fact, the learned helplessness of the community that hindered survivors' safety. Survivor theory provided an alternative that suggested that women's help-seeking efforts are largely unmet by the community.

Indeed, IPV survivors face frequent barriers in their efforts to seek help from both formal and informal sources. Survivors seeking assistance from their informal network do not experience wholly positive or supportive reactions; rather, evidence suggests that survivors of IPV sometimes experience negative reactions from family and friends. Reactions perceived to be negative include victim blaming, making demands on the survivor (e.g., that she leave the relationship or move on with her life), withholding or removing tangible aid or emotional support, and jeopardizing the survivor's safety. Research on negative reactions to sexual assault victims suggests such reactions are strongly related to overall health and well-being (e.g., increased rates of depression, posttraumatic stress disorder, somatic symptoms) and have implications for recovery and future help-seeking.

IPV survivors may also face barriers in their efforts to engage formal helping sources. Historically, the community response to IPV against women has been characterized by inadequate services, as well as a lack of coordination across the systems involved in responding to domestic violence cases. IPV survivors have experienced revictimization by the formal systems designed to help them (e.g., the human service system) and to hold batterers accountable (e.g., the criminal justice system). Fortunately, with the current emphasis on creating a coordinated community response to violence against women and changes in federal and state laws, the community response is changing and, ideally, becoming more responsive to the needs of survivors.

Importantly, IPV survivors are not a monolithic group with regard to their help-seeking behavior. Survivors have varied wants and needs, including, for example, housing, financial assistance, emotional support, education, support for their children, and legal assistance. IPV survivors present a wide variety of diverse needs, and it is essential to tailor interventions to their stated priorities. Specifically, it is important for those responding to survivors' help-seeking not to impose their own "helping" agenda but to assist in the ways survivors indicate would be helpful.

Survivors' help-seeking behavior is shaped by many sources of diversity including, for example, personal preferences, geographic locale (rural, urban, and suburban), culture, race and ethnicity, available resources, age, religious preferences, immigration status, and previous experiences (with abuse and with the helping response). For example, African American IPV survivors may be less likely to seek assistance from the police because of past historical mistreatment by the justice system. This suggests that survivors' help-seeking behavior must be understood at multiple levels and that every effort should be made to respect and support survivors' help-seeking decisions.

Finally, help-seeking is not a one-time, singular event, but a complex process that involves decision making that changes over time as it is shaped by an individual's environment. Generally speaking, evidence suggests a progression in battered women's active help-seeking from the first violent incidents to escalating forms of abuse. After the first abusive incidents survivors may blame themselves and try to change their own behavior. But as the abuse escalates, survivors increasingly hold the batterer responsible, realize the hope for changing him is futile, and begin to plan for life without him or look for additional

ways to cope. Work is currently underway to develop a better understanding of battered women's help-seeking processes. One theory suggests this process involves three stages: (1) recognizing and defining the problem, (2) making the decision to seek help, and (3) selecting a helpsource (e.g., friends, police). Additional research is needed to understand if these three stages adequately represent help-seeking among survivors of IPV.

Nicole E. Allen and Jennifer Trotter

See also Advocacy; Agency/Autonomy of Battered Women; Battered Woman Syndrome; Battered Women; Battered Women: Leaving Violent Intimate Relationships; Shelters, Battered Women's

Further Readings

Allen, N. E., Bybee, D., & Sullivan, C. M. (2004). Battered women's multitude of needs: Evidence supporting the need for comprehensive advocacy. *Violence Against Women, 10*(9), 1015–1035.

Bowker, L. H. (1984). Coping with wife abuse: Personal and social networks. In A. R. Roberts (Ed.), *Battered women and their families: Intervention strategies and treatment programs* (pp. 168–191). New York: Springer.

Campbell, R., Ahrens, C. E., Sefl, T., Wasco, S. M., & Barnes, H. E. (2001). Social reactions to rape victims: Healing and hurtful effects on psychological and physical health outcomes. *Violence & Victims, 16*(3), 287–302.

Golding, J. M., Siegel, J. M., Sorenson, S. B., Burnam, M. A., & Stein, J. A. (1989). Social support sources following sexual assault. *Journal of Community Psychology, 17,* 92–107.

Gondolf, E. W. (1988). The survivor theory. In E. W. Gondolf & E. R. Fisher (Eds.), *Battered women as survivors* (pp. 11–25). Lexington, MA: Lexington Books.

Goodkind, J. R., Gillum, T. L., Bybee, D. I., & Sullivan, C. M. (2003). The impact of family and friends' reactions on the well-being of women with abusive partners. *Violence Against Women, 9*(3), 347–373.

Hart, B. J. (1995). *Coordinated community approaches to domestic violence.* Paper presented at the Strategic Planning Workshop on Violence Against Women, National Institute of Justice, Washington, DC. Retrieved from http://www.mincava.umn.edu

Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36*(1/2), 71–96.

McEvoy, A., Brookings, J. B., & Brown, C. E. (1983, February). Responses to battered women: Problems and strategies. *Social Casework: The Journal of Contemporary Social Work,* pp. 92–96.

Richie, B. E., & Kanuha, V. (1997). Battered women of color in public health care systems: Racism, sexism and violence. In M. Baca Zinn, P. Hondagneu-Sotelo, & M. A. Messner (Eds.), *Through the prism of difference: Readings on sex and gender* (pp. 121–129). Boston: Allyn & Bacon.

Sullivan, C. M. (1991, August). Battered women as active helpseekers. *Violence Update,* pp. 1, 8.

Sullivan, C. M. (1997). Societal collusion and culpability in intimate male violence: The impact of community response toward women with abusive partners. In A. P. Cardarelli (Ed.), *Violence between intimate partners: Patterns, causes, and effects.* Boston: Allyn & Bacon.

Sullivan, C. M. (2000). A model for effectively advocating for women with abusive partners. In J. P. Vincent & E. N. Jouriles (Eds.), *Domestic violence: Guidelines for research-informed practice* (pp. 126–143). London: Jessica Kingsley.

Tan, C., Basta, J., Sullivan, C. M., & Davidson, W. S. (1995). The role of social support in the lives of women exiting domestic violence shelters. *Journal of Interpersonal Violence, 10*(4), 437–451.

Trotter, J. L. (2005). *The good, the bad, and the ugly: Domestic violence survivors' experiences with their informal social networks.* Unpublished master's thesis, University of Illinois, Urbana-Champaign.

Walker, L. E. (1979). *The battered woman.* New York: Harper & Row.

High-Tech Violence Against Women

High-tech violence against women refers to the use of technology by abusers to stalk, monitor, or impersonate their victims in order to perpetrate sexual, domestic, or other violence against women. This high-tech violence might include an abuser intercepting phone calls via listening devices, intercepting electronic communications through spyware or hacking, or tracking a victim's movements through her location, the Internet, and camera technologies.

Technology makes an abuser's traditional power and control tactics increasingly easy to perpetrate, enabling abusers to monitor their victims more closely and efficiently. Phone, surveillance, and computer

technologies are increasingly effective and available, and provide a wide array of dangerous tools for abusers to use to harass, intimidate, impersonate, and stalk their current and former intimate partners.

While perpetrators have misused technology since its inception, community awareness of high-tech harassment increased in the mid-1990s, when Internet users began reporting online harassment and threats. The term *cyberstalking* is often used to describe this type of behavior. However, the term *cyber* commonly connotes computer and/or Internet crimes, and, it is important to note that high-tech abusers use a wide variety of technologies beyond the Internet, including global positioning satellite (GPS) devices, camera and video imaging technologies, and the full range of telephone technology (e.g., cell phones, telecommunication devices for the deaf [TDDs], and faxes).

Technologies Used

Communications, location, surveillance, and information technologies are routinely used by abusers to monitor victims. Some abusers install global positioning systems to stalk their victim's real-time location, while others use telephones to leave hundreds of threatening messages. Other stalkers use technologies like caller identification (Caller ID) to monitor who a victim calls, and to locate her after she has fled. Still others use services available on the Internet to alter the number displayed on a victim's Caller ID screen, making it appear as though the phone call is coming from the victim's mother or best friend.

Abusers continue to identify and adapt common household technologies to stalk and harass their victims. Some abusers use baby monitors, while others purchase imaging devices marketed as home protection or "nanny cams" to view or listen to a victim's activities at home or elsewhere. Abusers hide wired and wireless cameras and other recording devices in everything from audio speakers to clock radios and potted plants in order to do remote real-time or asynchronous monitoring.

Monitoring a victim's computer use is another tactic used by abusers. They not only use low-technology monitoring options such as viewing the Web site browser history or intercepting email, but also are increasingly using more sophisticated spy software and hardware (spyware) for surveillance.

Spyware is a powerful stalking tool. An abuser does not need to have physical access to the victim's computer to install or run the software. The abuser can send an email with an attached greeting card, computer game, or other ruse in order to entice the victim to open the attachment. Once opened, the attachment automatically installs spyware on the victim's computer, in stealth mode without notification or consent. Spyware programs can automatically record every word typed, every Web site visited, and every document printed and even turn on Web cameras that may be connected to the computer. The spyware program can regularly transmit this information to the abuser.

Strategies for Change

Given the array of techniques used by abusers, strategies for change concentrate on education and policy change. The varied language and content of state and other jurisdictional laws often present a challenge for those attempting to hold perpetrators accountable, especially because these crimes can easily occur across jurisdictional lines. While some states include the use of electronic surveillance in their stalking statutes, others must rely on creative interpretation of older laws to address these crimes. On the U.S. federal level, the Violence Against Women Act of 2005 was one of the first pieces of U.S. federal legislation to explicitly and comprehensively address high-tech violence against women.

In addition to policy solutions, other efforts have focused on providing survivors of interpersonal violence with strategies to limit the amount of their personally identifying information available to others. For example, court systems, newspapers, and government agencies are publishing victim information on the Internet. Thus, survivors and advocates must regularly ask agencies to seal or restrict access to files to protect survivor safety. Address confidentiality programs, offered by many U.S. states, are one example of mechanisms created to ensure a victim's address remains confidential regardless of whether that victim votes, buys property, goes to court, or engages in other public activities.

To enhance their safety and reduce the opportunities a stalker has to access their computers, survivors are using public computers at libraries and computer technology centers. More anonymous computer terminals allow survivors to set up free email accounts

on Internet-based services, select new alphanumeric passwords, choose not to be listed in the public directories provided by these services, and not have that Internet use linked back to their residence.

Additionally, advocates and survivors are taking advantage of the many wireless phone donation programs to equip survivors with phones that are not part of a shared or family phone plan purchased by the abuser. This allows the survivor to have access to a phone in an emergency, and also to receive private calls or arrange escape plans without that information becoming available to an abuser through billing records and phone logs.

The Future

As quickly as new technologies emerge, abusers find ways to manipulate them in order to spy on their victims. While the use of technology to stalk was once the exception, it has now become prevalent. Anecdotal and empirical evidence indicates that traditional modes of stalking have been greatly enhanced with the newest technologies, but significant research is needed to fully understand the parameters and types of technology used in stalking. Carefully crafted study that never compromises victim safety or confidentiality is needed to better document what survivors are experiencing and to inform the systemic change needed to address and prevent high-tech violence against women.

Cindy Southworth, Sarah Tucker, Cynthia Fraser, and Toby Shulruff

See also Batterers; Cyberstalking; Legal System, Advocacy Efforts to Affect, Intimate Partner Violence; Stalking; Violence Against Women Act

Further Readings

Safety Net: The National Safe & Strategic Technology Project. (2004). *Technology safety planning with survivors.* Retrieved May 5, 2006, from http://nnedv.org/SafetyNet/tspEnglish.pdf

Southworth, C., Dawson, S., Fraser, C., & Tucker, S. (2005, June). A high-tech twist on abuse: Technology, intimate partner stalking, and advocacy. *Violence Against Women Online Resources.* Retrieved May 5, 2006, from http://www.vawnet.org

Southworth, C., Finn, J., Dawson, S., Fraser, C., & Tucker, S. (2007). Intimate partner violence, technology and stalking. *Violence Against Women, 13*(8), 842–856.

Homelessness and Violence

Homelessness is a widespread problem in the United States that has increased in recent years due to a lack of affordable housing in many urban and suburban areas throughout the country, as well as natural disasters such as Hurricane Katrina and, most recently, the subprime mortgage crisis that is causing a substantial increase in home foreclosures. Individuals who are homeless make up a particularly vulnerable population because they lack the protection that private shelter typically affords.

Since the turn of the 21st century, organizations that monitor homelessness have reported increasing rates of violent crimes against homeless people. Between 2002 and 2004, for example, the number of violent deaths of homeless people rose by 67% and the number of nonlethal violent attacks on homeless people increased 281%. Typically, these violent assaults are beatings of homeless people sleeping on the street, under bridges, or at campsites.

Perpetrators of violent attacks on the homeless are primarily young White males, although available data indicate that perpetrators range in age from 11 years to 65 years old. Victims, too, are from all age groups, from infants as young as 4 months old to the elderly. The data show, however, that most victims are men; in 2004, for instance, there were 296 homeless male victims identified as violence victims, compared with 44 homeless female victims. Nevertheless, women are more vulnerable to specific types of violent crime, such as rape and sexual assault.

Violence is also more likely to be a cause of homelessness for women than for men. Research indicates that a large percentage of homeless women—in one study, in fact, 92%—have experienced severe physical and/or sexual assault at some point in their lives, often as children in the homes of their parents. A majority of homeless women have been victims of intimate partner violence (IPV) as adults, with as many as one third of homeless women reporting IPV victimization as ongoing or recent. In studies of urban homelessness, more than half of cities show IPV to be a primary causal factor in homelessness. Domestic violence service providers also report that battered women and their children may be forced to return to abusive households because they have no other alternative for housing; their only option would be homelessness.

Claire M. Renzetti

See also Assault; Battered Women, Economic Independence of; Transitional Housing Programs

Further Readings

Correia, A., & Rubin, J. (2001). *Housing and battered women.* Applied Research Forum, National Online Resource Center on Violence Against Women, Minneapolis, MN. Retrieved October 17, 2007, from http://www.vawnet.org

Golden, S. (1992). *The women outside: Meanings and myths of homelessness.* Berkeley: University of California Press.

National Coalition for the Homeless. (2005). *Hate, violence and death on Main Street USA: A report on hate crimes and violence against people experiencing homelessness in 2004.* Retrieved October 20, 2007, from http://nationalhomeless.org/civilrights/hatecrimes.html

Home Visitation Services

Home visitation services represent one of the dominant early prevention strategies targeting physical child abuse and neglect in the United States and in a growing number of other nations. As the name implies, home visitation services provide services to families directly in their homes, most typically during the perinatal and early childhood phases of the children's lives. Home visitation programs are varied in the specific activities and strategies employed, and seek to promote an array of positive family and child developmental outcomes, including the early prevention of physical child abuse and neglect. Typically home visitation programs initiate services very early in the life of a child, often at birth or even shortly before birth. With regard to physical child abuse and neglect prevention, families are usually engaged in services prior to any identified abuse and/or neglect (unlike child protective services), and therefore home visitation services are most appropriately categorized as a primary or secondary (and sometimes universal or selective) prevention strategy. As no maltreatment has yet been identified, home visitation services identify families via universal service systems, such as the health care system, and are therefore designed to be nonstigmatizing and voluntary.

Service activities focus on ways of strengthening families that promote positive parenting patterns and child developmental trajectories and, in so doing, aim to reduce risk for future physical child abuse and/or neglect. Most typically, direct services focus on ways of supporting the development of a healthy parent–child attachment through parenting guidance, education, and skill development. As well, home visitors often focus efforts on helping families with information and support around infant health, home safety, and environmental challenges, and home visitors often link families up with needed resources and supports in the local community. Services are typically available during the first few years of each child's life, and taper off as families' risks and stated goals are addressed over time. Depending upon the program type, home visitors may be nurses, social workers, or paraprofessionals with intensive training in the role.

Emergence

Although home visitation services have emerged rather rapidly over the last several decades, the idea and practice of providing services directly in the homes of at-risk families is far from new. Home health visiting services date at least as far back as Florence Nightingale's pioneering work in the 1860s in Britain, and it was a home visitor who was responsible for finding little Mary Ellen in a New York City tenement in 1874, leading to the establishment of the world's first child protection organization, the New York Society for the Prevention of Cruelty to Children.

The most recent impetus for the rapid emergence and expansion of home visitation services targeting positive child developmental outcomes, including child maltreatment risk reduction, rests on the convergence of at least three interrelated threads of developing scientific evidence. The first is the growing evidence base pointing out the uniquely important period of early childhood in shaping later life functioning, including findings on the rapid and "building block" development of neurobiological systems, the establishment of primary psychosocial competencies, and, importantly, the development of primary emotional attachments with caregivers. The second is the evidence pointing out the inordinate risk children face for physical child abuse and neglect during their earliest years of life, particularly in their most devastating and sometimes fatal forms. Finally, there is the growing evidence base on home visitation services themselves, which continues to indicate that, in the right circumstances and under careful scientific scrutiny, early home visitation services can indeed serve as an

effective vehicle to avert child abuse and neglect before it occurs.

Evidence

A series of carefully executed studies have reported reductions in physical child abuse and neglect risk as a result of home visitation, although the evidence base is far from uniform, underscoring a need to carefully design and implement such services with quality evaluations and with a close fit to the problem and family need. Nonetheless, a series of careful reviews of the evidence base have pointed out that home visitation services, when delivered properly, have been linked to a modest but discernable reduction of risk for future physical child abuse and neglect. Policymakers have increasingly turned to home visitation services not only as a preventive mechanism for child maltreatment and problems stemming from child maltreatment (such as juvenile delinquency and crime, and later life mental health and school problems); the appeal of home visitation services also stems from their potential to yield significant cost savings to the public, as some reports have suggested that home visitation, when successful in averting child maltreatment, can also avert much greater public costs associated with an array of publicly funded systems of child welfare, criminal justice, education, and health care.

Two notable home visitation program initiatives explicitly targeting child maltreatment prevention in the United States are the Nurse Family Partnership program developed and studied by David Olds and colleagues of the University of Colorado Health Sciences Center, and the Healthy Families America initiative of Prevent Child Abuse America that supports the development of programs based on the Healthy Start program model, originally established in Hawaii. Especially noteworthy are findings reported by Olds and colleagues indicating not only some reduction in physical child abuse and neglect associated with home visitation services, but also improvements in a wide array of maternal outcomes in select subgroups of mothers and developmental outcomes that are still noticeable when the children have reached 15 years of age. These and other promising findings have added momentum to the expansion of home visitation programs in the United States and internationally.

While not a panacea, home visitation services targeting child abuse and neglect prevention have demonstrated they can successfully engage and support large proportions of families who may benefit, and can prevent significant proportions of physical child abuse and neglect. As of this writing, early home visitation services remain the dominant and most promising child maltreatment prevention strategy on the horizon.

Neil B. Guterman

See also Child Abuse Prevention; Prevention Programs, Child Maltreatment; Prevention Programs, Definitions

Further Readings

Guterman, N. B. (2000). *Stopping child maltreatment before it starts: Emerging horizons in early home visitation services*. Thousand Oaks, CA: Sage.

Wasik, B., Bryant, D. M., & Lyons, C. M. (2001). *Home visiting: Procedures for helping families.* Thousand Oaks, CA: Sage.

Homicides, Criminal

There is a great deal of confusion in the use of the terms *homicide* and *murder,* partly because criminologists and lawyers tend not to use the terms in the same way. Legally, homicide is the killing of one person by another, and homicide is divided into justifiable and criminal homicides. A justifiable homicide is the killing of another in self-defense when faced with the danger of serious bodily injury. This includes killing of combatants during war, legal executions, and homicides by police in the course of carrying out their duties. A civilian justifiable homicide is the killing of another when faced with death or to prevent the death of another.

Criminal homicides consist of murder and manslaughter. The Model Penal Code, used by many states, defines criminal homicide as the act of purposely, knowingly, recklessly, or negligently causing the death of another human being. Murder is defined as the killing of another human being with malice aforethought, while manslaughter is killing without malice aforethought. The term *malice aforethought* is applied to murders that resulted from the intentional infliction of serious bodily harm, from outrageously reckless conduct, or, in some states, from a felony such as robbery. Manslaughter is defined as murder

committed in the heat of passion or the responsibility for another's death through reckless conduct, such as driving a car with defective brakes in a large city.

Most of the research on criminal homicides focuses on murders, and criminologists tend to use the term *homicide* to include murder. As a rule, their research on homicide does not include justifiable homicides or negligent manslaughters. Criminologists tend to use the terms *homicide, criminal homicide,* and *murder* interchangeably.

Data

According to nationwide Federal Bureau of Investigation (FBI) statistics for 2004, there were 16,137 murders and non-negligent manslaughters in the United States, a rate of 5.5 per 100,000 inhabitants. Criminal homicide is a male crime. According to 2004 data, 77.8% of homicide victims and 64.4% of offenders were males. Females were more frequently victims (21.9%) than offenders (7.1%), a fact reflected in their higher level of victimization in intimate partner murders.

With respect to race, the murder victimization rate for Blacks was 18.2 per 100,000, which is more than five times higher than the rate for Whites (3.2 per 100,000). The Uniform Crime Reporting (UCR) Program does request information from police departments on whether murder victims and offenders are of Hispanic origin; however, there is typically a large amount of information missing from the reports regarding this variable. California, though, is the largest state and does report homicide rates for Hispanics. For 2004, the homicide rate for Hispanics in California was intermediate (8.1 per 100,000), that is, between the rates for Whites (2.6) and for Blacks (31.6).

The highest homicide victimization rates are for those 18 to 24 years old. The rate for that age group was 14.3 per 100,000. The next highest rate is for victims ages 25 to 34, which was 11.1 per 100,000. The rates for the remaining age groups were less than 5 per 100,000.

With respect to the relationship between victim and offender prior to the offense, the largest proportion (25.9%) were simply classified by police and the FBI as homicides in which the "offender was known to the victim." A little less than 1 in 10 murders (9.4%) involved intimate partner relationships; other family relationships were involved in 7.6% of murders. Strangers accounted for 12.9% of murder victims, but there was no victim–offender relationship information on 44.1% of the murders.

Not surprisingly, over half (51%) of the murders in 2004 were committed with handguns. If the 14% attributed to other types of firearms is included, 65% of murders involved the use of firearms of one type or another. The remaining 34% involved other types of weapons such as knives, blunt objects, hands, or feet. The three most frequent motives for homicide were brawls and arguments (30.5%), followed by robbery (7.0%) and drug-related motives (3.9%).

One recent development has been the decline in homicide rates, as shown in Figure 1.

Beginning in 1991, there was a downturn in homicide rates, which continued through 2004. In 1991, the homicide rate was 9.8 per 100,000 population; by 2004, the homicide rate was 5.3 per 100,000, a 34.8% decrease. Among the explanations offered for the decline in homicides are the following:

- The growth of homicide during the 1980s was largely due to the increase in the 15-to-24 age group. The decline beginning about 1992 was partly accounted for by a decline in the 15-to-24 age group.
- Beginning about 1993, there has been a decline in handgun homicide among both Whites and Latinos, but the greatest decline has been among Black youth.

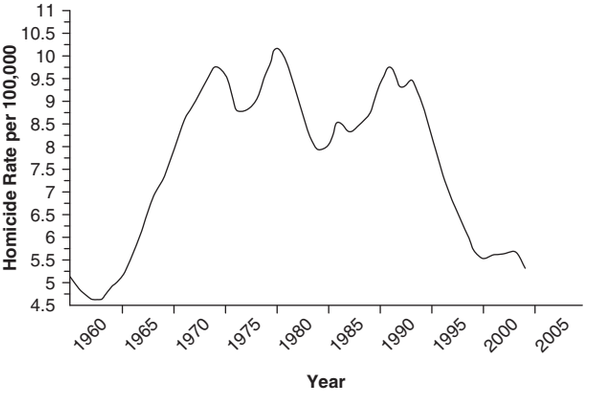

Figure 1 Homicide Rates in the United States: 1960–2004

Sources: Federal Bureau of Investigation. (2006). *Crime in the United States*. Retrieved from http://www.fbi.gov/ucr; Bureau of Justice Statistics. (2006). *Sourcebook of Criminal Justice Statistics*. Retrieved from http://www.albany.edu/sourcebook

- Drug markets may have matured and stabilized, and other dispute resolution mechanisms may have emerged.
- Economic expansion has increased the number of legitimate job opportunities and increased the amount of interaction between legal and illegal opportunities to earn money.

Arrest Clearances

It is obvious that in the event of any crime, including homicide, an offender should be arrested. The FBI's crime reporting program specifies that a law enforcement agency has cleared a particular offense when at least one person is arrested, charged with the commission of an offense, and turned over to the court for prosecution. Arrest clearances are extremely important to individual officers and law enforcement agencies as measures of performance and to the public for several reasons:

- Regardless of the goals of criminal justice, the process begins with the arrest of offenders. Without arrests, there is neither further processing of offenders nor reduction of crime.
- If offenders are not arrested they are free to offend again, which increases the risk of victimization.
- Failure to arrest offenders further traumatizes victims' families and contributes to an increase in the fear of violent victimization.
- Because clearances are a performance measure, failure to arrest undermines the morale of law enforcement personnel and agencies.
- When there are no arrests, there is no information on offenders, which limits research on offenders because of incomplete or biased data.

The problem is that for violent crimes in general, and homicide in particular, arrest clearances have been falling since at least 1960, as Figure 2 indicates. Arrest clearances are reported annually as the percentage of crimes for which one or more persons have been arrested. The percentage of homicides cleared by arrest in 1960 was 92.3%. Figure 2 shows that it declined almost linearly from year to year through 2004, when arrest clearances for homicide were 62.6%. Put another way, of the 16,137 homicides in 2004, no one was arrested for 37.4%, or 6,035 events.

Interest in arrest clearances has increased, but the available body of research distinguishes cleared homicides from uncleared homicides on only a few characteristics. In other words, for characteristics such as gender and race/ethnicity, some studies show differences between cleared and uncleared homicides and other studies do not.

However, there is agreement that homicides involving very young victims are more likely to be cleared than homicides involving older victims. The higher clearance rate for murders of small children is probably a consequence of low homicide rates and very high surveillance. A number of authors have noted that the rate of homicide of children between about 6 and 12 years of age is extremely low. This age group is also under more surveillance by agents such as parents and schools than are other age groups.

Homicides involving weapons other than firearms are more frequently cleared by arrest. The reason for this is that firearms provide the opportunity for individuals to kill at a greater distance and minimize the amount of evidence left at the scene.

Drug-related homicides are less likely than non-drug-related homicides to be cleared by arrest. While many of these offenses involve business-related conflicts, they also raise the possibility that third parties refuse to cooperate with the police for fear of being targeted.

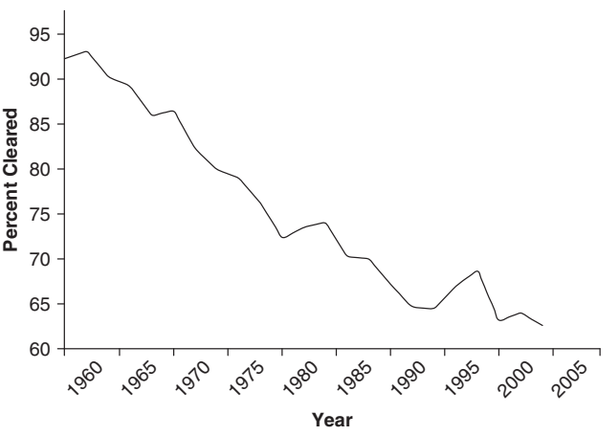

Figure 2 Arrest Clearances for Homicide: 1960–2004

Sources: Federal Bureau of Investigation. (2006). *Crime in the United States*. Retrieved from http://www.fbi.gov/ucr; Bureau of Justice Statistics. (2006). *Sourcebook of Criminal Justice Statistics*. Retrieved from http://www.albany.edu/sourcebook

Finally, the research is consistent in showing that nonstranger homicides (those committed by family, friends, acquaintances) are cleared more frequently than stranger homicides. One of the most easily cleared offenses involves intimate partners. For example, a physically abused wife decides she will no longer be beaten and kills her husband. When she realizes what she has done, she calls the police, awaits their arrival, and freely confesses.

Law enforcement has begun to come to terms with the declining clearance rates for homicide by an increasing use of cold case squads. There are two reasons that cold case squads are useful in clearing homicides. First, homicides have no statute of limitations and, second, conventional wisdom holds that homicides that have not developed significant leads or witness participation within 72 hours after the event are unlikely to be cleared. The statute of limitations for a crime refers to the time period following the crime during which an offender can be prosecuted. Unless there are some special legal provisions, most crimes cannot be prosecuted after a certain statutory time has passed. Homicide has no statute of limitations.

While cold case squads vary in size and organization throughout the United States, one of their major values is that they have access to technology, investigative methods, and resources not available one or two decades ago. DNA analysis is probably the best known. However, there have been advances in fingerprint technology that include systems for lifting prints from leather and cloth as well as systems that use lasers.

Marc Riedel

See also Expressive Violence; Familicide; Femicide; Gun Violence; Maternal Homicide; Serial Murder/Serial Killers

Further Readings

Blumstein, A., & Wallman, J. (Eds.). (2000). *The crime drop in America.* Cambridge, UK: Cambridge University Press.

Riedel, M., & Jarvis, J. (1998). The decline of arrest clearances for criminal homicide: Causes, correlates, and third parties. *Criminal Justice Policy Review, 9,* 279–305.

Riedel, M., & Welsh, W. N. (in press). *Criminal violence: Patterns, causes, and prevention* (2nd ed.). Los Angeles: Roxbury.

Turner, R., & Kosa, R. (2003). *Cold case squads: Leaving no stone unturned.* Washington, DC: Bureau of Justice Assistance.

Wellford, C., & Cronin, J. (1999). *An analysis of variables affecting the clearance of homicides: A multi-state study.* Washington, DC: Justice Research and Statistics Association.

HOMOPHOBIA

Homophobia is usually defined as the irrational fear and hatred of gay men and lesbians. It combines the words *homosexual* and *phobia*; hence it refers to fear or panic regarding people who are sexually attracted to a person of the same sex. Many people contend that the word *heterosexism* is a more accurate concept, since fear or panic is not the problem as much as the power and privileging of heterosexual people over gay men, lesbians, and bisexual people. Heterosexism assumes that people are heterosexual and asserts that heterosexuality is normal, natural, and right.

Homophobia is also related to sexism in that the denigration of the feminine is central to both. Males who are even slightly effeminate are seen as traitors to male dominance. Females who do not "stay in their place" are also targets of homophobia. An outspoken woman or a woman who does not accept subordinate status may be *lesbian baited*—that is, called a lesbian whether or not she is one. The purpose of this is to silence her or to encourage her to change her behavior.

An additional confusion is the erroneous connection between sexual orientation and gender identity. Sexual orientation refers to the object of a person's romantic or intimate desire. Gender identity is an individual's sense of being male identified, female identified, neither, or both. A common mistake is to assume every transgendered person is gay and to confuse a gender issue (which is related to sense of self) with sexual orientation (which is related to desire).

Internalized Homophobia

Young children in elementary schools are exposed to societal homophobia on the playground when the words *faggot, gay,* and *dyke* are used in a derogatory way to tease and humiliate other kids. The expression

that's so gay is also used as an insult. Hence, individuals grow up surrounded by homophobia in schools, in the media, in families, in peer groups, in religious sermons, and in legislation. One of the consequences of this frequent exposure is internalized homophobia, that is, the belief by homosexuals themselves that homosexuality is wrong, perverted, and "less than" to be gay or lesbian. The suicide rate for young gay people is three times the national rate for teens in general. Low self-esteem, higher rates of alcohol and drug use, and mental health problems are serious problems in the gay and lesbian communities as a result of individuals feeling they need to be secretive about being gay or lesbian.

Heterosexism

Heterosexist prejudice is seen throughout the institutions of society. On the cultural level, traditional gender roles of masculinity and femininity, definition of the family, religious views condemning same-sex sexuality as a sin, lesbian baiting, and anti-gay jokes all enforce anti-gay prejudice. Lack of civil rights protections in employment and housing, in access to the rights of marriage, and in the military policy of "Don't Ask, Don't Tell" are institutional-level discriminations. These and other limitations form a constant message that the gay or lesbian person does not deserve the same rights or access to resources that heterosexuals have available to them.

Legal Protection and Hate Crimes

As of January 2008, 13 states and the District of Columbia banned discrimination based on sexual orientation and gender identity/expression. Seven states had legislation banning discrimination based on sexual orientation. There is no federal level anti-discrimination protection.

Hate crimes, which are on the increase against gay people and gender-variant folks, are "message crimes" in that they go beyond the crime against the person who is targeted to send a message to the group that the individual is a member of. For this reason, taking a stand against hate crimes is important, so as to say that it is not okay to target this group and that it is a serious offense. Of 45 states with hate crime legislation, 12 states and the District of Columbia cover sexual orientation and gender identity, 20 states include sexual orientation, and 13 states include neither sexual orientation and gender identity (as of April 2008).

The Local Law Enforcement Hate Crimes Prevention Act of 2007, also known as the Matthew Shepard Act, would have added sexual orientation and gender identity to existing hate crimes legislation. It passed the House in 2007, but when introduced into the Senate as an amendment to the Senate Defense Authorization Bill, it was stripped of the gender identity provision. It passed, but 6 weeks later it was dropped. The last federal hate crime act was passed in 1968 and does not include sexual orientation, gender, gender identity, or disability.

Coming Out

Due to the repression and secrecy of being gay or lesbian many people are *closeted,* that is, they do not tell others that they are gay or lesbian. This means they cannot live full and free lives and need to pick and choose to whom and when they reveal their sexual orientation. To come out as gay or lesbian entails taking risks of losing friends and family, jobs, and safety. Coming out is a personal decision with political consequences because it brings the person in opposition to a power structure that has placed him or her in a subordinate position. One strategy of the political movement for gay and lesbian rights is advocating that all gay and lesbian people come out. This may break down stereotypes and myths as others realize gays and lesbians are in every type of group, class, occupation, and so forth.

Advances in Gay and Lesbian Rights

Homosexuality as a mental illness was removed from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* in 1973. However, there are still some mental health professionals who treat homosexuality as a mental illness. Generally referred to as *reparative therapy* or *conversion therapy,* its practitioners believe homosexuality is wrong, is a choice, and is caused by environmental factors. These therapists tend to come out of a religious perspective and usually incorporate prayer and religious worship in the treatment. The American Psychiatric Association opposes reparative therapy, as it can cause serious psychological harm and there is no empirical evidence that the treatment works.

The gay rights movement for equality and social acceptance formally dates back to June 27, 1969, when lesbians, gay men, and gender-variant people stood up

to police harassment during a raid at the Stonewall Bar in New York City. There has been a flurry of activism since then, from gay pride parades and events to countless educational forums and trainings, National Coming Out Days, marches on Washington, the formation of national organizations such as the Human Rights Campaign, lobbying for legislation, efforts toward full acceptance of gays serving in the military, advocacy for full marriage rights and benefits, and more. *Lawrence v. Texas* was a milestone for gay and lesbian people when, in June 2003, the U.S. Supreme Court struck down existing sodomy laws and affirmed the constitutional right to privacy.

Homophobia and heterosexism are hurtful in that they lock people into rigid gender roles and expectations. People are unable to be their authentic selves and contribute their full potential to society. Homophobia silences and stigmatizes people, including gay, lesbian, bisexual, and transgender people and nonconforming heterosexuals, because they are different.

Lori B. Girshick

See also Hate Crimes (Bias Crimes), Anti-Gay; Homophobia and Media Representations of Gay, Lesbian, Bisexual, and Transgender People; Legislation, Hate Crimes

Further Readings

Blumenfeld, W. (Ed.). (1992). *Homophobia: How we all pay the price.* Boston: Beacon Press.

Lorde, A. (1984). *Sister outsider.* Trumansburg, NY: Crossing Press.

Pharr, S. (1988). *Homophobia: A weapon of sexism.* Little Rock, AR: Chardon.

Homophobia and Media Representations of Gay, Lesbian, Bisexual, and Transgender People

In a culture of homophobia (an irrational fear of gay, lesbian, bisexual, and transgender [GLBT] people), GLBT people often face a heightened risk of violence and violence specific to their sexual identities. Media representations of GLBT people have contributed to this culture of homophobia and elevated risk of violence. Historically, GLBT people have been made invisible, marginalized, demonized, or portrayed as unrealistic stereotypes by the media. These depictions have contributed to a culture that considers GLBT people to be deviant, abnormal, and/or pathological, and normalize the violence perpetrated against GLBT people. Homophobia also is internalized by GLBT people themselves and encourages self-hatred and shame. These feelings can be used by abusers against GLBT victims to control and further isolate them from the rest of society and their support systems.

From the 1890s to the 1930s, GLBT people and representations of them were rarely present in the media. When present, GLBT characters or themes were the object of ridicule and laughter. The characters' nonheterosexual identities were rarely named explicitly by their portrayers and only were hinted at through negative and degrading stereotypes. Following the 1930s, the media industry came under the scrutiny of the U.S. government, resulting in strict censorship guidelines that included a ban on overtly homosexual characters. In the 1960s and 1970s, the GLBT and feminist movements gained momentum and challenged dominant perceptions of gender and sexuality. GLBT people became more visible in mainstream media, but with this added visibility came the increased risk of violence. During the 1980s, news media finally began to cover the GLBT stories that should reach the level of national attention. However, many of the television, film, and news portrayals of GLBT people continued to represent the population as dangerous, psychotic, and violent.

In recent years, there has been an increase in the presence of GLBT people and characters in the media. This includes an increase in news coverage of violent crimes, also known as hate crimes, committed against people based on their GLBT identity or perceived GLBT identity. In 2004, there were over 1,400 reported incidents of hate crimes based on sexual orientation. Some GLBT critics continue to criticize mainstream media for their distillation of GLBT people and culture. This muted coverage continues to perpetuate homophobic perceptions of GLBT people as unnatural and amoral. Such coverage contributes to a larger homophobic culture that serves to rationalize a dislike for GLBT people and the acts of violence committed against them.

Tracy J. Davis

See also Hate Crimes (Bias Crimes), Criminal Justice Responses; Media, Representations/Distortions of Crime; Media and Sexuality; Media and Violence

Further Readings

Castañeda, L., & Campbell, S. (Eds.). (2005). *News and sexuality: Media portraits of diversity.* Thousand Oaks, CA: Sage.

Gross, L. (2002). *Up from invisibility: Lesbians, gay men, and the media in America.* New York: Columbia University Press.

Leventhal, B., & Lundy, S. (Eds.). (1999). *Same-sex domestic violence: Strategies for change.* Thousand Oaks, CA: Sage.

Russo, V. (1987). *The celluloid closet: Homosexuality in the movies.* New York: HarperCollins.

Honor Killing/Crime

Honor killing and honor crime are violent acts against women and girls (beating, battering, or killing, for example) that are rationalized by a notion that an individual's or family's honor has been threatened because of the actual or perceived sexual misconduct of the female.

Honor killing of a woman or girl by her father, brother, or other male relative may occur because of a suspicion that she engaged in sexual activities before or outside marriage and thus has dishonored the family. Even when rape of a woman or girl has occurred this may be seen as a violation of the honor of the family for which the female must be killed. Wives' adultery and daughters' voluntary and involuntary premarital sexual activity, including rape, are seen as extreme violations of the codes of behavior, and thus may result in the death of the female through this so-called honor killing. Honor killing and honor crime are based on the shame that a loss of control of the woman or girl brings to the family and to the male heads of the family.

Because any suspicion of sexual activity or suspicion that a girl or woman was touched by another in a sexual manner is enough to raise questions about the family's honor, strict control of women and girls within the home and outside the home is therefore seen as justified. Women are restricted in their activities in the community, religion, and politics. These institutions, in turn, support the control of females. Thus, the existence of honor killing is useful for maintaining male dominance. Submissiveness may be seen as a sign of sexual purity, and a woman's or girl's attempts to assert her rights can be seen as a violation of the family's honor that needs to be redressed. Rules of honor and threats against females who "violate" such rules reinforce the control of women and have a powerful impact on their lives. Honor killings and crimes serve to keep women and girls from "stepping out of line." The manner in which such behaviors silence women and kill their spirit have led some to label honor killings/crimes more broadly as *femicide.*

Under patriarchy, male dominance is based on the authority of the father or male head of the household or family. Women's safety and sexuality are seen as property. Honor killing and crimes have been discussed mostly in reference to experiences of women in traditional societies in the Middle East, Southwest Asia, India, China, and Latin America. However, comparative research has shown that validating violence against women as a "crime of honor" occurs around the globe and not only in more traditional societies. Battering of female intimate partners has at times been tolerated or even sanctioned by many societies around the world, including in the United States, as a means of controlling female behavior. In the United States, some men have been exonerated for killing wives who have been found having sexual relations with others, and such behaviors have been called "crimes of passion." Permitting or requiring (in some communities) such killing is the extreme expression of the notion that males must control "their" women.

Linda M. Williams

See also Femicide; Hymen Replacement Surgery; Patriarchy; Rape/Sexual Assault

Further Readings

Baker, N., Gregware, P., & Cassidy, M. (1999). Family killing fields: Honor rationales in the murder of women. *Violence Against Women, 5,* 164–184.

Haj, S. (1992). Palestinian women and patriarchal relations. *Signs, 17,* 761–771.

Shalhoub-Kevorkian, N. (2003). Reexamining femicide: Breaking the silence and crossing "scientific" borders. *Signs, 28,* 581–608.

Human Rights

Human rights are the basic rights that all people are entitled to by virtue of being human. Most importantly,

human rights are inalienable, indivisible, and interdependent. Human rights are inalienable in that they inherently belong to each person and cannot be taken away from him or her. They are indivisible in that all human rights are equally important and as crucial as other rights. Finally, human rights are interdependent as a complete framework of interconnected and related rights.

There are fundamental legal guarantees that enable individuals and groups to live in dignity and that safeguard all people against violations of fundamental freedoms and human dignity. Human rights are defined and set forth in international, regional, and national laws and policies. The obligation to respect and protect human rights falls upon states and their actors. Violations of human rights occur when illegal acts of violence are committed by state or private actors that the government cannot or fails to control.

Interpersonal violence is often employed as a part of many human rights violations. This entry discusses the philanthropic, religious, and legal foundations of human rights. It also describes various human rights violations where interpersonal violence is used.

History of Human Rights

Recognition of the importance of human rights began early in history through philosophical and religious teachings. Aristotle postulated a natural moral order that transcends sociohistorical context to apply universally to everyone. The Roman Stoics similarly advanced a natural and universal code that counseled living in harmony with the divine order. In the 17th century, philosopher John Locke presented the concept that, long before and irrespective of state acknowledgment, all people possessed natural rights. These natural rights to life, liberty, and property stemmed from natural law, under which all people owed a duty of self-preservation to God. The 18th-century philosopher Immanuel Kant posited that morally autonomous and rational people will act according to a self-imposed categorical imperative. This categorical imperative denotes the moral autonomy and equality of all rational beings and forms the basis for laws established by such individuals. These rights-based philosophies were complementary to the religious ideologies of human worth.

Many religions, including Buddhism, Christianity, Confucianism, Hinduism, Islam, and Judaism, have principles relating to the responsibility or duty toward others, as well as on human dignity. Tenets of human rights can be found in various religious teachings. For example, the Bible quotes Jesus as saying, "Do to others as you would have them do to you" (Luke 6:31). The Babylonian Talmud, Shabbat 31a, says, "What is hateful to you do not do to your neighbor." Chaitanya, a Hindu philosopher, believed that the only caste was that of humanity. The Qur'an also recognizes one common humanity: "God knows best about your belief, and you are equal to one another, as far as belief is concerned" (4:25).

Beginning in the 13th century, countries began adopting legal instruments to protect certain rights and limit the government's power. The Magna Carta (1215) represented an early effort to establish restrictions on the English government's authority and set forth important concepts of due process. Other instruments soon followed that protected the rights to be free from arbitrary arrest and imprisonment and to freedom of speech and prohibited cruel or unusual punishments. For example, the 1776 Declaration of Independence asserted the equality of all men and their inalienable rights, including "Life, Liberty and the Pursuit of Happiness." The French Declaration of Rights of Man and Citizen (1789) established the rights to liberty, security, and due process, to possess property, and to have freedom of expression, as well as equality before the law.

Following World War I, countries sought to achieve greater international cooperation by creating the League of Nations in 1919. This organization addressed specific human rights, such as the rights of minorities, labor standards, slavery, and the treatment of former colonies, but it lacked the same human rights emphasis found later in the United Nations. The League of Nations' activities ceased after it failed to prevent World War II. The United Nations (UN) was the international community's subsequent undertaking to form an international body to promote international peace, security, and cooperation and better interstate relations, as well as respect for human rights and fundamental freedoms. On October 24, 1945, the UN Charter entered into force. According to the charter, member states are to promote human rights and fundamental freedoms without discrimination based on race, sex, language, or religion. Of the 193 nations in the world, 192 have ratified the charter and become member states of the United Nations.

On December 10, 1948, the UN adopted the Universal Declaration of Human Rights (UDHR). The

UDHR sets forth comprehensive human rights and fundamental freedoms in 30 articles and was the first international document to recognize that all people have human rights regardless of who they are or where they live. In 1966, the UN General Assembly adopted the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). Together, the UDHR, ICESCR, and the ICCPR and its two accompanying protocols constitute the International Bill of Human Rights. Four other conventions, together with the International Bill of Human Rights, comprise the core human rights treaties. These instruments include the Convention on the Elimination of All Forms of Discrimination Against Women; the Convention on the Elimination of All Forms of Racial Discrimination; the Convention on the Rights of the Child; the Convention Against Torture and Other Cruel, Unusual, Degrading Treatment or Punishment; and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. Other thematic documents followed, and today there are over 60 international human rights instruments promulgated by the UN that contain many protections against forms of interpersonal violence.

Human Rights Protections Against Interpersonal Violence

When the state fails to prevent, stop, or punish acts of interpersonal violence, it is a violation of human rights. Certain populations are more vulnerable to acts of interpersonal violence. They may not be guaranteed equal and effective protection of the law. For example, migrant workers and immigrant women have the right to effective protection from violence, physical injury, threats, and intimidation, yet they may be reluctant to seek protection from the law because of their immigration status. The universality of human rights guarantees that all people are entitled to protection of their human rights.

Right to Equality and Freedom From Discrimination

When people experience violence based on a specific characteristic, such as race, color, sex, language, religion, political or other opinion, national origin, property, or birth or other status, which impairs or nullifies their enjoyment of rights and freedoms, it is a violation of their rights to equality and freedom from discrimination.

One of the most pervasive causes of violence is racial discrimination. Colonialism and slavery illustrate the widespread discrimination that perpetuated massive human rights violations against entire populations. Human beings were enslaved, killed, tortured, and subject to numerous other forms of violence. Today, racism, racial discrimination, xenophobia, and related intolerance emerge as genocide, economic disparities, marginalization, and social inequities. Apartheid in South Africa is another example where legalized racism enabled White rule to dominate and terrorize Africans, Asians, and people of mixed descent for years. Today, in the context of post–September 11, discrimination is manifested in the hate crimes perpetrated against immigrants, refugees, and religious minorities.

All people are born equal and are entitled to equal protection before the law. For instance, when a state punishes strangers who rape, but not those who commit date or marital rape, it is failing to provide all women with equal protection of the law. The right to equality, however, may require legitimate preferential treatment, such as affirmative action, to rectify discrimination. Human rights law recognizes that everyone is equal and entitled to human rights without discrimination and provides that governments should condemn and seek to eliminate all forms of discrimination.

Right to Life

The violence that claims a life can take the form of suicide, war-related death, or homicide. According to a 2002 report of the World Health Organization, violence is one of the leading causes of death for individuals 15 to 44 years old and kills more than 1.6 million people per year.

Human rights law protects the right not to be arbitrarily deprived of life. This right is so fundamental that it may not be suspended, even during times of emergency. While the right to life is protected in many human rights documents, it is not an absolute right. For example, violence may be justified when used in self-defense or to protect another person. Killings are expected during wartime, but certain groups, such as those who do not participate in the hostilities, wounded or sick combatants, and prisoners of war, are protected.

In addition, there are still countries that impose the death penalty. The ICCPR does not directly prohibit

the death penalty, but it places limitations on its application. For example, it prohibits the execution of juveniles under 18 years of age and pregnant women. The death penalty may only be executed under a final judgment issued by a competent court for the most serious crimes, and those sentenced to death are entitled to seek pardon or commutation of their sentences. Increasingly, full respect for the right to life is being realized around the world through the abolition of the death penalty. Fifty-seven countries have ratified the Second Optional Protocol to the ICCPR aimed at the abolition of the death penalty, signaling their commitment to end this form of punishment. There is a growing movement toward abolition of the death penalty, as seen by policies of the European Union, which requires abolition by all member states, and U.S. state moratoria suspending the use of capital punishment.

Right to Liberty and Security

Everyone has the right to liberty and to be free from arbitrary arrest and detention. Some scholars and states have posited a broad interpretation of the right to liberty and security to include freedom from torture and violence. Constitutional protections against violence can be found under the right to security of the person. The Bill of Rights of the Constitution of South Africa (1996) states that, "everyone has the right to freedom and security of the person, which includes the right . . . to be free from all forms of violence from either public or private sources; not to be tortured in any way; and not to be treated or punished in a cruel, inhuman or degrading way" (Art. 12(1)). International and domestic authorities have recognized that violence against women constitutes a violation of this right. The Committee on the Elimination of All Forms of Discrimination Against Women has stated that gender-based violence transgresses several rights, including those of liberty and security of person. Officials in Australia and Canada have also found that violations of the right to security of person encompass crimes of sexual violence.

Freedom From Slavery

Violence and coercion are used to enslave people for exploitative purposes. It is the abusive means and conditions under which the person is forced to work that constitute slavery. Typically, slavery exists when a person is forced to work under threat, is controlled or owned by another person, is treated as property, and has his or her freedom of movement restricted. It is estimated that more than 12 million people are living in situations of forced labor. While transatlantic slavery and the slave trade have been long abolished, modern forms of slavery still exist. Some examples of slavery today include forced recruitment into combat, enforced prostitution, worst forms of child labor, slavery through descent, trafficking in persons, and early and forced marriage. Another example is debt bondage, in which humans are sold or deceived into entering situations where they are forced to repay debts through labor and are subject to threats and physical and sexual violence. The debts, which are heavily inflated and accrue continuously, are unreasonable and the labor highly undervalued. Thus, the debtor is in effect enslaved, never knowing when he or she will repay the loan.

Everyone is entitled to live a life free from slavery and forced labor, a right that may never be suspended or limited.

Freedom From Torture or Cruel, Inhuman, or Degrading Treatment or Punishment

Torture is the physical or mental severe pain or suffering used to elicit a confession or information, as punishment or intimidation, or for any reason based on discrimination. Torture is done or instigated by a public official or someone acting in an official capacity, or else carried out with that person's consent or acquiescence. Violent acts that constitute torture vary, but include severe beatings, electroshocks, sexual violence, mutilation, and simulating suffocation. Torture does not include the pain or suffering that arises from lawful punishment. Cruel, inhuman, or degrading treatment or punishment includes acts that may not rise to the level of torture, but still violate a person's rights.

Torture includes not only the acts that occur in the public sphere, but also acts committed by private actors when the government knows and fails to prevent such acts. For example, domestic violence is perpetrated using violent acts, such as battering, acid burning, "honor" killings, sexual assault, and psychological abuse. Domestic violence is torture when the government has not provided effective protection and the violence is of the type and severity to constitute torture.

Every person is entitled to be free from this type of violence. Freedom from torture, and cruel, inhuman,

or degrading treatment or punishment is a right that may not be suspended or limited, even in emergencies. Torture is a human rights violation and a crime under international human rights law.

Freedom of Assembly and Association; Freedom of Opinion and Expression; Freedom of Belief and Religion; Right to Participate in Government

Although each of these freedoms and rights is separate, violations of one are often similar to or carried out in connection with another. States and those acting on their behalf use attacks, intimidation, and harassment of individuals and groups to repress these rights.

Everyone has the right to establish and operate groups without state interference. Organizing over an issue is a critical means of impacting policies and representatives. For example, trade unions are an important tool for advocating for labor rights in the workplace. These rights are denied when governments and private actors use intimidation and harassment to shut down activities or associations. Members may be harassed individually or collectively. Likewise, the right to peaceful assembly is also impaired when officials use violent means to end such activities. The right does not extend to violent assemblies, however, and authorities may use force commensurate to the threat as a last resort to reduce harm. States sometimes use informal and violent means of censorship, such as personal attacks, to halt or penalize publication. This is a violation of the right to freedom of expression. People have the right to access information and to express their ideas as a move toward democracy and public participation. Freedom of expression must be balanced against other human rights, and there are restrictions on some expressions, such as hate speech, fighting words, or inciting to violence. Religious intolerance is manifested through abuses such as forced conversions, violent repression of worshipers, death sentences, summary executions, arrests, attacks, and destruction of religious property. Everyone has the right to freedom of thought, conscience, and religion, and this encompasses the right to nonreligious beliefs, such as nontheistic or atheistic beliefs. This right may never be suspended or limited. Finally, governments and opposition parties violate the right to participate in government when they use violence to intimidate or stop people from voting or running in elections.

Right to an Adequate Standard of Living

The right to an adequate standard of living comprises several rights, such as the rights to food, water, social services, clothing, and housing. Sometimes, the violation of one of these rights can indirectly lead to violence. For example, adequate housing is an important right that provides safety, shelter, privacy, and personal and communal space. When a person is deprived of adequate housing, it increases his or her susceptibility to violence. For example, domestic violence, rape, or harassment can occur inside the home before, during, or following an eviction. Other factors that increase vulnerability to violence in inadequate housing include age, ethnicity, migrant status, armed conflict, poverty, disabilities, and HIV/AIDS.

Embedded within the right to an adequate standard of living is the right to health. While this generally addresses the issues of provision of health services, prevention and treatment of diseases, and hygiene and infant mortality, it also encompasses the treatment of injuries that result from violence. These include not only physical harm, such as bodily injuries, but also psychological or mental harm. It is important to note that the ICESCR provides for the "highest attainable standard" of health, a benchmark that can vary depending on whether it is in relation to an individual country or a global consensus.

Conclusion

All people are entitled to human rights and fundamental freedoms. Human rights are universal, and they belong to every person regardless of who that person is or where the person lives. Early tenets of human rights can be found in many philosophies and most major religions. Interpersonal violence violates the enjoyment of many rights, including the rights to life, liberty, security, equality, an adequate standard of living, and participation in government, as well as freedoms from discrimination, slavery and torture and of association, expression, and belief. International, regional, and national laws promote and protect human rights, but equal protection and adequate implementation of the law is also required for human beings to fully enjoy their human rights and fundamental freedoms.

Rosalyn S. Park and Cheryl A. Thomas

See also United Nations, International Law/Courts; United Nations Conventions and Declarations

Further Readings

Fagan, A. (2008). Human rights. In J. Fieser & B. Dowden (Eds.), *The Internet encyclopedia of philosophy.* Retrieved from http://www.iep.utm.edu/h/hum-rts.htm

Human Rights Education Associates. (n.d). *Study guides: Freedom of assembly and association.* Retrieved from http://www.hrea.org/learn/guides/freedom-of-association.html

Human Rights Education Associates. (n.d). *Study guides: Freedom of expression.* Retrieved from http://www.hrea.org/learn/guides/freedom-of-expression.html

Human Rights Education Associates. (n.d). *Study guides: Housing.* Retrieved from http://www.hrea.org/learn/guides/housing.html

Human Rights Education Associates. (n.d.). *Study guides: The right to life.* Retrieved from http://www.hrea.org/learn/guides/life.html

Human Rights Education Associates. (n.d.). *Study guides: Slavery and forced labor.* Retrieved from http://www.hrea.org/learn/guides/slavery.html

Human Rights Education Associates. (n.d.). *Study guides: Torture, inhuman or degrading treatment.* Retrieved from http://www.hrea.org/learn/guides/torture.html

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.). (2002). *World report on violence and health.* Geneva: World Health Organization.

University of Minnesota Human Rights Center. (2003). *Study guide: The right to means for adequate health.* Retrieved from http://www1.umn.edu/humanrts/edumat/studyguides/righttohealth.html

Web Sites

Minnesota Advocates for Human Rights: http://www.stopvaw.org

Hymen Replacement Surgery

Hymen replacement surgery is a procedure by which a doctor, using dissolvable stitches, reattaches to a woman's vaginal wall the skin membrane—called the hymen—that once covered the opening to the vagina. The medical term for the procedure is *hymenoplasty,* but it is also known as *hymen restoration surgery, hymen reconstruction,* and *revirgination.* The latter term is used because an intact hymen was—and still is in some cultures—considered to be proof of a woman's sexual purity. Intercourse will tear the membrane, causing pain and bleeding. If there was no evidence of blood following first intercourse by a newly married couple, the woman was assumed not to be a virgin, which called into question the paternity of a child born within the first 9 months of the marriage, brought disgrace to the woman and her family, and could even result in her death if the culture imposed such a penalty on women for "sexual immorality."

Today, the procedure is a growing part of the cosmetic surgery "industry" in the United States, Great Britain, and other Western industrialized countries, with some long-married women having the procedure done as a "gift" to their husbands. In addition, the procedure is popular in the Middle East and Latin America, particularly among Muslims and Catholics, whose religious traditions teach that a woman's virginity prior to marriage is sacred.

Supporters of the procedure maintain that it protects women, particularly in cultures that punish sexual impurity with extraordinary penalties such as death. Supporters also point out that wider availability of the procedure performed by cosmetic surgeons prevents women in such cultures from resorting to "back alley" procedures that can result in serious injury or infection. Critics, however, liken the procedure to female genital mutilation and argue that it reinforces the primacy of female virginity over all else. Moreover, since hymen repair, unlike other types of reconstruction, is not taught in medical residencies, surgeons performing the procedure may not be properly trained. Critics of the procedure also include Catholic and Muslim religious groups, who point out that hymen reconstruction does not alleviate the sin of sex before marriage, but rather is the sin of deceit because the woman who has the surgery is still not a "genuine" virgin.

Claire M. Renzetti

See also Female Genital Mutilation; Honor Killing/Crime

Further Readings

Boodman, S. G. (2007, March 6). Cosmetic surgery's new frontier. *Washington Post*. Retrieved September 20, 2007, from http://www.washingtonpost.com

Chozick, A. (2005, December 15). Virgin territory: U.S. women seek a second first time. *Wall Street Journal.* Retrieved September 20, 2007, from http://www.cosmeticgyn.net/media_wsj_hymenoplasty.htm

Hypermasculinity

Gender roles have some generally acknowledged boundaries that tend to shift over time. Social acceptance of masculinity and femininity is expressed through everyday behavior, fashions, and ascribed or achieved qualities associated with each gender group. The distinction between heterosexuals and homosexuals or bisexuals is generally made based on how blatantly the latter individuals deviate from the expectations of mainstream individuals. Some individuals can pass for heterosexual, while others embrace a homosexual identity. In the case of masculinity, males and females can overemphasize masculine values to a point where such behavior defines their personality and everyday behavior. In addition, this overexaggeration of male traits can be generalized into patterns that result in the stereotyping of individuals based upon their outward appearance.

Hypermasculinity is the exaggeration of male stereotypical behavior. Those who are hypermasculine embrace male physical and/or behavioral stereotypes that define the primary nature of their everyday interaction with others. Body hair, strength, aggression, and outward appearance are expressed as male traits. Oppressed groups can focus on these traits as their way of fighting control by other individuals or competing interests. The dominant traits become associated with the person or group identity.

Hypermasculinity and Violence

Hypermasculinity is based on behavioral choices. The ascribed male behavior is thought to focus on strength and assertiveness. Males are more often associated with violence and killing than are females. Some individuals claim that there is a genetic or biological source to hypermasculinity. For example, it has been argued that having an extra Y chromosome, known as XYY chromosome syndrome, produces hypermasculine behavior and a greater likelihood of assertiveness because the additional Y chromosome is responsible for overproduction of the male hormone testosterone. However, there is little to no empirical support for this position. Others locate the source of hypermasculinity in culture and socialization. For instance, boys are taught to be aggressive and are rewarded for such behavior, whereas girls learn more nurturing roles.

Thus hypermasculine behavior may be partially explained by the creation of social stereotypes. Social stereotypes are created in many different ways, such as when individuals overemphasize their own gender characteristics. Males may strive for the development of a more muscular appearance or think that a beard makes them more masculine. In addition, such outward appearances will reinforce their assertiveness toward others. This assertiveness can lead to violence against women, child abuse and molestation, and a greater likelihood of embracing violence as a way of life.

Hypermasculinity has also been associated with the ambiguity of gender roles in contemporary society. Traditional gender roles accepted by men and women often converge when women compete alongside men in the workplace and everyday life. Hypermasculinity may emerge when men feel they must be more masculine as women embrace the aggressive behavior more commonly associated with males. In addition, hyperfemininity is often referred to as the flip side of this problem, wherein women overemphasize their emotional tendencies and physical appearance for the sake of control over men. Both conditions create an imbalance within relationships that can produce misunderstandings between the sexes.

Consequences

The consequences of hypermasculinity include the occurrence of males overemphasizing their physical strength and aggressiveness in interpersonal relationships. The utilization of strength in dominating interaction results in strained relationships between males and females. Lack of emotional understanding and physical dominance can ultimately weaken men's interpersonal relationships. Men exhibiting hypermasculinity and boys growing into hypermasculine roles will seek out ultimate fighting, wrestling, and other contact sports that embody their perceived hypermasculine gender identities. The message is that force or violence is instrumental in dealing with the many aspects of social life. In one example, exaggeration of these traits can be seen in prison inmates who embrace hypermasculine values for everyday survival in a captive situation. Violence is a notable constant in how relationships are formed and sustained in such an environment.

Lloyd Klein

See also Child Physical Abuse; Coercive Control; Community Violence; Fraternities and Violence; Media and Violence; Socialization

Further Readings

Kindlon, D., & Thompson, M. (2000). *Raising Cain: Protecting the emotional life of boys.* New York: Ballantine.

West, J. (2007). *The death of the grown-up: How America's arrested development is bringing down Western civilization.* New York: St. Martin's Press.

Immigrant and Migrant Women

Immigrant women migrate to the United States for a variety of reasons. Many come here voluntarily to better their lives, to reunite with their family members, to attend school or look for jobs. Others come involuntarily, as victims of human trafficking, fleeing persecution, sexual assault or domestic abuse, economic, social, or political upheavals in their home countries. Some immigrant women have obtained legal permission from immigration authorities to be in the United States and are "documented." Others may have no immigration documents. Many undocumented immigrant women may qualify to receive legal immigration status but be unaware of their eligibility, particularly when they have been victims of domestic violence, sexual assault, or trafficking and the information they do have has been controlled and provided by the perpetrator of the crimes against them. Immigrant women represent a broad cross-section of society. They are mothers, daughters, students, workers, caretakers, and professionals. They may have a great deal of formal education or they may not have any at all. Some speak English fluently, while others speak hesitantly, or only speak the language of their home country or community. Their experiences are rich and varied.

For many immigrant women, access to legal immigration status is intimately connected with their roles as wives and mothers. In general, men immigrate in search of better employment and educational opportunities, while women immigrate based on family ties. Sixty-nine percent of women attain lawful permanent residency through family relationships. Women are 38% more likely than men to attain legal permanent residency through family-based visas. Less than 4% of women enter the United States on employment visas.

Once women from other countries reach the United States, their families and communities expect these women to become protectors of culture and responsible for maintaining and passing on customs of their home country to children, oftentimes remaining obedient and subservient to male family members. By contrast, in the United States, expectations of acculturation encourage immigrant women to strive for independence and equality. Cultural clashes, the stress of immigration, a history of traumatic experiences, and the extent of access to resources in this country can have a significant effect on how an immigrant woman responds to family or sexual violence.

For many immigrant women, their legal immigration status is tied to a spouse, to other family members, or to a job. If any of these relationships turns abusive, the immigrant woman can become trapped in the abusive relationship—say, tied to an abusive spouse or a harassing employer—by the abuser's control over her immigration status.

In 1994's landmark Violence Against Women Act (VAWA), Congress recognized that violence against women affects immigrant women in unique ways and created a special procedure for victims to use in applying for legal immigration status that is not tied to the citizenship or immigration status of their abusive spouses or parents (VAWA self-petitioning). Today, over 30,000 immigrant women and their children have attained legal immigration status as VAWA self-petitioners. In 2000 VAWA expanded immigration protections to cover immigrant victims of domestic

violence, sexual assault, trafficking, and many other crimes by creating the crime victim U-visa. This new legal immigration visa helps immigrant victims whose abusers were not their spouses, were undocumented immigrants, were strangers, or were employers. These are all victims for whom the VAWA self-petition was not an option. The U-visa allows victims of mostly violent and kidnapping-related crimes to petition for a visa if they participated in an investigation or prosecution of the perpetrator. This visa helps many immigrant women and children obtain protection from deportation and legal work authorization. It also helps law enforcement and the criminal justice system bring perpetrators to justice. All VAWA self-petition, U-visa, and trafficking victim visa cases are filed with and adjudicated by the specially trained VAWA Unit of the Vermont Service Center, Department of Homeland Security.

Migrant worker is defined in Article 2 of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families as "a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national." The Convention points to specific categories of workers such as "frontier worker," "seasonal worker," "project-tied worker," and "specified-employment worker."

Women make up a large number of migrant workers, seasonal and farm workers, in the United States. Migrant women leave economically depressed countries in Asia, Latin America, Eastern Europe, and Africa for countries in Western Europe and the United States in order to find jobs and send money back to their families, sometimes not seeing family members for years at a time. In fact, many countries' economies depend on the labor of women working abroad. Migrant women are extremely susceptible to exploitation. Migrant women are often extremely isolated by geography, repeated relocation, language, and culture. When migrant women work for the same companies as their husbands, employers pay the husband for the wife's labor and the migrant farm worker wife has little access to money. Migrant women working in agricultural fields, food-processing plants, and other factories are particularly susceptible to sexual harassment, sexual assault, and rape by employers and coworkers.

Many women in developing countries (source countries) who are looking for jobs in the United States and Western Europe (destination countries) are often approached by people promising high-paying employment opportunities. These people, their eventual traffickers, facilitate the women's entries into destination countries, confiscate their papers, and force them to perform work for little or no wages. The work ranges from working on farms to working in sweatshops or performing commercial sex acts like prostitution or exotic dancing.

Many women do not speak out or seek help because they fear retribution or loss of their jobs, thus cutting off the flow of money back home. Similarly, since many migrant women are undocumented, they fear that speaking out will attract law enforcement attention that could turn into reporting to immigration authorities and deportation.

Leslye Orloff

See also Department of Homeland Security, Asylum; Department of Homeland Security, Response to Battered Immigrants and Immigrant Victims of Violence Against Women; Department of Homeland Security and Immigration Services; Domestic Violence Among Immigrant Women; Immigrant and Migrant Women and Law Enforcement Response; Legal Momentum; Office on Violence Against Women; Sexual Harassment; Violence Against Women Act

Further Readings

International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. (1990). Retrieved from http://www.ohchr.org/english/law/cmw.htm

Orloff, L. E. (2001). Lifesaving welfare safety net access for battered immigrant women and their children: Accomplishments and next steps. *William and Mary Journal on Women and the Law, 3,* 597–658.

Orloff, L. E., & Kaguyutan, J. E. (2002). Offering a helping hand. *American University Journal of Gender, Social Policy, & the Law, 8*(2), 231–282.

Orloff, L. E., & Sullivan, K. (Eds.). (2004). *Breaking barriers: A complete guide to legal rights and resources for battered immigrants.* Available at http://www.legalmomentum.org

Tamayo, W. R. (2007, November). *Sexual harassment and assault in the workplace: A basic guide for attorneys in obtaining relief for victims under federal employment law*. Presentation delivered to the Legal Momentum Immigrant Women Program Conference, Washington, DC.

Immigrant and Migrant Women and Law Enforcement Response

Immigrant and migrant women who are caught in abusive relationships and/or victims of sexual assault, trafficking, or other violent crime must often turn to law enforcement for assistance. Many times, law enforcement officers are the first responders to incidents involving violence—be they at the home or in public. An immigrant or migrant woman's willingness to reach out to law enforcement is shaped by many factors, including her experiences with law enforcement and the criminal justice system in her home country; her past experiences with law enforcement in the United States; and her facility with the English language, fear of deportation, and fear of retribution by her abuser, his family members, or her cultural community.

Immigrant and migrant victims may have tried to call police back in their home countries or previously in the United States, but felt that the police did not take their concerns seriously. In many countries, violence in the home is still seen as a private, not public, matter. Additionally, many immigrant women often turn to other women for support. If other women in the community have reached out to law enforcement, but have had bad experiences, it is less likely that a woman will turn to police for help.

In many communities law enforcement officials have not made their services language accessible to non–English-speaking victims, despite Title VI of the Federal Civil Rights Act requirements. Many times, immigrant and migrant victims are unable to communicate with police when they arrive at the scene of the crime. The abuser or other crime perpetrator will control the conversation if he speaks English, and police will oftentimes take his word. This can lead to the victim's instead of the abuser's arrest, despite physical evidence that the abuser is the perpetrator and primary aggressor. When police are not bilingual and do not access interpreters at the crime scene to facilitate communication with a non–English-speaking victim, they increase the risk that they will arrest the victim rather than the perpetrator. The victim's arrest can increase danger to her from the perpetrator, who evades being held accountable by the criminal justice system and whose power and control over his victim is enhanced. Furthermore, the victim's arrest can cut her off from immigration relief available to her under the Violence Against Women Act.

Of all the reasons immigrant women do not call the police, fear of deportation is the primary one. If the victim is undocumented, she may fear that if she calls for help she will be turned in to immigration authorities and be deported. Abusers of immigrant women, traffickers, and other crime perpetrators use threats of deportation to keep immigrant victims from calling the police, from obtaining protection orders, and from telling anyone about the abuse. Sometimes, the victim's immigration status and/or options for legal immigration status are tied to her abusive spouse, parent, or employer under U.S. immigration laws. The victim may fear that if she reaches out to police, her abuser may not help her or her children file for and obtain legal immigration status.

Violence against immigrant and migrant women can take forms other than intimate partner violence. Women may have been trafficked for labor or commercial sex purposes. Trafficking for either purpose involves extreme isolation of women from the outside world, so that control over many aspects of their lives belongs to the trafficker. Traffickers tell their victims to fear law enforcement and that police will discover they are undocumented immigrants, will catch them, and will send them back to their home countries. Trafficking victims' extreme isolation keeps them hidden from the outside world. As a result they rarely come in contact with police. Law enforcement raids of trafficking rings may be the first time a trafficked victim has ever had contact with law enforcement. Being introduced to the police in such a violent way can reinforce everything the trafficker has told the victim about law enforcement. Since the passage of the Trafficking Victims Protection Act in 2000, federal and state law enforcement have undertaken significant efforts to reach out to and identify trafficked victims. However, close collaborations between law enforcement and victim advocates are needed as early as possible to ensure trafficking victims protection and access to the services and support they need.

The Violence Against Women Act of 2000 created a crime victim visa (U-visa) for which the Department of Homeland Security published implementing regulations that took effect on October 17, 2007. In order to qualify for a U-visa a crime victim must have suffered substantial physical or emotional abuse as a result of criminal activity and must be helpful, have been helpful, or be willing to be helpful in an investigation or prosecution of criminal activity. To file, a

victim must obtain a certification from a government (usually law enforcement) official. The U-visa provides an important opportunity for advocates and law enforcement to work together to improve law enforcement response to calls for help from immigrant victims. Advocates for victims should work with local law enforcement to ensure that as wide a range of supervisors as possible are authorized by the law enforcement agency to sign U-visa certifications. By becoming involved in U-visa certification, law enforcement agencies can work more effectively to help immigrant and migrant victims and to bring the perpetrators of crimes against them to justice, while giving immigrant and migrant women an incentive to reach out to law enforcement.

Leslye Orloff

See also Department of Homeland Security, Response to Battered Immigrants and Immigrant Victims of Violence Against Women; Department of Homeland Security and Immigration Services; Domestic Violence Among Immigrant Women; Immigrant and Migrant Women; Legal Momentum; Office on Violence Against Women; Violence Against Women Act

Further Readings

Ammar, N., Orloff, L. E., Dutton, M. A., & Aguilar-Hass, G. (2005). Calls to the police and police response: A case study of Latina immigrant women in the USA. *International Journal of Police Science and Management*, *7*(4), 230–244.

Department of Homeland Security. (2007). *New classifications for victims of criminal activity; Eligibility for "U" nonimmigrant status*. Retrieved from http://www.dhs.gov/xlibrary/assets/uscis_u_nonimmigrant_status_interimrule_2007-09.pdf

Orloff, L. E., Dutton, M. A., Aguilar-Hass, G., & Ammar, N. (2003). Battered immigrant women's willingness to call the police for help. *UCLA Women's Law Journal, 13*(1), 43–100.

Sreeharsha, K., & Orloff, L. E. (2007, November). *Human trafficking and the T visa*. Presentation delivered to the Legal Momentum Immigrant Women Program Conference, Washington, DC.

Web Sites

Limited English Proficiency: A Federal Interactive Website: http://www.LEP.gov

Immigration and Naturalization Service

See Department of Homeland Security and Immigration Services

Incest

Sexual abuse accounts for 12% of the 1 million substantiated cases of child abuse and neglect annually. Approximately 20% of adult women and 5% to 10% of men were sexually abused as children. The peak age of vulnerability to sexual abuse is between 7 and 13 years of age. Girls are approximately three times more likely to be sexually abused than boys.

Incest is a subtype of child sexual abuse, referring to sexual abuse that occurs within the family. Research estimates that for girls, 33% to 50% of perpetrators are family members, whereas for boys, only 10% to 20% are. The most common perpetrators of intrafamilial abuse of girls are fathers, stepfathers, uncles, cousins, brothers, and grandfathers. The vast majority of perpetrators are male, but mothers and other female relatives can also abuse. Fathers' involvement in early caretaking may make them less likely to sexually abuse their daughters.

Unique legal issues occur when a child is abused within the family. The nonabusing parent may have to choose between the child and the abuser. A separation or divorce may ensue, including a custody dispute. False allegations of abuse in custody cases appear to be fairly rare. In one study of 9,000 divorces, only 2% (N = 180) had allegations of sexual abuse. Of those 180 cases, less than 1% of the total number were determined to be false reports. Further, professionals who regularly evaluate children report that preschoolers make the smallest percentage of false allegations.

Many factors contribute to severity of the abuse experience. Abuse by a nonblood relative is not automatically less severe than abuse by a blood relative, especially if the victim is emotionally close to the perpetrator. For example, a girl might be seriously affected by a stepfather's abuse, even though he is not related to her by blood. Other factors that make the experience severe include sexual penetration (oral, vaginal, or anal), use of force, long duration and frequent contact,

and lack of support from a nonabusive parent. Many of these factors relate to each other, and are related to whether the abuse occurs within or outside of the family. For example, abuse that occurs within the family may start earlier, go on for a longer time, and include increasingly more serious sexual acts.

There is a range of symptoms that occur among sexually abused children and adults. Severity of the experience is often, but not always, related to the severity of the symptoms. Symptoms of abuse that occur among preschoolers include anxiety, nightmares, and inappropriate sexual behavior. Among school-age children, symptoms include fear, mental illness, aggression, nightmares, school problems, hyperactivity, and regressive behavior. For adolescents, symptoms include depression; withdrawn, suicidal, or self-injurious behaviors; physical complaints; illegal acts; running away; and substance abuse.

Long-Term Effects

The effects of child sexual abuse can continue well into adulthood. Symptoms adult survivors manifest are often "logical extensions" of dysfunctional coping mechanisms developed during childhood. While these dysfunctional behaviors may have helped the child cope with ongoing abuse, they have a negative impact on adult functioning. Incest and child sexual abuse can affect men and women physiologically, and can influence their behavior, beliefs about themselves and others, social relationships, and emotional health. These effects are described below.

Traumatic events, including incest, can alter the way the body handles stress. After experiencing a severe or overwhelming stressor, the victim's body becomes "threat sensitized," which causes it to be over-responsive to current stressors. This can manifest as higher resting heart rate, chronic activation of the sympathetic nervous system, and the presence of chronic pain.

Incest can also shape how survivors see themselves and the world. They may come to view the world as a dangerous place, and respond to others with mistrust and hostility. They may also blame themselves for what happened to them, increasing their risk of revictimization as adults. They are also at higher risk for substance abuse, high-risk sexual practices, smoking, and eating disorders.

Among adult survivors, depression is the most commonly reported symptom. Incest survivors have a four-time greater lifetime risk for depression than others. Incest survivors are also at risk for developing posttraumatic stress disorder. Even if they do not meet full criteria for posttraumatic stress disorder, they may have symptoms that are troubling and may cause difficulties in other areas of their lives (e.g., sleep difficulties).

Also common among incest survivors are problems in relationships such as parent–child relations, relations with partners (including increased risk for revictimization), and relations with others that affect the availability of effective social support for these survivors.

Men and women vary in their reactions to incest and sexual abuse, and not everyone who has been sexually abused will have the problems listed above. There are effective treatments for incest survivors. Indeed, those who have experienced incest or child sexual abuse may use their experiences as an impetus to become better parents, and even to help others who have had similar experiences.

Kathleen Kendall-Tackett

See also Child Sexual Abuse; Depression; Health Consequences of Child Maltreatment

Further Readings

Arata, C. M. (2000). From child victim to adult victim: A model for predicting sexual revictimization. *Child Maltreatment, 5,* 28–38.

Kendall-Tackett, K. A. (2003). *Treating the lifetime health effects of childhood victimization.* Kingston, NJ: Civic Research Institute.

Kendall-Tackett, K. A. (2004). *Breastfeeding and the sexual abuse survivor.* Lactation Consultant Series 2, Unit 9. Schaumburg, IL: La Leche League International.

Kendall-Tackett, K. A., & Marshall, R. (1998). Sexual victimization of children: Incest and child sexual abuse. In R. K. Bergen (Ed.), *Issues in intimate violence* (pp. 47–63). Thousand Oaks, CA: Sage.

Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). The effects of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113,* 164–180.

McMillen, C., Zuravin, S., & Rideout, G. (1995). Perceived benefit from child sexual abuse. *Journal of Consulting and Clinical Psychology, 63,* 1037–1043.

Reece, R. M. (2000). *Treatment of child abuse: Common ground for mental health, medical, and legal practitioners.* Baltimore, MD: Johns Hopkins University Press.

INCIDENCE

Incidence is defined as the frequency with which offenders commit crime. More specifically, it is the number of times a criminal behavior is observed during a particular time frame. Incidence tends to be unevenly distributed and skewed, which means most individuals will report very little, if any, criminal activity, while a small number of individuals will report high levels of criminal activity. In addition, incidence is influenced by demographic characteristics. Certain groups have higher incidence rates than other groups; for example, gender is an important variable, with males having higher incidence of criminal behavior than females. To control for such factors, incidence is usually reported as a rate.

Incidence can be measured using official crime data such as those provided by the FBI's Uniform Crime Reporting (UCR) Program or by self-report surveys. In official crime data, incidence is measured as the average number of offenses per offender, which is calculated by dividing the number of offenses reported by the number of offenders arrested during a specified time period. In self-report surveys, the respondent reports the number of times he or she has engaged in a particular criminal behavior in a given period of time. Incidence is more commonly measured by self-report surveys due to the methodological problems associated with official crime data.

The measurement of incidence using official crime data is influenced by two critical problems. First is the underreporting of crime. The National Crime Victimization Survey estimates that only 50% of all crime is reported. The underreporting of crime generates an underestimation of the number of offenses and adversely impacts incidence. Second is the low clearance rate for most types of crimes. The UCR estimates a clearance rate of 20% for serious felonies. The low clearance rate causes an overestimation of incidence per offender, since many of the offenders are not apprehended.

When incidence is measured using a self-report study, three problems can impact the accuracy of the measure. The first problem with self-report studies is the veracity of the respondent: Only to the extent that the respondent answers the survey honestly will the respondent's measured incidence rate be an accurate representation of his or her true incidence rate. The next two problems focus on the quality of the respondent's memory. The respondent can suffer from memory decay, which is a problem where the respondent does not recall the details of his or her behavior such as how often he or she has engaged in the behavior. This is especially problematic when the respondent engages in the behavior frequently and incidents blur together. Typically, memory decay causes self-report surveys to underestimate incidence. The other problem with the respondent's memory is telescoping, which is when the respondent reports a behavior that occurred prior to the time period covered by the survey. Telescoping causes an overestimation of incidence.

Ann Marie Popp

See also Prevalence

Further Readings

Pepper, J. V., & Petrie, C. V. (2003). *Measurement problems in criminal justice research: Workshop summary.* Washington, DC: National Academies Press.

Tracey, P. E., Jr. (1990). Prevalence, incidence, rates and other descriptive measures. In K. L. Kempf (Ed.), *Measurement issues in criminology* (pp. 51–78). New York: Springer-Verlag.

INFANTICIDE

Infanticide refers to the killing of an infant, typically up to 1 year of age, though some sources classify as infanticides the killings of children up to 2 or 5 years of age. Both men and women commit infanticides, which differ in many ways from the killings of older children and adults. Infanticides include neonaticides, in which a newborn is killed on the day of his or her birth, and some filicides (i.e., the killing of a child by a parent). Though relatively uncommon, infanticide is an important form of interpersonal violence.

Infanticide in History

Historically, newborns and infants were killed because the societies into which they were born felt it was an acceptable way to deal with unwanted children or those who threatened the survival of the larger family unit, band, or tribe. Infants who were perceived as unhealthy were more likely than their sound

counterparts to be slain immediately or shortly after their births in order to devote scarce resources to ensure the survival of the social group. In some societies, female infants were often slaughtered, a trend that has continued into the modern era. Other children met their untimely ends when they were sacrificed to the gods, when their paternity was uncertain or undesirable, or when their parents simply did not want the burden of another child. Historically, infanticide was a common response to the stresses of rearing children.

Due to the dangerous environments in which they were raised, some children in history were killed through what would now be considered neglect or lack of supervision by their caregivers. Overlaying of infants by mothers (or others) who rolled over onto and suffocated their infants while sleeping, for example, was so common that laws were passed to outlaw the practice of adults sharing their beds with youngsters. Infants were scalded or burned to death when their parents were absent or were unintentionally killed during quarrels between the adults in their homes so frequently that the incidents were not considered especially newsworthy.

In days of old, superstition and beliefs in the paranormal played a unique role in the abuse and ultimate deaths of defective or unusual children. A child whose appearance was strange (e.g., due to deformity or disability) or whose behavior displeased his or her parents (e.g., crying too much) was sometimes labeled a changeling (i.e., a fairy child who had been switched at birth with a human infant). Popular belief held that only through continual abuse of a changeling could human parents hope that the fairies would come to rescue their own child and return the human one to its rightful family. No fairy ever returned a stolen child, of course, meaning that the so-called changelings were literally abused to death through beatings, burning, and other forms of torment. Similarly, in some tribal societies, infants believed to be witches were violently destroyed.

Contemporary Infanticides

The motivations behind and methods of contemporary infanticides differ greatly from those of the past. Especially in the United States, killings motivated by necessity are very rare and superstition plays a minuscule role in the deaths of modern infants. Overlayings are now so unusual that many individuals have never even heard of the phenomenon.

Infanticides are far less common now than in the past. In Victorian England, infanticides were the most common form of killing and the crime was routinely committed in other European nations, in the United States, and around the world. Recent estimates from the FBI's Uniform Crime Reporting Program, on the other hand, show that between 175 and 225 children under the age of 1 year are killed each year in the United States. This means that around 1% of killings in this country are infanticides. This rate may be misleading, however, given the difficulty in ascertaining the cause of death in some cases. The risk of a child being the victim of a homicide drops dramatically for school-age children and remains low until the teen years.

Types of and Motivations Behind Infanticides

Infanticides are committed by both men and women and the crime typically involves a victim who is in the real or temporary care of the killer. Infanticidal women seem to eschew weapons and tend to suffocate or drown their victims, while men tend to strangle or use weapons against their victims (e.g., stabbing or bludgeoning). Though routinely used in the killings of older children, especially teenagers, firearms are rarely involved in infanticides. Those who kill infants are often young, typically in their teens or early twenties. The vast majority of infanticides are committed by parents, stepparents (including parents' paramours), or other family members. Infanticide is one of the few violent offenses that is not dominated by male offenders; when women kill, they tend to kill intimates and children.

Infants are more likely than older children and adults to be beaten to death and to be killed in their own homes, which is sometimes attributed to their inability to escape from abusive situations by running away or seeking help from outsiders. Deaths due to head injuries are quite common among infants, occurring at a far higher rate than among older children or adults. The proportion of deaths due to neglect, of course, declines rapidly with age of the victim—while the majority of neonaticides are due to exposure or neglect, very few deaths of older children can be attributed to neglect. Victims of infanticides are more likely than older homicide victims to be White.

Unlike the killing of older children and adults, infanticides tend to be the unintended consequences of abuse or neglect or of unrestrained discipline that

goes too far. Some research has linked infanticide to overly aggressive attempts by parents to quiet crying children or to correct children who have soiled themselves. A sizable proportion of infanticides involve killers with a history of mental illness and/or who suffer from postpartum psychopathology.

Infanticide Typologies

Several scholars have posited typologies of those who commit infanticide. Despite minor variations between the models, most acknowledge that infanticides result from (a) mistreatment of unwanted children; (b) overzealous discipline or abuse directed against otherwise wanted children; (c) emotional responses by adults such as retaliation, revenge, or jealousy; or (d) mental illness, including postpartum psychopathology.

Some infanticides are termed *altruistic* because the killer, often suffering from mental illness, believes he or she is helping the victim avoid some greater imagined terror, such as being seized by the devil or suffering from some nonexistent malady or disease; a sizable proportion of altruistic infanticides are followed by suicide attempts by the killer. Though postpartum depression and psychosis in perpetrators of infanticides are relatively rare, their role in infanticides is the subject of a great deal of discussion and research.

Neonaticides differ from other infanticides in that they usually follow denied or concealed pregnancies and typically are committed by females who are afraid to tell the adults in their lives about an unwanted pregnancy. Males, even the fathers of the infants, are seldom involved in neonaticides. Many neonaticides occur during the process of hiding or disposing of a live-born infant to prevent discovery of the pregnancy and birth by parents or others. Due to the unique phenomenon of neonaticide, the first day of an infant's life is considered the most dangerous in terms of risk of being a homicide victim.

Prevention of Infanticide

In order to prevent infanticide, society must address each of the many causes of infant death. Some scholars have advocated for better monitoring of those who are pregnant and new mothers for signs of postpartum psychopathology, combined with educational campaigns aimed at increasing awareness of the devastating condition. Support programs aimed at helping families cope with the stresses of parenting have certainly reduced the number of abuse-related infanticides. The ability of medical and social service professionals to detect the abuse of unwanted children can also reduce the number of fatalities. Neonaticides may be prevented by a variety of programs aimed at reducing the stigma of unwanted pregnancies and creating situations conducive to disclosure of such pregnancies. Unfortunately, there is no single solution to the problem of infanticide.

Jon'a F. Meyer

See also Child Fatalities; Child Neglect; Child Physical Abuse; Homicides, Criminal; Parenting Practices and Violence, Child Maltreatment

Further Readings

Crittenden, P. M., & Craig, S. E. (1990). Developmental trends in the nature of child homicide. *Journal of Interpersonal Violence, 5,* 202–216.

Goetting, A. (1995). *Homicide in families and other special populations.* New York: Springer.

Haffter, C. (1968). The changeling: History and psychodynamics of attitudes to handicapped children in European folklore. *Journal of the History of the Behavioral Sciences, 4,* 55–61.

Mann, C. R. (1996). *When women kill.* Albany: State University of New York Press.

Meyer, C. L., & Oberman, M. (2001). *Mothers who kill their children: Understanding the acts of moms from Susan Smith to the "prom mom."* New York: New York University Press.

Moseley, K. L. (1986). The history of infanticide in Western society. *Issues in Law and Medicine, 1,* 345–361.

Pitt, S., & Bale, E. (1995). Neonaticide, infanticide, and filicide: A review of the literature. *Bulletin of the American Academy of Psychiatry and the Law, 23,* 375–386.

Insanity Defense

The insanity defense is an affirmative defense to a criminal charge. Affirmative defenses are those in which the defendant tries to limit or completely eliminate criminal liability by offering an excuse or justification

for the act. (Self-defense and duress are also affirmative defenses.) In the insanity defense's traditional form, the defendant enters a plea of "not guilty by reason of insanity" (NGRI). Defendants who plead NGRI do not deny having committed the offense, but rather argue that at the time the crime was committed, they were unable to form the necessary intent and therefore should not be held legally responsible for their acts. The insanity defense has evolved over time, and jurisdictions have adopted different standards or tests. Four states—Montana, Idaho, Utah, and Kansas—do not permit insanity as a defense.

Insanity is a legal concept, not a psychological or psychiatric one. The American legal tradition recognizes two elements to any criminal offense: the *actus reus* (criminal act) and the *mens rea* (guilty mind). The inclusion of the second element, mens rea, requires that the prosecution establish culpability (or blameworthiness) by demonstrating that the accused not only committed the offense, but also intended to commit the offense. Although proving the defendant committed the act often supersedes the need to literally prove the intent (it is generally accepted that most acts are intended), the mens rea requirement opens up the opportunity for the defense to launch a diminished capacity or insanity defense in response to a criminal charge.

The traditional insanity defense, the M'Naughten Rule, which was adopted from the English Common Law, states that a defendant's criminal conduct can be excused if "at the time of the committing of the act, the party accused was labouring under such a defect of reason, arising from a disease of the mind, as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know what he was doing was wrong." The M'Naughten Rule established a cognitive test that was supplemented in some jurisdictions by an "irresistible impulse" test (a test of whether the defendant could control his or her conduct). Appellate court decisions established the Durham Rule, which required that the act be a "product" of the mental defect or illness, and the Brawner Rule, which endorsed the American Legal Institute's (ALI's) Model Penal Code definition of insanity. The ALI expanded the cognitively based M'Naughten Rule to allow for an insanity defense based on either the defendant's capacity to appreciate the wrongfulness of his or her conduct or his or her capacity to conform his or her conduct to the law.

The most substantial insanity defense reform followed John Hinckley, Jr.'s 1982 NGRI acquittal for his 1981 attempt to assassinate then-president Ronald Reagan. At the time of Hinckley's acquittal, the insanity defense was based on the ALI's standard and included both a cognitive and a volitional prong. A defendant's NGRI plea would succeed if the defendant could demonstrate an inability to appreciate the wrongfulness of his or her conduct or lacked the ability to control the conduct. The public outrage that followed Hinckley's acquittal led to swift legislative action culminating in the 1984 passage of the Insanity Defense Reform Act (IDRA). The IDRA was a sweeping reform of the insanity defense that eliminated the volitional component, shifted the burden of proof from the prosecution to the defense, and increased the evidentiary standard from "preponderance of the evidence" to "clear and convincing evidence." Following IDRA reforms at the federal level, states began to revisit their insanity defense statutes, with many states reverting to a purely cognitive test. States have also revised their penal codes to allow for a diminished capacity defense (a defense that, if successful, might result in conviction on a lesser charge rather than a finding of not guilty) or a guilty but mentally ill verdict (a verdict that recognizes the mental illness without negating the defendant's responsibility for the offense).

High-profile insanity defense pleas and acquittals have led to public outcries against the use of the insanity defense; however, contrary to popular misconceptions, the most comprehensive study of the insanity defense suggested that the defense is infrequently used and, when used, is rarely successful.

Natasha A. Frost

See also Biochemical Factors in Predicting Violence; Mental Illness

Further Readings

Model Penal Code (1985). § 4.01(1).

Murdock, D. (Executive Producer). (2002, October 17). *Frontline: A crime of insanity* [Television broadcast]. New York and Washington, DC: Public Broadcasting Service.

Steadman, H. J., McGreevey, M. A., Morrissey, J. P., Callahan, L. A., Robbins, P. C., & Cirincione, C. (1993). *Before and after Hinckley: Evaluating insanity defense reform.* New York: Guilford Press.

Institute on Domestic Violence in the African American Community

The Institute on Domestic Violence in the African American Community (IDVAAC) is a national policy and practitioner training center established to address domestic violence in the African American community. The formal mission of IDVAAC is as follows: To provide an interdisciplinary vehicle and forum by which scholars, practitioners, and observers of family violence in the African American community will have the continual opportunity to articulate their perspective on family violence through research findings, the examination of service delivery and intervention mechanisms, and the identification of appropriate and effective responses to prevent and reduce family violence in the African American community.

IDVAAC's goals include the following:

- Creating a community of African American scholars and practitioners devoted to working in the area of violence prevention in the African American community
- Raising consciousness of the impact of violence in the African American community by gathering and disseminating information
- Identifying community needs and recommending best practices

IDVAAC was conceived in 1993 when a group of four African American practitioners and researchers found themselves to be the only African Americans attending the First National Conference on Domestic Violence and informally gathered to discuss their concerns about the lack of emphasis on domestic violence in the African American community. Following the initial discussion in 1993, the group engaged in efforts to establish a formal organization by securing operating funds from the Administration for Children and Families, U.S. Department of Health and Human Services.

IDVAAC is housed in the School of Social Work at the University of Minnesota–St. Paul and is administered by Oliver J. Williams and a Steering Committee comprised of 10 women and men who have professional backgrounds in the areas of service delivery, violence prevention advocacy, and academic research. A major contribution of IDVAAC to the field of domestic violence has been the rejection of domestic violence intervention strategies that have been designed from a "one size fits all" perspective. As such, IDVAAC has led the way in promoting the view that effective prevention and intervention aimed toward the reduction of domestic violence among African Americans must be informed by culturally competent service delivery. That is, domestic violence interventions targeted to African Americans must take into consideration the experiences and realities that influence motives for and justifications leading to domestic violence, and how African American victims of domestic violence experience and make sense of their victimization.

Over the course of its existence, IDVAAC has sought to enhance awareness of domestic violence in the African American community and the competency of practitioners to address domestic violence among African Americans by hosting national forums that have featured practitioners and researchers recognized for their innovative approaches in the areas of domestic violence prevention and intervention. Selected forum topics have included Partner Abuse in the Black Community: Culturally Specific Prevention and Treatment Models, African American Children and Domestic Violence, Substance Abuse and Domestic Violence in the African American Community, Welfare Reform, Domestic Violence and the African American Community, Domestic Violence and the Hip Hop Generation, and Mobilizing the African American Community to End Domestic Violence.

In recent years IDVAAC has secured a combination of public and private funding to address a variety of issues, including assessing community stakeholders' perspectives on the causes and prevention of domestic violence in the African American community, conducting national training institutes on the intersection of prisoner reentry and domestic violence, and examining factors that hinder and promote the use of supervised visitation in minority communities. Additionally, IDVAAC has embarked on a project to more broadly disseminate its work by hosting a series of Webcasts pertaining to cultural competency and prisoner reentry and domestic violence.

William Oliver

See also Cultural Competence; Culturally Sensitive Intervention

Web Sites

Institute on Domestic Violence in the African American Community: http://www.dvinstitute.org

Instrumental Violence

Instrumental violence is goal-oriented aggression or violence that occurs as a by-product of an individual's attempting to achieve a superordinate goal. Early 20th-century theorist Edward Thorndike's law of effect is useful in understanding the nature of instrumental abuse, as it is based on the observation that many behaviors appear to be efforts to obtain some desired results or avoid the occurrence of other unwelcome outcomes. Such goal-oriented behaviors are labeled "instrumental" because they appear to be deliberate attempts to achieve specific results.

Instrumental behaviors are common in interactions between two people, occurring whenever one person attempts to influence the other to act or refrain from acting in specific ways. In this sense, these behaviors lie at the core of reciprocal exchanges. However, when the tactics of influence are covert, overly harsh, and entirely one-way, behaviors that might have shaped and sustained relationships can become abusive and destroy intimacy.

The primary motivation for instrumental abuse appears to be manipulating another person to comply with a demand for access to some asset (e.g., money, power). As with all coercive behavior, the force behind instrumental aggression is threatened or actual delivery of some feared consequence. This could be threatened or actual violence toward the other or objects valued by the other, refusal to engage in interactions desired by the other, or forms of withdrawal including ending the relationship. Physical harm may be a product of instrumental abuse.

In theory, instrumental abuse may fall on a continuum between maliciously destructive predatory abuse, in which the primary aim is to injure the other person, and affective abuse, in which the goal is essentially self-protection or the expression of emotion, albeit through aggression. It should be noted that some have conceptualized this continuum as simply ranging from expressive to instrumental abuse. In certain cases, it may be difficult to determine whether a specific act of violence is instrumental or expressive, as some behaviors may share the characteristics of both.

It has been argued that instrumental abusers are inherently narcissistic; have a weak, albeit not absent, sense of empathy; and have at least mild psychopathic tendencies. This description stems from the willingness of instrumental abusers to exploit others in pursuit of some personal gain. Intervention outcomes are likely to be inversely proportional to the presence of these antisocial tendencies. For treatment to succeed, abusers must be helped to develop a sense of morality and an appreciation of the centrality of reciprocity to well-functioning social relationships. These are among the more difficult challenges faced by therapists.

Gregory L. Stuart and Richard B. Stuart

See also Intimate Terrorism; Situational Couple Violence

Further Readings

Haller, J., & Kruk, M. R. (2006). Normal and abnormal aggression: Human disorders and novel laboratory models. *Neuroscience and Biobehavioral Reviews, 30,* 292–303.

Stuart, R. B. (2005). Treatment for partner abuse: Time for a paradigm shift. *Professional Psychology: Research and Practice, 36,* 254–263.

Intensive Family Preservation Services

Intensive Family Preservation Services (IFPS) are services designed to prevent a child's placement out of the home, most commonly into the foster care system. Families are typically identified by child protective services systems because of suspected or confirmed child abuse and/or neglect, and referred to IFPS in an effort to reduce risk of future maltreatment to such a degree that a child will be able to remain at home safely. When successful, IFPS prevents the need to protectively remove a child from home and place him or her into the foster care system to avert further maltreatment.

Although a variety of family supportive services have been around for many years, IFPS emerged as a distinct strategy most noticeably in the 1970s and 1980s with a growing recognition of the importance of primary attachments for children's well-being; the need to strive for more stable permanent settings for developing children; and the growing recognition that foster care placement was often expensive, unstable, and even in some instances unsafe. Several promising service models that were tested in Alameda, California, and in Oregon in the late 1970s suggested that if families received intensive supportive services, the need

to place a child out of the home to avert further maltreatment could be averted. The passage of the federal Adoption Assistance and Child Welfare Act (P.L. 96–272) in 1980 required states to document "reasonable efforts" to maintain children in their own homes prior to their placement into foster care, which spurred the national expansion of IFPS. Since that time, a growing number of service models and accompanying evidence have shed light on IFPS and the capacity of the services to avert the placement of children in foster care.

Most commonly, IFPS are provided directly in the child's home by a trained IFPS social worker. IFPS is intensive in that services provided in the home are often provided on a short-term but frequent basis (several times per week is common), with workers handling only a few cases at a time and available around the clock for crisis needs. Services typically consist of crisis intervention support, guidance around parenting techniques, activities to link families up with needed community resources and supports, and sometimes modest material assistance to purchase essential goods for the family. One of the strengths of IFPS is that such programs have been carefully studied, providing evidence guiding their development. At present, a number of studies examining the overall effectiveness of IFPS in reducing out-of-home placement rates have failed to find program effects, while others have reported significant preventive trends and improvement in family functioning. While the evidence base is increasingly identifying which families are most likely to most benefit from IFPS, further research is necessary to reliably guide the advancement of IFPS so that the services can fulfill their promise to prevent children's being placed away from home as a protective option.

Neil B. Guterman

See also Child Abuse Prevention; Family Preservation and Reunification Programs; Foster Care; Kinship Care

Further Readings

Berry, M., & Ginsberg, L. (Eds.). (1997). *Family at risk: Issues and trends in family preservation services*. Columbia: University of South Carolina Press.

Biegel, D. E., & Wells, K. (Eds.). (1991). *Family preservation services: Research and evaluation*. Newbury Park, CA: Sage.

Intergenerational Transmission of Violence

The notion that family violence persists across generations is pervasive among clinicians, researchers, and the general public. Although many people expect consistent intergenerational transmission of violence (ITV), many scholars have questioned the supposed inevitability of transmission. Phenomena such as partner violence and child abuse clearly lead to myriad negative outcomes for many victims, including subsequent victimization due to involvement in relationships with violent partners, as well as perpetration of violence toward others, including partners and children. Estimates of the likelihood of ITV across generations vary widely, and researchers have found several risk and protective factors that alter the rates of transmission. Ultimately, the majority of people exposed to family violence during childhood are *not* involved in partner violence or child abuse as adults.

Transmission of family violence across generations may occur via several mechanisms. Social learning theory indicates that children learn to be perpetrators and/or victims of violence through exposure to their parents' expressions of violence. According to attachment theory, child abuse leads to insecure attachment between parents and children; changes in the child's internal working model result in later relationship difficulties and inadequate care for one's own children. Another possible explanation is that family violence during childhood results in increased stress and negative life events; during adulthood, high stress and limited resources lead people to use violence. Assortative mating suggests that people select mates similar to themselves, increasing the risk of becoming involved in partner violence for people who are already predisposed. Some researchers point to features with genetic components shared by parents and children that predispose both to family violence, such as antisocial traits, alcoholism, and impulsivity. Some traits shared by parents and children may not be passed genetically but instead may be learned during childhood, such as violence approval, poor emotion regulation, deficits in social information processing, and hostile attributions about interpersonal relationships.

ITV research typically employs one of three methodologies, with inclusion of control samples varying among studies. First, many researchers examine the

rates of violence in the childhoods of adults currently involved in family violence as perpetrators or victims. Alternatively, researchers begin with a sample of adults who experienced violence in their families of origin, then investigate rates of family violence during adulthood. Less commonly, researchers take a sample of children with varying family violence histories and follow them into adulthood. This latter prospective approach avoids reliance on retrospective recall of participants, which can be prone to error and bias. However, prospective studies are costly in terms of money, time, and researcher effort. Typically, retrospective studies result in higher estimates of transmission rates than prospective studies. Use of self-report measures produces much higher rates of violence than reliance on substantiation by government agencies, which can result in large variations in transmission rates.

Joan Kaufman and Edward Zigler illustrated how the same transmission data can be presented in different ways, resulting in substantially different estimates of transmission. For example, using parents' abuse histories as the starting point, a 1979 study by Rosemary Hunter and Nancy Kilstrom found an 18% rate of transmission; that is, of parents with an abuse history, only 18% abused their own infants. If current abuse had been the starting point instead, these same data would have shown a 90% transmission rate because 9 of the 10 parents currently abusing their infants had been maltreated as children.

Transmission of Partner Violence

Sandra Stith and colleagues conducted a meta-analysis of marital ITV, combining the results of 39 separate studies. They found an average correlation of $r = .18$ between witnessing partner violence as a child and perpetrating partner violence as an adult; this link was stronger for men ($r = .21$) than women ($r = .11$), indicating that boys who witness partner violence are more likely than girls to become perpetrators. There was a small correlation ($r = .14$) between witnessing partner violence and becoming the victim of partner violence as an adult; this link was stronger for women ($r = .18$) than men ($r = .09$), suggesting that girls who witness partner violence are more likely than boys to become victims. Although not included in that meta-analysis, evidence from other studies is mixed as to whether adults resemble their same-sex parent more than their opposite-sex parent in terms of violence perpetration and victimization. Because the base rate of violence is higher in dating relationships than in marriages, the transmission rate may be somewhat higher as well, but there have been no meta-analyses to date that compare dating and married couples. Among the factors that can increase likelihood of partner ITV are antisocial behavior, receipt of harsh parenting during childhood, experiencing abuse as a child, depression, substance abuse, attitudes condoning violence, and general relationship conflict.

Transmission of Child Physical Abuse

Kaufman and Zigler estimated that one third of abused children grow up to become abusive parents. Subsequent studies have found both higher and lower rates ranging from less than 10% to more than 40%, depending on factors such as study samples, methodology, and definitions of abuse and violence. Regardless of exact rates, the bulk of the literature is clear that having a history of child abuse consistently increases the likelihood of later perpetration of child abuse, but the majority of people abused as children do not go on to maltreat their own children. Researchers have looked for factors that cause some parents to break the cycle of violence and others to continue the cycle. Several protective factors have been found to decrease the likelihood of violence transmission, such as stable relationships, nonviolent partners, receipt of emotional support, involvement in psychotherapy, and stable home environments. Risk factors that increase the likelihood of violence transmission include young parental age, mental illness including depression and posttraumatic stress disorder, substance abuse, child illness or disability, poor parenting, financial stress, and other forms of violence in the home. In addition, children who experience more severe abuse, more frequent acts, and more injuries are more likely to go on to abuse their own children.

Transmission of Child Sexual Abuse

Because most perpetrators of sexual abuse are men, transmission studies have focused on men as perpetrators and women as mothers of sexually abused children. The largest longitudinal study following sexually abused boys into adulthood found that less than 12% became perpetrators of sexual abuse against

children (most of the victims were outside their families). Looking retrospectively at known child sexual abusers, studies have found an average of 28% were sexually abused as children. One of the largest risk factors that appears to increase risk of transmission is exposure to other forms of family violence. In terms of female victims, there is a higher rate of sexual abuse among children of sexually abused mothers than those of nonabused mothers. Contact with the mother's abuser appears to increase children's risk of being sexually abused, indicating that in many families, the same person may be responsible for transmission across generations.

Multiple Forms of Family Violence

The 2000 meta-analysis by Stith and colleagues found that witnessing partner violence and experiencing child abuse in the family of origin had similar impacts on subsequent adult partner violence. In terms of child physical abuse and sexual abuse, extant research indicates that all forms of family violence do appear to lead to some increase in child maltreatment in the next generation. The extent of the increased risk is modest, however, and there are numerous factors that can increase and decrease the likelihood of ITV.

Transmission Over Time

Although a history of family violence is one of the greatest risk factors for perpetration and victimization as an adult, intergenerational transmission is far from certain. The majority of people exposed to violence as children later break the cycle of violence. It should also be noted that the rates of violence found to date may not hold true for future cohorts; as the rates of family violence decline over time, the rates of ITV may also change in future generations.

Angèle Fauchier

See also Adult Survivors of Childhood Abuse; Cycle of Violence; Family Violence, Co-Occurrence of Forms

Further Readings

Belsky, J., & Pensky, E. (1988). Developmental history, personality, and family relationships: Toward an emergent family system. In R. A. Hinde & J. Stevenson-Hinde (Eds.), *Relationships within families: Mutual influences* (pp. 193–217). Oxford, UK: Clarendon.

Kaufman, J., & Zigler, E. (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry, 57,* 186–192.

Salter, D., et al. (2003). Development of sexually abusive behaviour in sexually victimized males: A longitudinal study. *The Lancet, 361,* 471–476.

Stith, S. M., Rosen, K. H., Middleton, K. A., Busch, A. L., Lundeberg, K., & Carleton, R. P. (2000). The intergenerational transmission of spouse abuse: A meta-analysis. *Journal of Marriage and the Family, 62,* 640–654.

Widom, C. S. (1989). Does violence beget violence? A critical examination of the literature. *Psychological Bulletin, 106,* 3–28.

Intermittent Explosive Disorder

Intermittent explosive disorder (IED) is a little studied psychological disorder characterized by repeated violent outbursts against people or objects, which is caused by a failure to resist aggressive impulses. The violent or aggressive reaction is disproportionate to the stimulus that provokes it, and outbursts occur repeatedly. IED is considered by some to be a cause of interpersonal violence from road rage to intimate partner violence. Others consider IED's diagnostic and definitional criteria to be too vague or too broad, calling into question its legitimacy and utility as a diagnosable psychological disorder.

The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM–IV*) places IED within the larger category of impulse disorders. Impulse disorders are characterized by the failure to resist impulses despite the potential for negative consequences. The diagnostic criteria for IED are vague and include any violent or aggressive outbursts that are repetitive, out of proportion to the situation, and not accounted for by other psychological disorders, drug use, or biological disorders. Due in part to its expansive diagnostic criteria, research on IED is very limited and some psychologists question its legitimacy. Despite the dearth of scholarly consensus and evidence about IED, it has been used successfully as a defense in court cases. Defendants have attempted to use it in court in response to charges as serious as homicide, primarily in cases related to road rage or intimate partner violence.

The available research is marked by a small number of studies, research definitions that differ from the

DSM diagnostic criteria, and small sample sizes. Studies claim that IED is more common in men than women by a ratio of about three to one, and that it generally manifests in adolescence. Characteristics of IED described in the literature include an irresistible violent impulse followed by pleasure or relief derived from acting on the impulse, followed by remorse for the violent outburst or its consequences. The violent outbursts last less than 30 minutes. Often, the aggression is aimed at intimate partners. It may be either a grossly disproportionate response to provocation or unprovoked. Some scholars recommend treatment using drugs that are used to treat other impulse disorders. Others recommend cognitive-behavioral therapy or a combination of the two.

Critics have noted that the diagnostic criteria for IED are so vague that they could include nonpathological and instrumental violence. The criteria include no minimum number of outbursts beyond repetition, and no time period in which the outbursts must occur. This means that virtually all violence that is not specifically identified as caused by another psychological disorder, biological problem, or drug use could ostensibly be termed IED. Common abusive behaviors could fall under the diagnostic criteria for IED, and scholars caution against pathologizing violence against intimate partners. Current research on IED fails to rule out social and cultural influences on violent and aggressive behavior within and outside of the family.

Molly Dragiewicz

See also Intimate Partner Violence

Further Readings

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

International Sex Industry

In recent years, there have been a number of significant shifts in the organization of the commercial sex industry, each relevant to women's experience of violence within prostitution. Internationally, the last decades of the 20th century witnessed a tremendous growth in what is known as "sex tourism"—the development and expansion of industries providing sexual services, catering primarily to Western and Japanese men who travel to economically undeveloped countries for business or leisure activities. In conjunction with the development and expansion of sex tourism has been a rise in trafficking of individuals for prostitution and the widespread involvement of children in the sex tourism industry.

A common thread in the organization and control of the global sex industry is that it emerges from and is sustained by gender, race, and class inequalities, as well as power imbalances resulting from colonial and imperialist relations across nations. The current scope and nature of the global sex industry is unprecedented. It is also associated with widespread exploitation, human rights abuses, and violence.

International organizations define trafficking as all acts and attempted acts involved in the recruitment, transportation within or across borders, purchase, sale, transfer, receipt, or harboring of a person (a) involving the use of deception, coercion, or debt bondage or (b) for the purpose of placing or holding such person, whether for pay or not, in involuntary servitude, in forced or bonded labor, or in slavery-like conditions, in a community other than the one in which such person lived at the time of the original deception, coercion, or debt bondage. According to the U.S. government, between 50,000 and 100,000 women are trafficked into the United States annually, and more than half a million women are trafficked worldwide every year. However, given the illicit nature of the industry, many suspect the numbers are probably much higher.

Several factors are responsible for the growth of this phenomenon. In addition to the evolution of sex tourism, broader global economic patterns in the late 20th century have encouraged women from developing countries to migrate abroad in search of economic opportunities to better themselves and their families. There are currently an estimated 60 million female migrants around the globe, and they constitute fully half of the world's migrant population. While migration itself is distinct from trafficking, and trafficking from prostitution, they are interconnected in that the growth in women's migration has made trafficking, including sexual trafficking, particularly easy to achieve. This is largely because the trafficking of girls and women often follows the same routes as legitimate migration, increasing traffickers' ability to deceive women, and to transport and control them without detection.

Trafficking is a global activity, and nearly every country in the world serves as a source, transit, and/or receiving country. Trafficking is found in Latin America and the Caribbean, in Africa, and to and from North America, the Middle East, Europe, and Australia. However, it is believed to be highest in two regions of the world: within Asia and from Asia to other parts of the world, and from Eastern Europe and the former Soviet Union to Western Europe and other destination countries. The intersections of race, class, and gender inequalities often dictate these routes: ethnic minority women and women from poor countries are routed to meet the desires of more privileged men.

Traffickers generate gross earnings of an estimated US$7 billion annually. Trafficking today is well organized and is often controlled by organized crime groups. Recruiting agents can include employment agencies, brokers, "marriage" agents, and acquaintances, as well as family friends or relatives. Often ads are placed in newspapers that describe well-paying job opportunities overseas in the service industries, including domestic work, dancing, and work as waitresses and hostesses. Researcher Donna Hughes estimates that about 20% of women are recruited for trafficking through false advertising. Recruitment methods usually involve deceit or debt bondage, but can also involve violence.

Women often are deceived about the nature or conditions of the work for which they are migrating. Regardless of whether they know they are migrating for sex work, women are often unprepared for the working conditions they discover. For example, often trafficking generates a system of debt bondage. With transnational prostitution, this occurs when women borrow money for the cost of travel, visas, false documents, and employment location. They are then charged exorbitant interest and required to work off the debt before accumulating their own earnings. It is not uncommon for women's debt to be sold from one employer to another, and for the new employer to then add the women's purchase price to their debt. Women's passports are routinely confiscated as security on the "loan," and this gives the women's debtors further control over their movement.

Women's status as illegal immigrants makes them vulnerable to exploitation and coercion in these markets; this is exacerbated when women are trafficked or migrate to foreign nations in which they do not speak the language and thus cannot communicate their experiences or easily seek assistance. Evidence consistently shows that the organization of the sex industry, including the transnational sex industry, results in widespread patterns of violence, coercion, and exploitation, as well as discriminatory law enforcement. Women who are trafficked, as well as women who voluntarily migrate for sex work, often find themselves working in slavery-like conditions in which their mobility is restricted and they are not given the right to control the conditions of their work. As a consequence of illegal confinement and forced labor, women are subject to a range of abuses, including physical and sexual assault, as well as exposure to HIV and other sexually transmitted diseases. Health care is minimal, and women who contract diseases are often simply discarded.

Advocates argue that strict migration laws, in conjunction with legal statutes governing the sex industry, allow this system to flourish and increase sex workers' dependence on outside agents. Despite the United Nations convention prohibiting trafficking for prostitution, the countries into which women are trafficked routinely give precedence to their status as illegal aliens engaged in illicit work, rather than to their status as victims of trafficking or forced prostitution. Brokers, managers, traffickers, recruiters, and middlemen, as well as legitimate businesses such as hotels and travel agencies, continue to profit from the industry, while sex workers face distinct disadvantages that undermine their ability to control their labor, and make them dependent on the individuals and organizations who exploit them. In addition, these women are victims of police corruption, bribery schemes, and government collusion, all of which are well documented. Around the world, sex workers are detained and imprisoned and subjected to cruel and degrading treatment and suffer violence by the state or by private individuals with the state's support, but there are no international conventions or antitrafficking organizations that explicitly support sex workers' human rights.

Jody Miller

See also Commercial Sexual Exploitation of Children; Prostitution; Sex Tourism; Trafficking, Human

Further Readings

Coomaraswamy, R. (2001). *Integration of the human rights of women and the gender perspective: Addendum mission to Bangladesh, Nepal and India on the issue of trafficking*

of women and girls. Geneva: United Nations Economic and Social Council.

Doezema, J. (1998). Forced to choose: Beyond the voluntary v. forced prostitution dichotomy. In K. Kempadoo & J. Doezema (Eds.), *Global sex workers: Rights, resistance, and redefinition* (pp. 34–50). New York: Routledge.

Farr, K. (2004). *Sex trafficking: The global market in women and children.* New York: Worth.

Hughes, D. M. (2001, January). The "Natasha" trade: Transnational sex trafficking. *National Institute of Justice Journal,* pp. 8–15.

Kempadoo, K., & Doezema, J. (Eds.). (1998). *Global sex workers: Rights, resistance, and redefinition.* New York: Routledge.

Lim, L. L. (Ed.). (1998). *The sex sector: The economic and social bases of prostitution in Southeast Asia.* Geneva: International Labor Organization.

Miller, J. (2002). Violence and coercion in Sri Lanka's commercial sex industry: Intersections of gender, sexuality, culture and the law. *Violence Against Women, 8,* 1045–1074.

Truong, T. (1990). *Sex, money and morality: Prostitution and tourism in Southeast Asia.* London: Zed Books.

International Society for the Prevention of Child Abuse and Neglect

Henry Kempe, a Denver pediatrician who coined the term *the battered child,* founded the International Society for Prevention of Child Abuse and Neglect (ISPCAN) in 1977. Initially conceived by an international group of 18 professionals meeting at the Bellagio Conference and Study Center (Italy) in 1975, the association was formally established following the First International Congress on Child Abuse and Neglect in Geneva in 1976.

ISPCAN's initial objectives included establishing an international professional journal and holding biannual international congresses. These vehicles were designed to facilitate the transfer of knowledge and to build relationships among the growing number of professionals addressing this problem worldwide.

Today, ISPCAN has over 1,800 individual members working in over 180 countries. Although initially supported through the volunteer efforts of its members, ISPCAN now operates under the direction of a professional staff based in the United States. ISPCAN's annual revenue of some $2 million comes from membership fees, royalties, conference and training fees, and philanthropic donations. Although its services have expanded, ISPCAN's core mission remains unchanged—to support those working to protect children from all forms of maltreatment (e.g., from physical abuse, sexual abuse, and neglect; from child prostitution and child labor; from becoming children of war).

ISPCAN's most visible product is its well-known and influential monthly journal, *Child Abuse & Neglect: The International Journal,* which publishes high-quality research from a variety of disciplines and relates this research to practice reforms. More recently, ISPCAN has added a quarterly newsletter (*The Link*) and biannual reports on the scope and public policy response to child abuse worldwide (*World Perspective on Child Abuse*) to its publication portfolio. ISPCAN also maintains an active listserv to improve member-to-member direct communication.

Since 1976, ISPCAN has convened 16 international congresses, rotating venues around the world to ensure accessibility to the greatest cross-section of individuals and organizations. ISPCAN also sponsors regional conferences, expanding educational opportunities for those working in African, Arab, Asian, South American, and Eastern European countries.

Beginning in 2000, ISPCAN increased its developing country training program to include an explicit emphasis on local capacity building. ISPCAN's International Training Project, in partnership with local professionals, supports multiyear training projects in 12 developing countries to improve knowledge and foster interdisciplinary professional networks.

ISPCAN's unique identity and strength has rested on its commitment to establishing a multidisciplinary and multicultural understanding of child abuse. Publications and training efforts are grounded in empirical research and in promoting those practices that have been rigorously tested and evaluated. Its increased influence in the field is reflected not only in its expanding membership base but also in its collaborative efforts with over a dozen national professional societies and major international associations including the United Nations, UNICEF, and the World Health Organization.

Deborah Daro

See also Human Rights; International Sex Industry; Professional Journals on Child Maltreatment; United Nations Conventions and Declarations

Further Readings

Cohn Donnelly, A. (Ed.). (2002). *An international movement to end child abuse: The story of ISPCAN.* Chicago: The International Society for the Prevention of Child Abuse and Neglect.

Web Sites

International Society for the Prevention of Child Abuse and Neglect: http://www.ispcan.org

International Society for Traumatic Stress Studies

The International Society for Traumatic Stress Studies (ISTSS) was formed in 1985 as the Society for Traumatic Stress Studies with the purpose of advancing knowledge about traumatic stress and promoting effective methods for preventing and ameliorating its negative consequences. In 1990 the name was changed to reflect the sincere intentions of the society to be international in scope. The society has sought to accomplish its goals by recognizing achievement in knowledge production and disseminating the knowledge through face-to-face contact with colleagues and by other methods. The society has a newsletter, *StressPoints,* and its official journal is the peer-reviewed *Journal of Traumatic Stress,* the leading academic journal for traumatic stress research.

The ISTSS was born in the aftermath of the Vietnam War and the increasing recognition of the persisting psychological effects of war on veterans. This coincided with the emergence of awareness that rape victims also suffered serious aftereffects. An early organizing force for those concerned with trauma survivors was the acknowledgment in the mental health professions that there are specific trauma consequences. This occurred in 1980 through the incorporation of posttraumatic stress disorder into the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders.* At that time there was no field of traumatic stress and no organization that provided a forum for professionals or was dedicated to advancing the accumulating knowledge.

Researchers and activists came together to create the society, which has become the premier professional association focused on knowledge development and dissemination related to traumatic stress. From the beginning the society extended its focus to encompass the range of trauma experiences, including those of rape victims, violent crime victims, police officers and emergency workers, combat veterans, families of victims, victims and families of intrafamilial abuse, and natural and humanmade disasters. Very soon thereafter the experiences of children were also incorporated into the society's concerns.

Over the years, the ISTSS has reflected the maturation of the field of traumatic stress studies. Interest has extended far beyond posttraumatic stress disorder. The society exerts scientific and clinical leadership on relevant issues, including the definition of trauma, general population epidemiology of trauma consequences, risk and protective factors for trauma impact, the biology of trauma responses, and effective interventions to counter the deleterious effects of trauma. The society's annual meeting, committees and task forces, and publications serve as primary vehicles for disseminating new knowledge as well as grappling with the complex issues that have arisen as the field has evolved. In addition, the ISTSS acts to promote social policy that advances the interests of trauma survivors.

Lucy Berliner

See also Posttraumatic Stress Disorder; Rape Trauma Syndrome

Web Sites

International Society for Traumatic Stress Studies: http://www.istss.org/

Internet, Crimes Against Children

The expansion of access by children to the Internet, and the wide availability of chat rooms, email, online messaging, webcams, and bulletin boards, have unfortunately led to the possibility that child predators can use this technology to come into contact with unsuspecting children. Each year more and more children are

using online technologies and so the possibility of crimes against them using these technologies increases.

A 1999 survey of Internet crimes against children conducted by the Crimes Against Children Research Center at the University of New Hampshire found that 1 in 5 children reported being approached or solicited for sex and 1 in 33 were exposed to aggressive sex solicitation over the Internet in the 12 months prior to the survey. One quarter of the children reported that in the preceding year they had unwanted exposure to pictures containing nudity or sex acts.

Internet crimes against children can take many forms. A report by the U.S. Department of Justice's Office for Victims of Crime suggests that Internet crimes against children can take the following forms: (a) using online contacts to entice children into meeting with the purpose of sexually abusing the child; (b) using the Internet to produce, manufacture, and distribute child pornography; (c) using the Internet to expose a child to pornography; and (d) enticing a child into travel for the purpose of sexually abusing him or her.

There are several unique aspects of this crime that make it different from other crimes. First, there does not need to be physical contact or even a meeting between the perpetrator and victim. A crime could be committed over the Internet, for example, when a child is exposed to pornography by a perpetrator. Second, such a crime may continue for years even without the child being aware of it, for example, photos or videos of the child may be posted on the Internet. Third, these crimes have no boundaries and can occur across state and national jurisdictions. Finally, some children may not disclose or even be aware that they are victims.

National organizations responding to this issue include the National Center for Missing and Exploited Children (NCMEC) that operates the NetSmartz Workshop program, the Internet Crimes Against Children (ICAC) Task Forces nationwide, and several government agencies. NCMEC's efforts are covered elsewhere in this encyclopedia. The ICAC's Web site states that it was "created to help State and local law enforcement agencies enhance their investigative response to offenders who use the Internet, online communication systems, or other computer technology to sexually exploit children." According to the ICAC, there are now 46 regional ICAC task forces.

Jeffrey L. Edleson

See also Child Sexual Abuse; High-Tech Violence Against Women; Internet, Pornography; Internet-Based Interventions; National Center for Missing and Exploited Children; Office for Victims of Crime; Office of Juvenile Justice and Delinquency Prevention

Further Readings

U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime (OVC). (2001). *Internet crimes against children* [OVC bulletin]. Retrieved from http://www.ojp.usdoj.gov/ovc/publications/bulletins/internet_2_2001/welcome.html

Web Sites

Internet Crimes Against Children Task Force: http://www.icactraining.org/

NetSmartz Workshop: http://www.netsmartz.org/

Internet, Pornography

The history of the pornography industry is inextricably linked to the development of communication technology. From the printing press to the Internet, pornography helped both popularize and mainstream technological innovations by providing men (the vast majority of pornography consumers) expanded opportunities and venues to view sexually explicit material.

One of the best examples of how pornography facilitated the growth of a new technology is the videocassette recorder (VCR). Pornography consumers were willing to pay high prices for a VCR and tapes in the early days of the technology before costs came down. Studies suggest that pornography tapes constituted over half of all sales of prerecorded tapes in the late 1970s, and that by 1983 there were more than 13,000 pornographic videos on the market. The power of pornography is seen in the fact that Sony's decision to refuse to license its Betamax technology to pornographers allowed VHS to monopolize the market by the early 1980s.

Pornography's profitability also drove innovation in Internet technology, as the pornographers pioneered streaming audio and visual, flash and chat, the click-through ad banner, the pop-up window, high-speed internet connections, security improvements, and a la carte pay services. While the pornography business can thank the Internet for its massive growth over the last few years, the Internet industry owes an even bigger debt to the pornographers.

The Internet is attractive to pornographers for several reasons. Start-up and distribution costs are low, and the Internet affords consumers easy and constant access in relatively private settings. In addition, the rapid growth of Internet pornography has meant that the laws restricting Internet content and access cannot keep up with the demand.

While statistics are difficult to collect on Internet pornography use, studies suggest the Internet generates $2.5 billion of the $57-billion-a-year global pornography industry. With 4.2 billion Web sites and 372 million pornography pages, there are 72 million visitors to porn Web sites annually, and 25% (68 million) of total search engine requests are for pornographic materials.

Internet pornography includes heterosexual, gay, lesbian, and transsexual material, with the vast majority being heterosexual aimed at a male audience, running the gamut from softcore (nudity with limited sexual activity, not including penetration) to hardcore (graphic images of actual, not simulated, sexual activity, including oral, vaginal, and anal penetration, sometimes by more than one man at a time). Constant accessibility means that pornography can be viewed in multiple locations, such as work, school, and Internet cafes as well as the home. Since the pornography "pops up" even when uninvited, it seamlessly flows into daily life and is increasingly part of the cultural landscape. This accessibility has also led to an increase in addictive behavior among consumers, with studies showing that almost 20% of male Internet pornography users report negative financial, legal, occupational, relationship, and personal repercussions from their activities.

The single largest public concern with Internet pornography has been children's easy access to the material. Many researchers have argued that children's viewing of Internet pornography constitutes a form of child abuse and requires immediate legislation. While there are few studies on the effects of Internet pornography, past research suggests that this increase in pornography consumption is implicated in greater levels of male violence against women and children.

Gail Dines and Robert Jensen

See also Decriminalization of Sex Work; International Sex Industry; Pornography

Further Readings

Coopersmith, J. (1998). Pornography and progress. *Icon, 4,* 94–125.

Dines, G. (2004). Unmasking the pornography industry: From fantasy to reality. In R. Morgan (Ed.), *Sisterhood is forever: The women's anthology for the new millennium* (pp. 306–314). New York: Simon & Schuster.

Lane, F. S. (2000). *Obscene profits: The entrepreneurs of pornography in the cyber age.* New York: Routledge.

Morrison, J. (2004). The distracted porn consumer: You never knew your online customers so well. *Adult Video News On-Line.* Retrieved June 1, 2004, from http://www.adultvideonews.com

Internet, Violence Against Women

See High-Tech Violence Against Women

Internet-Based Interventions

Psychotherapeutic, counseling, and supportive services have been available on the Internet for victims of interpersonal violence since the late 1990s. Services include education, information and referral, problem solving, supportive counseling, and psychotherapy. For example, Safe Horizon offers education through an online domestic violence shelter tour as well as a link to email for help. Rape, Abuse and Incest National Network provides chat-based online intervention for rape crisis and support. Services are offered online by professionals and trained volunteers of domestic violence organizations, rape and sexual abuse crisis centers, child abuse agencies, and a variety of private nonprofit agencies as well as by private practice professionals. Service delivery may use asynchronous email, real-time chat-based communication, or Internet-based audio/visual communications. In addition, a large variety of self-help groups for support of victims and others faced with interpersonal violence are also offered on the Internet.

Advantages and Concerns

Scholars and practitioners have debated the advantages and potential harm of online services. The benefits of online therapy over in-person therapy include easier access to therapy, more privacy, and lower cost. Online therapy is convenient, since services may be

available at any time from any place. They offer a stable source of support in an increasingly mobile society. Online services may be more likely to be used by those faced with concerns that are often stigmatized, such as domestic violence and rape, since they can be accessed anonymously and without in-person contact. In addition, services are available to those who might not otherwise seek services due to time constraints, geographic distance, caregiving responsibilities, lack of transportation, physical or social isolation, and/or physical or psychological disabilities. Online therapy may be more effective with some people since it uses a medium that promotes more open and disinhibited communication due to the perceived anonymity and safety of online communications. In addition, online services may offer a source of culturally relevant information and services when they are not available in the local community. Finally, although costs vary greatly, online therapy may be less expensive, since more consumers can be served in a shorter time with fewer overhead costs.

A number of ethical and legal concerns are associated with online services. The effectiveness of online therapy has not been established. There is very limited empirically validated evidence related to the outcomes of online service delivery. Therapists trained in face-to-face counseling rely on many visual cues in their assessment and intervention. A therapist's skills in assessment and providing empathy may not directly transfer to the online world. Since visual and verbal cues are unavailable online, assessment is more difficult online. Misunderstandings are more likely in text-based communications and cannot be immediately addressed in asynchronous modalities. In addition, development of trust may be impaired, since it is difficult to know the true identity of the consumer or the practitioner in a strictly online environment. Another concern is that providing privacy, security, and confidentiality of online communications requires both technological safeguards from practitioners and education of consumers in safeguarding their own computers. Furthermore, a number of ethical requirements, such as duty to warn vulnerable third parties, to make appropriate referrals, to be available and intervene in emergencies, and to consult with previous service providers, may be difficult in online relationships. Finally, practitioners and consumers face unclear legal and liability standards surrounding the jurisdiction and practice of online therapy.

A number of organizations have developed ethical and practice standards related to online therapy. The National Board for Certified Counselors has adopted ethical codes for the practice of e-therapy. The American Psychological Association (APA) has issued the *APA Statement on Services by Telephone, Teleconferencing, and Internet.* In addition, the International Society for Mental Health Online has adopted *Suggested Principles for the Online Provision of Mental Health Services.* The National Association of Social Workers (NASW) has not adopted a specific statement on the ethics of online practice. The NASW has adopted a policy statement about technology and social work that emphasizes the importance of using technology in social work directed by the values and ethics that are essential principles of the profession. There is general agreement in these codes of ethics that all ethical standards of face-to-face practice must be met in online therapy.

Research

Increased consumer use of the Internet to meet health and mental health needs is taking place in the context of very limited research about the effectiveness of online therapy. The research literature suggests that online therapy can be an effective treatment modality. Studies are limited in scope, sample size, duration, level of therapist experience, and outcome measures. Studies suggest that a therapeutic relationship can be established through text-based communications. In addition, a relatively small number of empirical studies comparing online treatment with face-to-face therapy or wait-list control groups have examined the effectiveness of online therapy with a variety of populations and social problems. These studies generally find online therapy to be as effective as face-to-face interventions or more effective than wait-list control groups with a variety of diagnostic categories, including anxiety, depression, eating disorders, panic disorder, substance abuse, caregiver stress, pediatric pain, cigarette addiction, grief, posttraumatic stress disorder, and recurrent headache. Studies have not yet evaluated online services for victims of violence. Further research is needed to better determine for whom and under what circumstances online therapy is effective.

As more people use the Internet, human service professionals working in interpersonal violence intervention will need to determine to what extent they will engage in online therapeutic and supportive services. For those who do offer online services, it will require creating secure systems, training workers in online communication, creating policies regarding what

services may be offered online by whom, developing policies for handling both expected and unsolicited email, creating record keeping procedures for online communications, developing new forms of supervision, and evaluating the impact of online services. The future will likely see the development of new models of service delivery that include 24-hour access, a geographically distributed workforce, and new ways to link service recipients with information and supportive resources. Finally, services will need to be expanded to accommodate the tremendous increase in those seeking services as a result of online access.

Jerry Finn

See also Prevention Programs, Interpersonal Violence; Risk Assessment; Social Support Networks

Further Readings

Barak, A. (2001). *Online therapy outcome studies.* Retrieved from http://www.ismho.org/issues/cswf.htm

Barak, A. (2004). Internet counseling. In C. E. Spielberger (Ed.), *Encyclopedia of applied psychology* (pp. 369–378). San Diego, CA: Academic Press.

Finn, J., & Banach, M. (2002). Risk management in online human services practice. *Journal of Technology and Human Services, 20*(1/2), 133–154.

Grohol, J. M. (2000). *The insider's guide to mental health resources online.* New York: Guilford Press.

Mallen, M. J., Vogel, D. L., Rochlen, A. B., & Day, S. X. (2005). Online counseling: Reviewing the literature from a counseling psychology framework. *Counseling Psychologist, 33,* 819–871.

Rochlen, A. B., Zack, J. S., & Speyer, C. (2004). Online therapy: Review of relevant definitions, debates, and current empirical support. *Journal of Clinical Psychology, 60,* 269–283.

Seuler, J. (2000). Psychotherapy in cyberspace: A 5-dimension model of online and computer-mediated psychotherapy. *Cyberpsychology and Behavior, 3,* 151–160.

Waldron, V., Lavitt, M., & Kelley, D. (2000). The nature and prevention of harm in technology-mediated self-help settings: Three exemplars. *Journal of Technology in Human Services, 17*(1,2,3), 267–294.

Zack, J. S. (2004). Technology of online counseling. In R. Kraus, J. Zack, & G. Stricker (Eds.), *Online counseling: A handbook for mental health professionals* (pp. 93–121). San Diego, CA: Elsevier Academic Press.

Web Sites

Rape, Abuse and Incest National Network: http://www.rainn.org

Safe Horizon: http://www.safehorizon.org

Intersectionality

Intersectionality is an analytic tool through which all social relations are structured, viewed, and acted upon. The concept of intersectionality specifically as applied to violence against women is often attributed to critical race scholar Kimberle Williams Crenshaw. As an African American feminist, Crenshaw was the first to make a link between the ways the social construction of political identities such as ethnicity and gender often submerge the complex "intersections" within and between such categories. Crenshaw and others also have asserted that the notion of intersectionality sheds light upon the ways social problems are constructed because such issues occur within historical, political, and cultural contexts that cannot be extricated from or analyzed without accounting for social variables such as socioeconomic class, sexuality, age, religious affiliation, and nationality.

Specifically with regard to domestic and sexual violence, Crenshaw has argued that without a more complex analysis of the interconnections among various forms of domination and oppression, the structural dimensions of intimate violence as well as those who are both victims and victimizers cannot be well understood.

The Race-ing of Violence Against Women

Growing out of the modern-day women's movement, feminist theorizing about violence against girls and women initially attributed the violence to gendered power relationships built upon and maintained through socially proscribed patriarchal constructions of family life, domesticity, marriage, and intimacy. Some feminist historians have suggested, however, that both the second wave of American feminism and the violence against women movement have been strongly defined by and through the race, class, and political perspectives of its main proponents—White, middle-class women. Late activist and scholar Susan Schechter,

who wrote the first account of the American battered women's movement, suggested that the norms, organizing methods, and leadership of early feminist strategists set the tone for most of the prevailing domestic violence policies and practices that are now considered "mainstream" in the United States.

The notion of intersectionality first emerged as a critique of this predominantly White feminist and particularly U.S.-based analysis of sexual and domestic violence. Intersectionality as a complementary theoretical framework to explain violence against women focuses on two major points. First, while liberal and radical feminism have placed sex and gender inequality as the central if not sole cause of the structural domination of women in society, women of color and lesbians understand misogyny as co-constructed with racial and class stratification, heterosexism, xenophobia, and other systems of oppression. Crenshaw and others have argued that the social contexts in which race, class, gender, nationality, age, sexuality, and other social-political classifications combine to create institutions of domination are not merely additive in nature, but uniquely structured as an amalgam of power, supremacy, and social control.

The second basis of intersectionality is a critique of White feminism's claim that domestic and sexual abuse affects all women equally (i.e., all women could be raped or battered regardless of race, class, or sexuality). The predominant analysis of gender violence as a crime "against *all* women" suggests that whether you are the immigrant wife of a rural factory worker or the daughter of a wealthy East Coast industrialist your experience as a victim of intimate violence—including how such systems as the police, courts, social services, or medical facilities respond to you—is structured primarily or solely by your sex and gender, and not mediated by sex and gender in combination with socioeconomic class, age, sexuality, nationality, and other factors.

The Gender-ing of Ethnic Analyses of Violence

Feminists of color have argued both that White feminists' understanding of violence has excluded race as it intersects with gender and that the focus of communities of color on ending racism is not only dominated by the perceptions and leadership of men of color, but has precluded any analysis of how racism *and* sexism disproportionately affect women of color. Therefore, any attempts to interrogate violence by men of color against women (whether female victims are White or non-White) are perceived either as a betrayal of racial/ethnic identity as envisioned by ethnic male solidarity or as duplicity with White feminism (which is equated with Whiteness). Battered and raped women of color thus are forced to choose between racial/ethnic loyalty and their safety as defined in a feminist/White analysis of violence.

This conundrum is similarly structured for other women victims of violence who must traverse the multiple spaces of their various identities. Battered lesbians must rely upon either the politically defined but protective boundaries of lesbian identity/community or the expected safety of often heterosexist antiviolence interventions such as shelters. Immigrant rape survivors may remain silent in their ethnic communities for fear of subjecting themselves and/or their families to regressive immigration policies or instead may consent to Western medical evidentiary exams established by well-meaning sexual assault health care providers who are nonetheless ill prepared to deal with non-English-speaking victims. Proponents of intersectionality theory suggest that violence against women exists within a historical and political structure that implicates all forms of domination. Therefore, sex and gender oppression is not necessarily primary in such theorists' analysis of intimate violence but contextualized along with racism, classism, heterosexism, xenophobia, and other institutionalized misuses of power.

In summary, intersectionality as an underlying assumption, operating principle, and organizing theory in understanding and responding to violence against women requires us to stand at multiple locations, to hold many and sometimes conflicting analyses, and to listen for distinct voices within the chorus of each victim's story.

Valli Kalei Kanuha

See also Anti-Rape and Rape Crisis Center Movements; Battered Women's Movement; Cultural Competence; Feminist Theories of Interpersonal Violence

Further Readings

Crenshaw, K. W. (1994). Mapping the margins: Intersectionality, identity politics and violence against women of color. In M. A. Fineman & B. Mykitiuk (Eds.),

The public nature of private violence (pp. 93–120). New York: Random House.

Kanuha, V. (1996). Domestic violence, racism, and the battered women's movement in the United States. In J. Edleson & Z. Eisikovits (Eds.), *Future interventions with battered women and their families* (pp. 34–50). Thousand Oaks, CA: Sage.

Richie, B. E. (2000). A black feminist reflection on the antiviolence movement. *Signs, 25*(4), 1133–1137.

Schechter, S. (1982). *Women and male violence: The visions and struggles of the battered women's movement.* Boston: South End Press.

Intimate Partner Relationship Quality and Domestic Violence

Relationships in which one or both partners are violent are often characterized by dissolution and low relationship quality. Indeed, across a variety of samples, studies comparing violent and nonviolent couples generally find that individuals in violent relationships report less satisfaction with their relationships and exhibit more negative behaviors during relationship problem discussions. In a study of newlywed couples, one research team found that whereas violent and nonviolent couples did not differ shortly after marriage, violent relationships were over two times more likely to fail over a 4-year period. In this study, marital failure was defined as evidence of relationship distress and/or a change in marital status. Also of note, in this study wives in aggressive marriages were considerably more likely to be maritally distressed than wives in nonviolent marriages; however, husbands in aggressive relationships were only slightly more likely to be maritally distressed than husbands in nonviolent relationships. The association between partner violence and relationship dissatisfaction is further supported when considering divorce as a proxy for marital quality. Several studies have shown that partner violence is a very strong predictor of divorce.

Importantly, there appears to be a dose-response association between violence and relationship quality. Research suggests that as the frequency and severity of intimate partner violence increase, the quality of the relationship decreases. For example, even after controlling for initial relationship variables, research found that while moderately violent relationships are slightly more likely to end in divorce than nonviolent relationships, severely violent relationships are twice as likely to end in divorce.

Perceived relationship quality has also been shown to be associated with partner violence. For example, in studying nonaggressive, mildly aggressive, and severely aggressive men, one research team found that a 20% increase in relationship discord increased the odds of being mildly aggressive by 101% and being severely aggressive by 183%. Although cross-sectional data support this relationship, longitudinal research suggests that it is more likely that the violence itself predicts low relationship satisfaction than that relationship discord predicts the onset of partner violence. However, there is some evidence that relationship dissatisfaction predicts psychological abuse, which, in turn, predicts the future onset of partner violence.

Complex Relationship

Despite the apparent simplicity of the notion that violence negatively affects the quality of relationships, the actual association is more complex. Not all violent relationships are characterized by relationship discord. In fact, some studies have found that a substantial number of couples with a history of intimate partner violence are not distressed. Studies of newlywed couples have shown that approximately one third report a history of intimate partner violence, even though most report high relationship satisfaction. It should be noted, however, that intimate partner violence among these newlywed couples is typically relatively mild in severity. There is also some evidence that a number of nonnewlywed couples who report being satisfied with their marriage also report the occurrence of physical aggression. Thus, it may be that the severity of the violence and/or additional factors predicts the quality of abusive relationships, as opposed to a direct relationship between violence and relationship quality. This notion is supported by previous research findings on the interplay of factors such as relationship status, substance use, life stressors, negative communication, and day-to-day interactions among partners that may determine the impact of violence on relationship quality. Finally, it may be that positive aspects of the relationship counteract the impact of the abuse.

Early Intervention

Although not all violent couples are distressed and not all distressed couples are violent, it is clear from existing literature that, in general, intimate partner violence is inversely related to relationship quality and positively related to relationship dissolution. This

association seems especially strong in relationships characterized by severe violence. Additionally, research has shown that compared to their nonviolent counterparts, premarital and newlywed couples experiencing violence report similar relationship satisfaction initially, but become less satisfied over time. This finding suggests that intervention (e.g., counseling, education) early on in the relationship may reduce the occurrence of violence and improve the quality of the marriage.

Jeff R. Temple and Gregory L. Stuart

See also Divorce and Intimate Partner Violence

Further Readings

Heyman, R. E., O'Leary, K. D., & Jouriles, E. N. (1995). Alcohol and aggressive personality styles: Potentiators of serious physical aggression against wives? *Journal of Family Psychology, 9,* 44–57.

Holtzworth-Munroe, A., Smutzler, N., & Bates, L. (1997). A brief review of the research on husband violence. Part III: Sociodemographic factors, relationship factors, and differing consequences of husband and wife violence. *Aggression and Violent Behavior, 2,* 285–307.

Katz, J., Kuffel, S. W., & Coblentz, A. (2002). Are there gender differences in sustaining dating violence? An examination of frequency, severity, and relationship satisfaction. *Journal of Family Violence, 17,* 247–271.

Lawrence, E., & Bradbury, T. N. (2001). Physical aggression and marital dysfunction: A longitudinal analysis. *Journal of Family Psychology, 15,* 135–154.

O'Leary, K. D., Barlilng, J., Arias, I., Rosenbaum, A., Malone, J., & Tyree, A. (1989). Prevalence and stability of marital aggression between spouses. A longitudinal analysis. *Journal of Consulting and Clinical Psychology, 57,* 263–268.

Pan, H., Neidig, P. H., & O'Leary, K. D. (1994). Predicting mild and severe husband to wife aggression. *Journal of Consulting and Clinical Psychology, 62,* 975–981.

Intimate Partner Violence

Intimate partner violence (IPV), also called domestic violence or wife abuse, was first identified as a social problem by feminist advocates and scholars in the 1970s. Before that time, abuse of women in the context of intimate relationships and families was a largely hidden problem, although there is much evidence that it is not a new problem. Since that time much has been learned about the complex nature of IPV, although it is still not a well-understood problem. In the beginning, it was married women who were the target of concern, based on the assumption that there was something about the institution of marriage itself that led some men to feel entitled to assert control over their wives through physical violence. Over time, however, both researchers and advocates for women have learned that women in all types of intimate relationships—dating, cohabiting, married, as well as separated and divorced—experience violence at the hands of their partners.

Definitions

IPV is predominantly violence against women by men and consists of physical, emotional, sexual, or psychological abuse or violence committed by intimate partners or acquaintances, including persons who are current or former spouses, cohabiting partners, boyfriends, and dates. Regardless of how it is socially or legally defined, women's experiences of violent victimization are dominated by victimization by people they know, generally men they know well.

Physical Violence

Physical violence is defined to include fatal and nonfatal physical assault, such as acts of physical aggression intended to harm an intimate partner, including pushing, grabbing, and shoving; kicking, biting, and hitting (with fists or objects); beating up and choking; and threatening or using a knife or gun.

Sexual Assault

Legal definitions of rape and sexual assault differ from state to state, although their common element is the lack of victim consent to sexual acts. Although many states have ceased to use the term *rape* in their criminal codes, rape is generally understood to mean forced or coerced vaginal, anal, or oral penetration; sexual abuse involves either less serious threats or engaging in other sexual acts with a person who cannot give consent.

Emotional Abuse

Emotional abuse, also referred to as psychological abuse or maltreatment, can be defined as acts intended to denigrate, isolate, or dominate an intimate partner.

Emotional abuse might include verbal attacks (including harassment, insults, criticism, ridicule, name calling, discounting and discrediting); isolating the victim from social ties or controlling contact with others; denying access to resources, including finances and transportation; extreme jealousy and possessiveness, monitoring of behavior, and accusations of infidelity; threats to harm the victim's family, children, or friends; threats of abandonment or infidelity; or damage or destruction of possessions. Common to many definitions of emotional abuse are attempts to control victims by limiting resources and social contacts, creation of emotional dependence, and attempts to make the victim doubt her self-worth, competence, and value.

Prevalence

Estimating rates of partner violence is difficult for many reasons, including historical stigma, victim underreporting due to fear of retaliation from their perpetrators and other safety concerns, and lack of agreement about definitions. There have been several major national survey studies of IPV. The 1985 National Family Violence survey found that partner violence was reported by 116 of every 1,000 women. The National Crime Victimization Survey (NCVS), an ongoing general victimization survey begun in 1972, concluded that around 5 million victimizations are experienced by females over age 12 each year; of the victimizations involving single offenders, 29% were perpetrated by intimates, 9% by other relatives, 40% by someone known to the victims but not an intimate or relative, and only 24% by strangers. The National Violence Against Women Survey (NVAWS) conducted during 1995 and 1996 examined IPV rates in a sample of 8,000 U.S. women 18 years and older. This study concluded that 1.3% of women experienced violence by an intimate partner in the preceding year, with 22% reporting physical assaults by an intimate partner at some time over the course of their lives. The differences in these studies' results are likely due to differences in the contexts in which victimization questions were asked, populations sampled, and number and type of screening questions asked. Despite differences in the overall rate estimates, the results of these studies indicate that partner violence is a prevalent problem and that women are at higher risk of assault from someone known to them than by strangers. It should also be noted that IPV is estimated to occur at approximately the same rates among gay men and lesbians in intimate relationships.

Risk Factors

There is a strong consensus among experts that there is no single cause or risk factor for IPV. Instead, there are numerous risk factors that affect perpetrators and victims, in relationships and family systems, and within communities and society.

Perpetrator

Individual risk factors affecting perpetrators have been studied extensively. Age is among the best documented risk factors for physical and sexual violence for both victims and perpetrators; younger men are at greater risk of perpetrating IPV. Substance abuse, especially alcohol use and abuse, has also been found to be associated with both partner violence and sexual assault. One third to two thirds of sexual assaults are said to be alcohol related. Low income is a risk factor for both occurrence and continuation of IPV; the lower the income, the more likely men are to perpetrate IPV. Unemployment of the abusive male partner has also been found to elevate risk for IPV.

Numerous perpetrator personality characteristics or traits have been studied as antecedents of physical or sexual abuse, although it is clear that there is not a single male personality type that is prone to sexual or physical violence. A 1998 review of research concluded that the following are personality risk markers for male partner abuse: emotional dependence and insecurity; low self-esteem, empathy, and impulse control; poor communication and social skills; aggressive, narcissistic, and antisocial personality types; and anxiety and depression. Some researchers have attempted to identify different types of batterers. These studies have concluded that while there may be several different types of abusive men, there are at least two types (one type that is violent only toward intimates and another that is more generally violent toward others) that may require different interventions. Because emotional or psychological abuse typically precedes as well as accompanies physical abuse, emotional abuse should also be considered a risk factor for physical abuse. A history of violence in the family of origin has been extensively researched, with most researchers concluding that exposure to violence between one's parents or being the recipient of violent punishment is a risk factor for violence toward intimates as an adult, although not all studies have supported this conclusion.

Victim

Numerous experts have found that earlier victimization, especially childhood physical and sexual abuse and witnessing violence between parents, increases risk for sexual assault and partner violence. Many of the same risk factors for male perpetration of IPV also apply to female victimization. For example, younger women are more likely to be abused, and alcohol and drug abuse have been found to increase the risk of becoming a victim of IPV, and especially of sexual assault. One study concluded that substance abuse appears to be both a cause and an effect of IPV, affecting young women and women of color in particular. Abuse of alcohol or drugs, which may have origins in childhood victimization and the ongoing distress it causes, appears to be associated with the kind of lifestyle and male relationships that increase women's risks for victimization, also making it more difficult for women to terminate abusive relationships. Poverty status is also a risk factor for victimization, and economic dependency on the abuser can be a barrier to a woman's being able to terminate an abusive relationship.

Social isolation is associated with IPV. Although it can be a consequence of abuse, it may also serve as a risk factor for women's victimization. It is plausible that women with greater social support are less likely to be physically or sexually assaulted, and thus social support may be protective. Some research suggests that social isolation both precedes and follows partner violence. Much anecdotal information suggests that abusive men often attempt to control their partners by cutting them off from meaningful social contact. In addition, isolated women and families may be less closely monitored by others, allowing abuse to occur more easily.

Relationship Type

Relationship status is a risk factor. Among intimates, separated and cohabiting couples are at higher risk for partner violence than are married or dating couples.

Community

Two factors at the community level have been found to increase risk for IPV. First, rates of IPV are highest in urban areas. In addition, a lack of services for victims or perpetrators increases the risk of staying in abusive relationships and/or being unable to address the consequences of physical or sexual abuse. Although services for abuse have increased over the past three decades, some victims are dissatisfied with the help they have received from community agencies, and research continues to be conducted on how to provide services to victims and offenders that are effective in ameliorating abuse and its effects.

Culture and Society

Sociocultural risk factors establish a broad context that has made many forms of IPV socially acceptable in the context of historical patriarchy. Many agree that sexism in American society and gender-role stereotyping are risk factors for victimization of women. For example, rates of marital violence are highest in states where there is the most economic, educational, political, and legal inequality. In addition, there is still stigma associated with identifying oneself as an abused woman or rape victim. Although victims may be less likely to be held responsible for being abused, many feel criticized and misunderstood for not leaving abusive relationships sooner than they do.

Race and ethnicity have been studied as possible risk factors for IPV, although research findings are inconclusive. Some studies show that, compared with White women, African American women experience higher rates of physical violence, whereas others find higher rates for Whites compared with Hispanic women or find no racial/ethnic differences. Many of these studies have not taken into consideration the effects of socioeconomic status, which is correlated with race and ethnicity, so they may overestimate the effect of race on violent victimization. The highest rates of rape have been found among Native American women, with Latinas reporting the lowest rates. As is the case with domestic violence, however, most research on race and sexual assault has not controlled for the effects of socioeconomic factors such as income that may help to explain ethnic differences in sexual assault rates.

Consequences

A wide variety of different types of consequences of IPV can occur. Offenders and children in families where abuse is occurring experience adverse consequences as well as victims. Victims of IPV may experience consequences in several domains. One obvious effect is physical injury. The NVAWS found that 36% of rape victims and 42% of physical assault victims reported injuries, most commonly scratches, welts, and bruises. However, injuries are not the most common type of health effect to occur. A large body of research

in health care has documented that abused women tend to have poorer health and report more symptoms of all kinds compared to nonabused women. These include gastrointestinal disorders, chronic pain, fatigue, dizziness, appetite problems, and gynecological problems such as sexually transmitted diseases. Emotional distress is also common in the aftermath of IPV, including depression, suicide attempts, posttraumatic stress, fear and anxiety, and, in some studies, drug and alcohol abuse. The likelihood of symptoms is related to abuse severity. Many victims also blame themselves for the abuse and experience guilt or shame. Although for some women psychological symptoms subside when the abuse stops, others continue to experience emotional distress long after the abuse has ended.

A question often asked is why abused women remain in abusive relationships. Although many women do leave—as many as two out of five within 2 to 5 years according to some research—others remain in abusive relationships due to practical barriers to leaving such as the inability to economically support oneself and one's children or lack of safe, affordable housing. Emotional attachments and dependency on the abusive partner and lack of social support also entrap some victims.

Perpetrators, too, can experience adverse consequences of abusing their partners. These include, increasingly, criminal justice sanctions such as arrest and incarceration and either temporary or permanent loss of their female partner and children. This, in turn, can lead to loss of self-esteem and self-respect. Finally, injuries or even death can occur at the hands of the victim.

Children can also be affected in negative ways, manifesting problems of various types and in all areas of development. These include fear, insecurity, and confusion; "externalizing behavior problems" such as anger, aggression and other acting-out behavior problems, and noncompliance; learning violence as a way of approaching problems; withdrawal, passivity, depression, and other "internalizing problems"; and injury, as they attempt to intervene in a violent argument to protect their mother.

Intervention

Although concerns about intervention initially focused on victims, it was quickly realized that offenders need services to stop their abuse. Most communities now have domestic violence programs as well as services for perpetrators. In contrast to the common stereotype of abused women as helpless, two large-scale studies have shown most abused women as seeking help and doing so repeatedly before seeking shelter, which for many survivors may be a last resort. Most abused women who seek help go first to family and friends and are quite satisfied with the substantial assistance they receive from such supporters.

The most commonly used formal services tend to be criminal justice (law enforcement, lawyers), social service agencies, medical services, crisis counseling, mental health services, clergy, and support and women's groups. Women's programs are generally evaluated highly, despite not being used as frequently as many other types of services. Counselors who are knowledgeable about abuse and understand the situation in which abused women find themselves have been perceived as most helpful. Other helpful responses include listening and taking the woman seriously, believing her story, and helping her see her strengths.

Also important is prevention education targeted at young people. Such work is often organized by domestic violence programs and other types of social agencies or educational institutions committed to educating students about IPV in the hopes of preventing future generations of victims and perpetrators.

IPV has been recognized as a serious and complex social problem for which communities have a responsibility to intervene and ameliorate. As a result of work by advocates and researchers, women are less likely to be blamed for their victimization and more likely to be perceived as deserving assistance. At the same time, abusers are increasingly likely to be held accountable for their abusive behaviors while also being perceived as needing assistance to change their problematic behaviors.

Bonnie E. Carlson

See also Battered Women; Batterers, Personality Characteristics of; National Crime Victimization Survey; National Family Violence Survey; National Violence Against Women Survey; Prevalence; Risk Assessment Instruments, Intimate Partner Violence; Substance Abuse

Further Readings

Barnett, O. W. (2001). Why battered women do not leave. Part 1: External inhibiting factors within society. *Trauma, Violence, & Abuse, 1,* 343–372.

Barnett, O. W. (2001). Why battered women do not leave. Part 2: External inhibiting factors—social support and internal inhibiting factors. *Trauma, Violence, & Abuse, 2,* 3–35.

Jasinski, J. L., & Williams, L. M. (Eds.). (1998). *Partner violence: A comprehensive review of 20 years of research.* Thousand Oaks, CA: Sage.

Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence.* Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Intimate Terrorism

Abusive behavior within violent relationships is heterogeneous and likely differs with respect to etiology, course, mutuality, and severity. This has resulted in researchers and clinicians postulating various subtypes or categories of violent relationships. For example, while some violent relationships are characterized by both partners perpetrating infrequent use of less severe forms of violence, others are characterized by one-sided battering with the goal of physically and psychologically subduing the victim. The method of intervention and the processes underlying these two scenarios likely differ substantially. Thus, understanding the characteristics of specific types of violence may be crucial for effective intervention in which treatment can be adapted to the needs of each group.

Michael Johnson and his colleagues reviewed qualitative and quantitative research and posited that couple violence in families takes one of two distinct forms—situational couple violence (previously labeled common couple violence) or intimate terrorism (previously labeled patriarchal terrorism). The motivation to control one's partner is the primary variable distinguishing these two groups. Unlike those experiencing situational couple violence, whose aggression is likely a response to a specific event or stressor, intimate terrorists' desire to control results in continuous destructive abuse that takes many forms.

Intimate terrorists go to extreme measures to dominate their partners through intimidation created by threatened and actual violence, forced isolation from others, and economic or other types of dependency. The purpose of these dehumanizing and harmful acts is to force their victims into submission and powerlessness through the loss of identity and self-esteem. Their aggression, which is commonly fueled by a desire to increase control and/or a desire to manifest their control over their partner, often escalates in intensity in an effort to extract more convincing signs of obedience. Intimate terrorists, who typically believe in patriarchy, often maintain that it is their right to control "their" women whom they regard as "property." In the spectrum of domestic violence, intimate terrorists are the most extreme, engaging in highly destructive predatory practices.

Johnson has argued that violence perpetrated by intimate terrorists is frequent, severe, and potentially injurious in nature, primarily initiated by the male partner, and rarely involves violence in self-defense by the victim. Fortunately, intimate terrorism is less prevalent than situational couple violence. His research has demonstrated that, relative to those experiencing situational couple violence, women experiencing intimate terrorism report greater frequency of violence, physical injury, time off from work, psychological distress, and use of certain drugs. Johnson noted that violence research conducted in shelter and clinical populations typically identifies relationships characterized by intimate terrorism, whereas research conducted with community samples generally reveals relationships characterized by situational couple violence.

Given Johnson's typology, as well as the intimate partner violence classification systems developed by others, it is apparent that the underlying processes and goals of violence perpetration vary by offender or couple. Although some perpetrators may use violence to control their victim (intimate terrorism), others may use violence in response to a stressful situation due to a lack of alternative adaptive coping mechanisms (situational couple violence). Thus, a one-size-fits-all conceptualization and treatment approach would likely be less effective than individually tailored treatments. For example, couple counseling is likely to be dangerous and contraindicated for those experiencing intimate terrorism, but may be appropriate for some couples experiencing situational couple violence. Despite the potentially useful treatment implications of Johnson's typology, other classification systems should also be considered when developing treatment programs for violent perpetrators. Researchers have found support for a different set of subtypes of offenders and, in particular, there is evidence from Johnson and others that there are likely more than two subtypes of partner violence perpetrators.

Gregory L. Stuart, Jeff R. Temple, and Richard B. Stuart

See also Expressive Violence; Instrumental Violence; Situational Couple Violence

Further Readings

Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin, 116,* 476–497.

Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family, 57,* 283–294.

Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues, 26,* 322–349.

Leone, J. M., Johnson, M. P., Cohan, C. L., & Lloyd, S. E. (2004). Consequences of male partner violence for low-income minority women. *Journal of Marriage and the Family, 66,* 472–490.

Stuart, R. B. (2005). Treatment for partner abuse: Time for a paradigm shift. *Professional Psychology: Research and Practice, 36,* 254–263.

Investigative Interviewing of Children

Investigative interviewing of children has unique characteristics as an assessment technique. First, its goal is to elicit accurate information from children about specific upsetting events. These events include directly experienced child abuse and trauma, as well as witnessed startling or traumatic events. Second, investigative interviewers use methods of inquiry as open-ended as possible to obtain a narrative from children about the events in question. Finally, in most states, investigative interviews are conducted by mandated professionals—law enforcement officers and child protection caseworkers.

Historical Context of Investigative Interviewing

Investigative interviewing evolved in response to reports made to child protection agencies of child sexual abuse. Reports of physical abuse and physical neglect, as a rule, are resolved by examining the child's condition and/or the child's environment. In cases of physical abuse, a medical professional determines whether the type, pattern, and explanation of the child's injuries indicate they are inflicted or perhaps accidental. Physical neglect generally is investigated by examining the child's living situation to determine if shelter, food, and supervision are adequate, and the child's person to see if the child's height, weight, and general physical health are within normal limits.

Sexual abuse, in contrast, usually doesn't result in definitive physical evidence, and when there is genital or anal injury, it quickly resolves, typically before the child is taken for a medical exam. Consequently, professionals must rely on other means for determining whether sexual abuse has occurred. Because offenders and even nonoffending family members commonly deny sexual abuse, the child's statements and behavior constitute the best source of information about the likelihood of sexual abuse. In recent years, the investigative interviewing methods developed for sexual abuse have been applied to cases involving physical abuse and cases where children witness a traumatic event, such as domestic violence and homicide.

Rationale for Special Investigative Interview Techniques

Fact gathering is a practice employed in all child maltreatment cases. Children's reports of sexual abuse, however, have been challenged in terms of their accuracy. One reason for such challenges is that, for most people, it is difficult to contemplate an adult engaging in sexual abuse of a child. However, the most vigorous challengers of children's accounts have been those accused of sexual abuse and their advocates. Moreover, research has demonstrated that preschool children are more suggestible than older children and that all children can be overly compliant with authority figures and adults; these child characteristics could lead to an inaccurate report.

Concerns about children's accuracy also have led to scrutiny of the interview techniques of the fact-gathering professionals as a possible source of false accusations of sexual abuse. This scrutiny has influenced the types of questions and other interview techniques that professionals use when conducting investigative interviews.

Specific Strategies Employed in Investigative Interviewing

In this section, guidelines for investigative interviews will be described: number of interviews, interview phasing, demonstrative communication aids, and

understanding the scope of abuse. Dozens of protocols have been developed. These guidelines will focus on commonalities among protocols.

Number of Interviews

Most children receive a single interview, but prevailing professional opinion is that additional interviews should be conducted if needed to resolve the question of sexual abuse. The use of a single interview is driven largely by the volume of reports and consequent pressure on scarce investigative resources. The single interview practice also derives from concerns that interviewers unwittingly could program children to provide a false account over several interviews.

Phases of the Interview

Investigative interviews are intended to have phases, at minimum a beginning, a middle, and an end. Presently there are interview protocols advising three to nine phases. In actuality, interviewers may find it difficult to follow a phased approach because interviewers are also admonished to follow the child's lead.

The Beginning Phase

In the beginning phase, the interviewer explains his or her role in a way the child can understand and may set rules and expectations for the interview, such as telling the truth during the interview and not guessing at answers to questions. The interviewer also attempts, by various means, to develop rapport with the child and ascertain the child's ability to describe past events, knowledge of his or her environment, and capacity to communicate.

Transition to the Abuse-Related Phase

The transition from the beginning phase to the middle or abuse-related phase of the interview is sometimes challenging. If the alleged abuse is recent, the interviewer may say, "Now that we've gotten to know each other, tell me why you came to talk to me," or "I understand something may have happened to you. Tell me about it as best you can." If the alleged abuse is more remote and/or less salient, the interviewer will need to employ more closed-ended questions.

The Abuse-Related Phase

During the abuse-related phase, the interviewer attempts to gather information to help determine if the child has been sexually abused, or if there is some other explanation for the report. The level of concern about sexual abuse will vary based upon information in the report. This information usually will guide the interviewer's inquiry.

Despite reliance on background information, the goal of the abuse-related phase of the interview is to gather information from the child, not to ask the child to affirm information already known. Best practice is to use probes and questions as open-ended as possible—for example, "Tell me all about what happened to you"—and use follow-up prompts such as "Anything else?" and "Then what happened?" If the interviewer must use more closed-ended questions, such as "Did you get hurt?" or "Has someone touched you?" the interviewer will have less confidence in information the child provides. Furthermore, if the child provides an affirmative response to such closed-ended questions, the interviewer should follow up with an open-ended probe; for example, "Tell me everything you can remember about the touching, from the beginning, to the middle, to the end."

After the interviewer has gained as much information as seems possible using open-ended probes, the interviewer asks follow-up questions to gather details, so that "who," "what," "when," and "where" information is ascertained. The interviewer will also want to gather sensorimotor details about the sexual acts. The purpose of gathering details is twofold; detail will help the interviewer decide about the likelihood of sexual abuse, and detail should furnish information the prosecutor needs to make criminal charging decisions.

The Closure Phase

When the interviewer thinks all information related to the abuse has been gathered, he or she commences the closure phase, perhaps by saying, "I think we're about done." Closure may include letting the child know what will happen next, calming the child if the child is upset, and praising or thanking the child for participation in the interview.

Demonstrative Communication

Because children may lack verbal communication skills or may be reluctant or distressed when asked to respond verbally, the interviewer may employ demonstrative communication modes. These can include drawing pictures, demonstrating with a dollhouse, writing responses, or employing body maps—for instance, anatomical dolls, anatomical drawings, or a "gingerbread"

body outline. When these communication modes are employed, the interviewer is not interpreting play, but rather asking the child to demonstrate acts by saying, for example, "Show me with the dolls what happened to you," or "Can you mark on the man drawing the part or parts that Mr. Jones used to hurt you?"

Scope of the Abuse

Many children experience multiple acts of abuse. In such circumstances, interviewers try to determine approximate duration and frequency. Because of difficulties providing precise numbers, interviewers are advised to ask young children, "Did the abuse happen one time or more than one time?" With older children, interviewers may say, "Tell me how often he abused you," or "Did he abuse you about once a week, once a month, or how often?" Because most children have difficulty describing every event in detail, a good practice is to ask, "Tell me about the last time the abuse happened." The interviewer might also ask about the most memorable instance and the first time. In addition, interviewers probe to see if the child knows if the offender has abused other children and whether anyone else has sexually abused the child. Finally, some protocols call for queries about other types of maltreatment and parental problems such as substance abuse, domestic violence, and criminal activity.

The Role of Mandated Professionals

State child protection and criminal statutes mandate to child protection workers and law enforcement primary responsibility for investigating sexual and other types of abuse. Consequently these professionals usually conduct investigatory interviews. In some jurisdictions, however, Children's Advocacy Center forensic interviewers or mental health professionals also conduct investigative interviews.

Many states also require child protection and law enforcement professionals to do joint investigations of sexual abuse. How these joint endeavors are structured varies by jurisdiction, but these professionals have different roles. Child safety and well-being are primary mandates of child protective services (CPS). Investigating crimes, including sex crimes and other serious maltreatment, is the mandate of law enforcement. Differences in mandates can make joint investigation challenging.

Because both CPS and law enforcement may lack specific training in interviewing and assessment, investigative interviewing guidelines have added importance. Their potential lack of expertise is a rationale for scripting investigative interviews.

Protocols and Nondisclosure

Investigative interview protocols propose ideal interviews. In reality, many children cannot provide a narrative and need to be asked a fair number of closed-ended questions. In addition, protocols emphasize techniques that guard against eliciting fictitious reports of abuse. Research indicates about 60% of children thought to have been sexually abused make disclosures during investigative interviews. Little guidance is available for assisting children who do not readily disclose, although research from a variety of sources indicates nondisclosure of actual abuse is a larger problem than fictitious reports.

Kathleen Coulborn Faller

See also Child Protective Services; Child Sexual Abuse; Investigative Interviewing of Child Sexual Abuse Victims

Further Readings

American Professional Society on the Abuse of Children. (1997). *Guidelines for psychosocial evaluation of suspected sexual abuse in children* (2nd ed.). Available at http://www.APSAC.org

American Professional Society on the Abuse of Children. (2002). *Guidelines on investigative interviewing in cases of alleged child abuse.* Available at http://www.APSAC.org

Bourg, W., Broderick, R., Flagor, R., Kelly, D., Ervin, D., & Butler, J. (1999). *A child interviewer's guidebook.* Thousand Oaks, CA: Sage.

Davies, D., Cole, J., Albertella, G., McCulloch, L., Allen, K., & Kekevian, L. (1996). A model for conducting forensic interviews with child victims of abuse. *Child Maltreatment, 1*(2), 189–199.

Faller, K. C. (2003). *Understanding and assessing child sexual maltreatment* (2nd ed.). Thousand Oaks, CA: Sage.

Poole, D., & Lamb, M. (1998). *Investigative interviews of children.* Washington, DC: American Psychological Association.

Investigative Interviewing of Child Sexual Abuse Victims

Child sexual abuse is a complex problem that is difficult to investigate because unlike cases of physical abuse or neglect, it is typically not determined from a medical examination or through the interviewing of eyewitnesses. The interview with the child complainant is a critical component in any criminal or child protection sexual abuse investigation. The investigator must be skilled at interviewing techniques that maximize details without leading the child. Investigative interviewing protocols (also termed frameworks) guide the interviewer through the steps and stages of the interview process and are designed to obtain detailed statements from children while minimizing suggestibility. Interviewers must have knowledge in the area of child development, especially with respect to memory and language, and an understanding of the dynamics involved in sexual abuse.

Historical Context

The focus on child sexual abuse awareness in the 1980s resulted in a significant increase in the number of disclosures investigated by child protection and police authorities. As these cases moved through the child protection and criminal justice systems, the debate flourished with respect to the reliability of children to report sexual abuse and whether or not they were highly suggestible. In the late 1980s there were several high-profile sexual abuse prosecutions involving preschool-age children that highlighted the problems that result from interviewer bias, suggestive interviewing techniques, and the use of interview aids such as anatomically correct dolls. The notion that children do not lie about being sexually abused was challenged, raising questions about the reliability of children's memory and conditions that could influence children to make a false statement. Research studies revealed that children are highly suggestible if they are young and subjected to repeated coercive questioning by adults. This led to the development of interview protocols that addressed concerns related not only to children's suggestibility, but also to their memory and language skills. It is now understood that children can remember as accurately as adults, but they typically recall fewer details. The goal of an investigative interview is to obtain as much factual information as possible given the child's age, stage of development, and functioning.

Interview Context

Child sexual abuse is a criminal act that is seldom witnessed by others. Children often find it difficult to disclose sexual abuse for a number of reasons, including the shame they feel, the belief they are to blame, the fear of rejection from others, the need to protect the abuser or other family members, and the difficulty they have describing the abuse, as well as because they have been warned not to tell. These issues can impact the timing of the disclosure and the quality of the details. For example, it is not uncommon for a child to disclose fewer details at the outset of an investigation than during subsequent interviews, during therapy, or at a trial. Conversely, recantation can be influenced by postdisclosure factors such as the reactions of family members, the abuser, and child protection systems.

Child sexual abuse investigations are done for two purposes: to determine if a crime has occurred and if a child is in need of protection. Joint police and child protection investigations are the preferred practice and typically conducted by a child protection worker and police officer. In some jurisdictions, Child Advocacy Center forensic interviewers conduct the investigative interview.

Investigative Interviewing Protocols

Investigative interview protocols are designed to address suggestibility. Prior to the interview being conducted, investigators should have considered all the possible reasons for why the report has been made (alternative hypotheses) and gathered as much background information as possible to inform the interview. It is common practice to videotape child interviews, thereby allowing for an evaluation of the interviewer's skills as well as the details provided by the child.

Number of Interviews, Physical Setting, and Support Persons

Concerns about suggestibility from repeated questioning have led investigators to limit the number of

interviews conducted with a child, often to a single interview. A primary interviewer is determined prior to the commencement of the interview to avoid having the child respond to two interviewers. The physical setting of the interview is also considered important, with many jurisdictions having designated interview rooms that are equipped with video cameras and free of distractions such as toys or electronics that might make it hard to focus the child on the interview. The preferred practice is to interview the child without a support person present. If a support person is necessary, that person should be situated behind the child and in the full view of the video camera.

Steps in the Investigative Interview Process

Introductions and initial rapport building set the stage for the interview and orient the child to the interviewer's job. Typically a "truth and lies ceremony" comes next, as courts in some jurisdictions require that the child demonstrates an understanding of the difference between a truth and a lie. This is followed by ground rules that help explain the child's right to say "I don't know," "I don't remember," or "I don't understand" and encourage the child to correct the interviewer as necessary. Further rapport building occurs through asking the child to recall an event in his or her life and include as much detail as possible about that event. This exercise is an important element of an interview because it helps the interviewers to know the quantity and quality of details a child can give about a nontraumatic event. It also gives the child practice in answering open-ended questions (questions that don't include the answer) and helps the interviewer better understand the child's language and cognitive abilities. The interviewer should have determined in advance how to introduce the topic of the abuse allegation in the least suggestive manner as possible. In the event the child discloses abuse, the interviewer encourages the child to provide as much detail as possible about the abuse by asking open-ended questions and allowing for a free narrative. Once the child has given as many details as possible, questioning and clarification of the information provided can be more focused. The most reliable information comes from the child's free narrative (where the child talks uninterrupted) and answers to nonleading questions (questions that do not suggest answers). The closure of the interview is designed to answer any questions the child may have about what will happen and to end on a neutral topic.

Maureen Reid and Rhonda Hallberg

See also Child Protection Services; Child Sexual Abuse; Investigative Interviewing of Children

Further Readings

American Professional Society on the Abuse of Children. (1997). *Guidelines for psychosocial evaluation of suspected sexual abuse in children* (2nd ed.). Available at http://www.APSAC.org

American Professional Society on the Abuse of Children. (2002). *Guidelines on investigative interviewing in cases of alleged child abuse*. Available at http://www.APSAC.org

Ceci, S., & Bruck, M. (1999). *Jeopardy in the courtroom.* Washington, DC: American Psychological Association.

Pool, D., & Lamb, M. (1998). *Investigative interviews of children.* Washington, DC: American Psychological Association.

Investigative Interviewing of Offenders

The investigative interviewing of offenders is, arguably, the most important aspect of a criminal investigation. It allows law enforcement the opportunity to gather information from people who have or may have knowledge needed in the investigation. Interviewing and interrogating are often confused with each other, though major differences exist. *Interviewing* may be defined as the process of obtaining information from individuals who might possess information about a particular offense, as part of the process of investigation. *Interrogation,* on the other hand, is where information acquired through the investigation is matched to a specific suspect in order to secure a confession.

To succeed in interviewing potential suspects, a person needs a number of advantageous personal characteristics. For instance, an interviewer needs to control the interview in a surreptitious fashion, that is, control the events taking place during the interview in a manner that could lead to the gleaning of new information. Establishing rapport, asking good questions, and listening carefully are elements needed for a successful interview.

An effective interviewer must be both knowledgeable and skilled in psychology, acting, and sales ability. Persuasiveness and perseverance are mandatory for success. The interviewer must appear friendly, the type of person who is easy to talk with. The interviewer can accomplish this by using vocal inflection and modulation as an actor does, with emphasis placed on his or her body language; that is, the interviewer looks, talks, and acts like a "nice" person. The interviewer needs the ability to exhibit empathy, sympathy, anger, fear, and joy at various times (even if he or she does not feel the emotion). For the interview to be successful, the interviewer must be knowledgeable regarding the facts of the case, as well as the individuals involved. If the interviewer is shoddy in his or her preparation, a criminal could escape unscathed. If the interview is to be conducted with a witness other than the victim, the interviewer should find out as much as possible about the witness before the interview takes place. The interviewer should know the victim's background, lifestyle, and the nature of the injury or loss—as much information as possible in order to solve the crime. In terms of questioning potential suspects, the interviewer should have as much personal information about the individual as possible.

A good interviewer must be able to ferret out useful information from the witnesses and/or suspects of the crime. For instance, information may still be affected by other factors that influence all witnesses, such as age, physical characteristics, and emotions. A skilled interviewer would probably interview a talkative witness at the beginning of an investigation, and then compare it with stories given by other witnesses later.

Prior to 1936, interviewers could do almost anything they pleased concerning the extraction of an admission of guilt from a suspect. However, the Supreme Court, in its first decision regarding investigative interviewing, ruled in *Brown v. Mississippi* that a confession gained due to the police exhibiting barbaric behavior toward the accused could not be considered freely given. In the 1960s, in a 5–4 decision, the U.S. Supreme Court wrote in *Miranda v. Arizona* that certain procedures had to be followed by officers when conducting an in-custody interrogation of a suspect. The court specified that prior to interrogation, the suspect must be told that he or she has the right to remain silent, that anything he or she said could and would be used in court against him or her, and the right to consult with an attorney prior to answering any questions and to have an attorney present during interrogation, as well as the right to counsel, so if the suspect could not afford an attorney, the court would appoint one.

The questions an interviewer asks should not be complex; rather, they should be short, direct, and confined to one topic. Deception is often difficult to detect, but a skilled interviewer/interrogator can spot verbal and nonverbal cues that can be examined to determine whether a suspect is telling the truth or is being deceptive. Moreover, what works in one interview may not work in another, so a fair measure of common sense is needed when using a specific approach.

The emotional approach may be used if the interrogator hopes to appeal to the suspect's sense of respect, ethics, and/or righteousness. Using sympathy allows the suspect a way out of his or her dilemma, and is used often because it is effective, primarily because the suspect has the opportunity to keep his or her respect. When the interrogator is unsure regarding a suspect's guilt, an indirect approach is often helpful, but only if the examiner has all of the facts. The "Mutt and Jeff" or "good guy/bad guy" approach to interrogation (a staple for crime shows on television) works in some cases. When there is more than one suspect, one may be used against the other, both of whom state they are telling the truth during separate interrogations.

A skilled interviewer realizes that the physical circumstances under which the interview takes place can be critical to the value of the information obtained. Although the comfort of the witness is important, the interviewer should strive to maintain his or her psychological advantage over the interviewee; that is, make sure that the time and place of interview works for the police, not the witness or accused. In addition, possibly the most important feature of a successful interviewer/interrogator is his or her ability to listen. While the interviewer's level of education, training, and experience are all important factors, they are meaningless if the interrogator is a poor listener. What makes for an effective listener? Paying attention to spoken language and body language. Nonverbal language, like facial expression, silence, body positioning, and eye movements, sends messages and a successful interrogator can hear them. These unconscious modes of communication may confirm, obscure, or contradict what is being said.

Cary Stacy Smith and Li-Ching Hung

See also Police, Response to Child Maltreatment; Police, Response to Domestic Violence

Further Readings

Hall, D. (1993). *Survey of criminal law.* New York: Delmar.

Milne, R., & Bull, R. (1999). *Investigative interviewing: Psychology and practice.* New York: Wiley.

Yeschke, C. (2002). *The art of investigative interviewing* (2nd ed.). Burlington, MA: Butterworth-Heinemann.

Zulawski, D. E., & Wicklander, D. E. (2001). *Practical aspects of interview and interrogation* (2nd ed.). Ottawa, ON: CRC Press.

K

Kidnapping

See Child Abductions, Nonfamily

Kinship Care

Kinship care refers to the placement of children within the child welfare system with family members or others who have a significant relationship with the children. This term was created when the child welfare system began to formalize family foster care. Historically, families have been the primary source of caring for children when the custodial parent was unable to be the primary caregiver. When biological relatives were unavailable, many communities had informal systems in place to care for children that involved religious community members, neighbors, or friends.

Historical Perspective

Prior to the advent of formal, government run child welfare systems, communities and families responded to children in need. This response was true both in cities and in rural communities as well as in indigenous communities throughout the United States. In many incidents, an informal system through religious organizations was created to care for children in need. Government was much less involved in families' lives, and the responsibility for children tended to rest within the community. In late 19th century America, the need for assistance in dealing with abandoned or orphaned children was growing, and pressure was put on both state and federal government to create solutions for their care. A formal child welfare system began to be created through the actions of individual states, initially with little federal government involvement. This historical legacy still holds true today, with differing processes and regulations ascribed to foster care dependent on state parameters.

Informal care networks were in place due to the absence of a government system. In addition, many cultures have an inherent value of multiple primary caregivers for children. In Native American languages, it is very common to have the same word for mother refer to aunts. The same can be said for father and uncle. Within these cultures, the creation of a government run foster care system that utilized trained strangers may have actually created harm and dislocation for these communities. Many in the Native American communities and the African American communities feel they have been victimized by the government run foster care structure.

The last 30 years of the 20th century brought the formalized foster care debate to the forefront. Native Americans along with other minority communities began to speak out about their children being placed in foster homes of other races and cultures. In 1978, the U.S. government passed the Indian Child Welfare Act in which one of the principal tenets was that Native American children must be placed with their family or with their tribal communities. Child welfare practice began to also focus on children of color, and it became standard social work practice to place minority children in minority homes. This philosophy

carried through to adoptive homes selection and resulted in large numbers of children of color waiting for minority homes for both foster care and adoption.

The U.S. Congress addressed the "waiting children" issue in 1997, bypassing legislation making identification of race in placing children in the child welfare system against the law. This legislation does not affect those Native American children covered under the Indian Child Welfare Act, where family and tribal home placements are required. Congress further legislated in the 1990s the need for child welfare systems to find and assess family and kin for child placements. Thus, states began to create processes for relative and kinship searching for the children in the child welfare system as well as strategies for licensure.

Current Practices in Government

Since the child welfare system is a joint regulation between the federal and state government, kinship foster care's structure is unique to each locality. By the very nature of the label foster care, kin placements are usually licensed (assessed and/or regulated) in some fashion and often paid. Some states have a separate process for kinship foster care with differing license requirements and separate payment schemes. Some states offer no separate payment and require families caring for children to apply for a "relative only" welfare payment. Still others have incorporated the kinship foster care into their state run foster care system with the same licensing requirements and the same payment schemes as any other foster care situation.

States With Separate Schemes

States with separate processes and payment schemes tend to have capped budgetary restraints with these relative care payments. These systems usually run out of payment monies prior to the end of a budget cycle. These systems tend to have less regulation when it comes to licensing of homes; therefore, designated kin do not need to adhere to the higher standard of foster care.

States With Little Involvement

These states place children with relatives without a separate foster care payment. The relative is usually allowed to apply for the state's welfare payment system. There are usually no licensing requirements for relatives in these situations. Children may be placed in less than ideal conditions, and the state may never be aware of the issues due to the lack of regulation.

States With Foster Care Licensing

These states do not treat relative and kin homes differently from regular nonrelated homes. The relative foster home must be licensed, and payments are the same as any other home. It is a highly regulated system; however, children are usually at less risk for further abuse in families since the regulation may eliminate suspect environments. The disadvantage is that some relatives may not be able to obtain a foster care license and, therefore, are not allowed to care for their children.

Current Child Welfare Practice

The profession of child welfare has begun to focus on the importance of relative and kin placements for children in the system. The federal government audits child welfare systems and has begun to track the percentage of relative placements. Research has supported that children's well-being is enhanced by placing them with family. Natural cultural systems are now respected as being capable of child caring. Family group conferencing arose out of the relative placement debate within the indigenous communities of Australia. Through a family gathering when children are put into the system, the child's family decides who and how the children will be cared for.

Timothy Brett Zuel

See also Adoption and Safe Families Act of 1997; American Humane Association; Child Protective Services; Culturally Sensitive Intervention; Family Group Conferencing; Foster Care

Further Readings

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review, 16*(1–2), 33–63.

Chipman, R., Wells, S. J., & Johnson, M. A. (2002). The meaning of quality in kinship foster care: Caregiver, child, and worker perspectives. *Families in Society*, *83*(5), 508–520.

Gibbs, P., & Muller, U. (2000). Kinship foster care: Moving to the mainstream: Controversy, policy, and outcomes. *Adoption Quarterly, 4*(2), 57–87.

L

Learned Helplessness

Learned helplessness is the acquisition of the belief that attempting to escape from a negative situation is futile due to a previous situation in which escape was not possible. It is learning that nothing an individual does will affect what will happen to him or her, and, therefore, the individual does nothing to escape from the situation. Symptoms of learned helplessness include passivity, anxiety, depression, increased health problems, lower self-esteem, lack of motivation, and a general disinterest in life.

Learned helplessness has been used to explain the sense of loss of control that is reported by some victims of repeated instances of interpersonal violence. The battered woman who is abused repeatedly and unpredictably may begin to believe that her actions are futile in preventing violence. Similarly, children may develop beliefs of learned helplessness when abuse is administered in ways that are not contingent on their actions.

In a classic learned helplessness study, Seligman and Maier placed dogs in one of three conditions. Dogs in the escape group received shocks that they were able to terminate by pressing a panel with their nose. Each dog in this condition was paired with (yoked to) a dog in the inescapable condition. Dogs in the inescapable condition received the same shocks as the escape group, but they were unable to terminate the shocks. Rather, the shocks would end only when the "yoked" dog in the first group pressed the panel. Dogs in the control condition did not receive any shocks. Twenty-four hours later the dogs were placed in a shuttle box. In this new situation, the dogs had to learn to jump over the barrier during a period of darkness to escape being shocked. The escape group and the control group quickly learned how to avoid the shocks. However, 6 of the 8 dogs in the inescapable group made no effort to escape the shocks. Since the escape group and the yoked group both received the same shocks, the researchers concluded that it was the uncontrollable nature of the shocks that caused the helplessness rather than the trauma of being shocked. The dogs in the inescapable condition initially learned that they did not have any control over the situation; this lack of control later impaired their ability to learn how to control a subsequent situation.

Researchers have found that in situations in which there is no contingency between responses and outcomes, some individuals learn that control is not possible and therefore stop trying to control the situation. Researchers suggest that the perception of lack of control in one situation is not necessarily sufficient for learned helplessness to be displayed in another situation. According to the revised learned helplessness theory, how an individual explains the causes (explanatory theory) of the initial lack of control influences the likelihood of learned helplessness. The cause may be due to something about the person (internal) or due to something about the situation (external). The cause may be a factor that remains stable across time, or it may change over time. The cause may occur in a variety of situations (global), or it may be limited to a specific situation. Individuals who make global and stable attributions are more likely to view future events as uncontrollable. Individuals who rely heavily on stable,

global, and internal attributions are more likely to experience depressive episodes when negative events occur.

Motivational and cognitive deficits associated with learned helplessness may create a self-perpetuating cycle of helplessness. Individuals who believe that their responses will have no impact on the outcomes are less likely to initiate new responses (ones that have the potential to end the helplessness). Cognitive deficits may prevent an individual from understanding that if the situation changes, a change in contingency will also take place.

Lisa M. Bauer

See also Battered Women: Leaving Violent Intimate Relationships; Learned Optimism; Sibling Abuse

Further Readings

Palker-Corell, A., & Marcus, D. K. (2004). Partner abuse, learned helplessness, and trauma symptoms. *Journal of Social & Clinical Psychology, 23,* 445–465.

Peterson, C., & Seligman, M. E. P. (1983). Learned helplessness and victimization. *Journal of Social Issues, 2,* 103–116.

Seligman, M. E. P., & Maier, S. F. (1967). Failure to escape traumatic shock. *Journal of Experimental Psychology, 74,* 1–9.

Walker, L. E. (1979). *The battered woman.* New York: Harper and Row.

Learned Optimism

Learned optimism is the acquisition of a set of cognitive beliefs that allow situations to be interpreted in a positive manner. According to Martin Seligman, individuals interpret situations in terms of permanence, pervasiveness, and personalization. An event can remain stable across time (permanent) or change over time (temporary). The cause of the event may occur in a variety of situations (global), or it may be specific to the current event. Personalization refers to the focus of the blame. It can either be the individual's fault (internal) or due to someone else or to circumstances (external). People who exhibit optimism are likely to interpret positive events (successes) as permanent, global, and internal whereas negative events (or failures) are likely to be interpreted as temporary, specific, and external. Pessimists, on the other hand, believe that the causes of negative events are permanent, global, and internal. The difference between optimists and pessimists lies within how a situation is interpreted.

Research suggests that individuals with a pessimistic explanatory style who experience negative events are more likely to become depressed than individuals with a more optimistic style. Research also suggests that optimists are more resilient, more successful at work and at school, and are in better physical health than pessimists. Thus, according to this theory, changing one's outlook on life could significantly impact one's life.

According to Seligman, individuals can learn how to interpret negative events in an optimistic explanatory style, thereby permanently improving the quality of their lives. With this approach, an individual can learn to be an optimist by learning a set of cognitive skills that should be implemented when a setback occurs and the cost of failure is low. Seligman suggests that individuals be taught how to see the connection between adversity (a situation), beliefs (how the situation is interpreted), and consequences (behavior). He states that if individuals can change their maladaptive beliefs, then their ability to cope and their behavior will change. The most effective way to change beliefs is through disputation. Here, an individual examines the support for his or her belief, the alternatives, the implications, and the usefulness of his or her beliefs. This examination allows an individual to change his or her normal pessimistic reaction to a reaction that motivates the individual to master the challenges of life. New experiences can then be interpreted through these cognitive skills.

Seligman believes that an optimistic explanatory style is important in everyday events. Research has shown that learned optimism reduces depression and can lead to increases in productivity, achievement, health, marital satisfaction, and political victories.

Lisa M. Bauer

See also Learned Helplessness

Further Readings

Gillham, J. E. (Ed.). (2000). *The science of optimism and hope: Research essays in honor of Martin E. P. Seligman.* Philadelphia: Templeton Foundation Press.

Seligman, M. E. P. (1990). *Learned optimism: How to change your mind and your life.* New York: Vintage Books.

Legal Issues in the Treatment of Sexual and Domestic Violence

There are two key legal issues related to the treatment of sexual and domestic violence: privacy and record keeping. This entry addresses privacy rights and laws, including the Health Insurance Portability and Accountability Act (HIPAA); disclosures in the legal process; releases; informed consent; and privacy rights for children. This entry also discusses issues and concerns associated with providers' record keeping, including the safety of others, mandatory reporting laws, providers serving as witnesses, family law proceedings, and professional liability.

Privacy

Privacy rights exist as a matter of constitutional, statutory, and/or common law. Privacy laws can vary from state to state and from state law to federal law. Some jurisdictions offer more privacy protection to treatment providers with certain levels of education, training, and licensure. All jurisdictions offer at least some protection.

Confidentiality as an aspect of privacy law refers to the promise made to a victim by a treatment provider and the corresponding duty of nondisclosure. Privilege as an aspect of privacy law refers to the rule of evidence that insulates information from disclosure in litigation. Confidential information is not always protected by a rule of privilege. Privileges can be created by statute, constitution, or common law.

The extent to which privileges and privacy rights provide resistance to compel disclosure of treatment information in litigation is affected by the authority of the requestor to seek disclosure as balanced against the weight of the privacy interest. Examples of information covered by privacy rights and privilege laws include a patient's or client's name and address, HIV status, drug and alcohol treatment records, sexually transmitted diseases, medical and psychological treatment records, sexual history, sexual orientation and other personal matters, and communications to certain individuals such as a medical or psychological treatment provider, a spouse, a religious counselor, an attorney, or a sexual assault or domestic violence counselor.

Privacy and Health Insurance Portability and Accountability Act

The HIPAA imposes certain federal restrictions on the gathering and release of treatment-related information. HIPAA applies only to health plans, health care clearinghouses, and health providers that transmit information electronically. State laws can provide more privacy protections than HIPAA, but not less. In general, treatment-related information cannot be used or disclosed without informed consent from the patient or client. Psychotherapy notes are entitled to additional protections and cannot be used or disclosed without explicit authorization from the patient or client.

Privacy and the Legal Process

Treatment-related information can be subject to disclosure in the legal process, though not all types of legal proceedings afford litigants the same weight of authority to seek or compel disclosure. Most courts recognize that people who seek mental health care are not less credible as witnesses in court proceedings than people who never seek mental health care. Still, cultural biases and historical stereotypes related to the credibility of women and mental health treatment in particular can foster a disproportionate willingness on the part of judges to allow disclosure of victims' treatment records in litigation.

Certain types of litigation justify board disclosure of treatment records. For example, in civil litigation where the patient or client has filed a lawsuit to recover compensation for injuries reflected in treatment records, disclosure is usually necessary because emotional or psychological injuries are relevant and admissible. Treatment records can assist the court in developing a full understanding of the value of the patient's or client's harm.

Civil cases usually occur between private persons, and parties to the litigation can conduct discovery by issuing subpoenas or summonses not only to each other, but also to nonparties, such as victims and treatment providers. Subpoenas or summonses can be used to uncover not only relevant evidence, but also evidence that might lead to the discovery of relevant evidence.

Criminal cases, by contrast, are initiated by the government against an individual for the purpose of punishing and deterring public wrongdoing. Discovery occurs only between the government or prosecutor and the accused or defendant. The crime victim is a witness

for the prosecution, not a party to the case. Defendants in criminal litigation generally cannot send subpoenas or summonses to conduct discovery against victims, witnesses, and other nonparties.

Because the power to issue pretrial subpoenas or summonses in criminal cases is far more limited than in civil cases, a treatment provider who receives a subpoena or summons should make an initial determination as to whether the litigation is criminal or civil in nature. If a subpoena or summons is issued without lawful authority, the treatment provider need not comply, but should notify the court and seek legal advice to determine whether redress against the issuing party is appropriate.

Even when issued in a civil case by a party with lawful authority, a subpoena or summons is generally considered insufficient to justify privileged or confidential material, such as treatment-related information, because a subpoena or summons does not necessarily require the approval of a judge. Without the approval of a judge, there was no need for a due process hearing to balance the privacy rights of the patient or client against the authority of the requestor to seek disclosure.

A court order signed by a judge is generally a stronger form of process than a subpoena or summons, and it usually indicates that a due process hearing was held after which a decision was made that disclosure was necessary. If a court order is issued without a due process hearing, it may be appropriate for the treatment provider or patient or client to ascertain whether proper legal standards were met before the court order was issued.

The holder of private information generally has a legal and ethical obligation to resist unlawful efforts to compel disclosure. Failure to abide this obligation can expose the holder to liability and ethical or licensing sanctions.

When treatment-related information must be released in connection with a legal proceeding, providers can assess whether the request is overbroad or unduly burdensome. For example, unless the treatment itself is a key issue in dispute, it would likely be deemed overbroad if a court order sought disclosure of "any and all treatment records related to Jane Doe" because this language contains no time or subject matter limitations.

Because process notes and whole treatment files are not verbatim transcripts, they can be unclear, misleading, and unhelpful to the interests of justice if information is taken out of context or assumptions are made about the meaning of certain words and phrases. Treatment providers can offer as an alternative the option of a prepared summary of treatment-related information responsive to a particular litigation need.

Treatment providers can take steps to redact irrelevant information related to the patient or client and third parties such as family members and friends. Treatment providers can request that all material be returned to the care provider at the conclusion of the legal proceeding and that no copies be retained in the litigation or court files. Privacy rights may survive the death of the patient or client depending on the jurisdiction.

Privacy and Releases

It may be appropriate to disclose treatment-related information if a signed release is received from the patient or client. A signed release may be considered inadequate if it is not reasonably clear regarding the nature of information to be divulged or if it is not signed near in time to the moment of disclosure. Prior to disclosure, a treatment provider should ascertain that at the time the release is signed, the patient or client (a) has proper legal capacity, (b) is not under duress or subject to coercion at the time the release is signed, and (c) has been made aware of the likely consequences of disclosure. In some jurisdictions, the care provider can resist disclosure even after a release is signed if revealing certain information would prove harmful to the patient or client.

Privacy and Informed Consent

Treatment providers are required to inform patients or clients of the nature and extent of treatment offered and the limits and likely consequences thereof at the outset of care. This information should be sufficient to enable the patient or client to make a reasoned decision about treatment.

Treatment providers are required to inform patients or clients of the nature and extent of privacy protections at the outset of care. This information includes advising the patient or client regarding the limits of confidentiality and the policies and procedures employed by the caregiver in the event disclosure becomes necessary or a request for disclosure is received.

Treatment providers should advise victims at the outset of care that disclosure of information shared during the treatment process can lead to a waiver of privacy rights.

Treatment providers can inform patients or clients involved in litigation that they have a right to refuse to answer probing irrelevant questions asked of them during the investigative or litigation process.

Privacy and Children

Privacy rights for children vary from state to state. In general, children's privacy rights are not entitled to much legal protection, but their rights become stronger as they age toward majority.

Record Keeping

Treatment providers should maintain records sufficient to ensure that the proper standard of care has been met. The primary purpose of record keeping is to record the reflections of the caregiver as a measure of progress in treatment.

Policies and procedures regarding note-taking should be reduced to writing and explicitly address concerns regarding privacy rights, note-taking, and document destruction. For example, a policy can allow for minimal note-taking and swift destruction of certain documents (subject to regulations that may require maintenance of files that establish dates of treatment and other statistically significant information).

Record-keeping policies enable caregivers to respond in summary fashion to requests for disclosure of entire files. For example, if a court order seeks disclosure of "any and all treatment records related to Jane Doe," a treatment provider with a written policy that allows for prompt destruction of records can respond that "files indicate Jane Doe was treated for sexual violence, but treatment records no longer exist as they were destroyed pursuant to standard document destruction policy."

Treatment providers serving as expert witnesses or involved in forensic work, such as sexual assault nurse examiner and sexual assault response team nurses, may use note-taking standards that differ from those employed in direct care and treatment services. Forensic witnesses may record more direct quotes and fewer reflective observations because the purpose of forensic work is not to provide care and treatment, but rather to prepare evidence for use in a legal proceeding.

Safety

Treatment providers should notify law enforcement officials when a patient or client credibly threatens to harm him- or herself or another or faces a risk of serious harm by another. Failure to do so can result in civil liability.

Treatment providers can offer supportive and corroborative information for a patient or client seeking a protective order or other legal intervention. Disclosures of treatment information for these purposes can lead to the public disclosure of treatment information and a determination that privacy rights have been waived.

Mandatory Reporting

In many jurisdictions, treatment providers are obligated to report incidents of sexual and domestic violence to law enforcement officials. Some laws require only statistical information, while others require identifying information. Failure to comply with mandatory reporting laws can lead to civil and criminal liability.

Treatment providers are obligated to report incidents of child abuse and neglect, which includes experiencing and witnessing domestic and sexual violence. In some jurisdictions, treatment providers are obligated to report incidents of elder abuse, which includes elder victims of domestic and sexual violence. Mandatory reporting laws can also include abuse and neglect of disabled and mentally ill individuals and other vulnerable persons in institutional settings and in trust relationships.

Treatment Providers as Witnesses

Treatment providers can serve as witnesses in legal proceedings. Rules regarding the testimony of treatment providers vary according to the type of litigation and the issues legitimately in dispute. In general, a treatment provider must be approved by a court as a qualified expert in a certain field before testimony will be allowed. A provider who has personal knowledge about an issue in dispute can also be a fact witness for which no expert qualifications are necessary.

Family Law

Family law proceedings generally deal with matters of divorce, custody, and visitation. Unlike civil and criminal cases, family court vests much discretion in a single judge. When children are not involved, issues of violence in the marriage may be relevant. Treatment providers can offer testimony regarding the nature and impact of such violence on the issues in dispute. When children are involved, a judge may appoint a guardian ad litem to give general guidance

or to specifically investigate certain matters in dispute. For example, a judge can require a guardian to investigate allegations of sexual abuse.

A guardian ad litem may issue a report effectively determining whether allegations of sexual or domestic violence are credible and what impact if any the violence should have on issues in dispute. A guardian can seek assistance in making such determinations from a treatment provider. The judge usually, but not always, follows the opinions and recommendations of the guardian ad litem.

Unlike in civil and criminal cases, a family court judge can apply more flexible standards of evidence admissibility: a treatment provider can usually offer live testimony, an affidavit, and/or a narrative summary report.

Professional Liability

Treatment providers can face professional liability for substandard care in the treatment of sexual and domestic violence victims. Liability can extend to nonlicensed volunteer counselors and licensed caregivers employed or volunteering at hospitals and crisis centers, although in many jurisdictions, nonprofit entities and employees or volunteers are either immune from suit or the amount recoverable is capped at a minimal sum.

Wendy J. Murphy

See also Anti-Rape and Rape Crisis Center Movements; Battered Woman Syndrome; Domestic Violence, Trauma, and Mental Health; Expert Testimony; Family Therapy and Family Violence; Feminist Theories of Interpersonal Violence; Investigative Interviewing of Children; Legal System, Criminal Justice System Responses to Intimate Partner Violence; Legal System and Child Protection; Mandatory Reporting Laws of Intimate Partner Violence; Mental Illness; Rape Culture; Rape/Sexual Assault; Rape Trauma Syndrome; Sexual Abuse; Trauma-Focused Therapy; Victims' Rights Movement

Further Readings

American Psychological Association. (2002). *HIPAA for psychologists.* Washington, DC: Author.

Goldman, J., Hudson, R., Hudson, Z., & Sawires, P. (2000). *Health privacy principles for protecting victims of domestic violence.* San Francisco: Family Violence Prevention Fund.

Murphy, W. (1998). Minimizing the likelihood of discovery of victims' counseling records and other personal information in criminal cases: Massachusetts gives a nod to a constitutional right to confidentiality. *New England Law Review, 32*(4). Available at http://www.nesl.edu/lawrev/

Schulhofer, S. (1998). *Unwanted sex: The culture of intimidation and the failure of law.* Cambridge, MA: Harvard University Press.

Summary of New Federal Medical Privacy Protections for Victims of Domestic Violence. (n.d.). Retrieved from http://endabuse.org/programs/display.php3?DocID=56

U.S. Department of Health and Human Services. (2002, August 14). Standards for privacy of individually identifiable health information: Final rule. 45 CFR Parts 160 and 164. *Federal Register,* vol. 67, no. 157 §§ 164.501, 164.502 (g)(1), 164.524 (Regulation Text, Unofficial Version, December 28, 2000, as amended May 31, 2002, August 14, 2002, February 20, 2003, and April 17, 2003). Retrieved April 18, 2006, from http://www.hhs.gov/ocr/combinedregtext.pdf

Legal Momentum

Legal Momentum is the oldest nonprofit organization in the United States dedicated to advancing the rights of women and girls by using the power of the law and creating innovative public policy. Founded in 1970 as NOW Legal Defense and Education Fund and renamed in 2004, a principal focus of Legal Momentum's work is eliminating all forms of violence against women: sexual assault, domestic violence, dating violence, and stalking.

Legal Momentum helped drive passage of the historic Violence Against Women Act (VAWA) and leads the efforts to reauthorize this critical legislation. Legal Momentum created and chairs the National Task Force to End Sexual and Domestic Violence Against Women that was instrumental in the drafting and passage of VAWA in 1994 and its 2000 and 2005 re-authorizations. VAWA has secured nearly $9 billion for services for survivors, including immigrant victims, improved law enforcement and prosecution, judicial education, prevention education, and research.

Legal Momentum's Immigrant Women Program (IWP) advocates for legal protections, social services, and economic justice for battered immigrant women while reforming laws, policies, and practices that may harm them. IWP leads a national advocacy campaign that secures access to legal immigration status, benefits, and legal services for thousands of victims of

violence against women and foreign fiancées. It conducts trainings for attorneys, advocates, police, prosecutors, and judges to build skills and knowledge that are critical to immigrant women receiving legally correct, culturally competent assistance from professionals in their communities. IWP also paves the way for immigrant women to acquire legal work authorization, housing, child and/or spousal support, and college loans to enhance economic security so that they can escape abusive homes and employers.

Legal Momentum works to ensure that welfare policies recognize and respond to the special needs of domestic violence victims. Women are much more likely to be poor than men are, and a significant percentage of impoverished and homeless women are battered. Their poverty may force women on to the welfare rolls, where federal antidiscrimination laws do apply. Staff attorneys work to ensure that welfare recipients are also protected from violence.

Legal Momentum's staff attorneys focus on employment and housing rights for victims of gender-based violence. Legal Momentum uses targeted litigation, legislative advocacy, and training to protect victims from employment and housing discrimination and help employers and landlords understand how they can assist survivors and promote safety. Legal Momentum has won landmark court decisions holding that employers may not fire domestic violence victims for taking time from work to seek court protection and landlords may not evict victims of domestic violence for "allowing" violence on the premises.

Legal Momentum's National Judicial Education Program (NJEP) promotes gender fairness in judicial decision making and courtroom interaction across the spectrum of civil, criminal, family, and juvenile law. NJEP has available extensive educational materials for judges, prosecutors, law enforcement, forensic sexual assault examiners, advocates, and the community. These written materials, videos, DVDs, and Web-based curricula provide the legal, social science, and medical knowledge necessary to conduct fair rape trials, counter societal myths about nonstranger rape, and respond to the co-occurrence of domestic violence and sexual assault.

Samantha Elena Erskine

See also Battered Women; Dating Violence/Courtship Violence; Immigrant and Migrant Women; Rape/Sexual Assault; Stalking; Violence Against Women Act

Web Sites

Legal Momentum: http://www.legalmomentum.org/

Legal System, Advocacy Efforts to Affect, Child Maltreatment

There are two major types of legal advocacy efforts to affect changes in the legal process related to child maltreatment. The first involves individual, generally court-appointed, legal representation of individual children who are alleged to be victims of child abuse or neglect. The second is the filing (in state or federal court) of child welfare system impact litigation, also known as class action lawsuits. In the former, lawyers will often identify problems faced not only by their current client but also by others they have represented, and they may attempt through motions, briefs, and arguments to convince judges to handle current and future cases in specific ways that will improve the outcomes for their clients, hear and resolve cases more quickly, or involve an exercise of the judge's inherent authority over public agencies responsible for providing services to their child clients (e.g., schools, mental health agencies) to help facilitate delivery of the resources their clients need. Through class actions, attorneys may look, for example, to the federal courts to rectify what they perceive is a large-scale deprivation of the constitutional rights of their child clients and/or their families. In both state and federal court class actions, the lawyers are generally seeking an injunction against unlawful actions and/or a court's declaration (finding) that the law requires, for example, that the child welfare agency or local juvenile court take certain actions. Sometimes, these class action suits also seek financial compensation (damages) for the harm done to their clients by the allegedly unlawful actions of child welfare agencies or others. Many of these cases are settled through agreements known as consent decrees, where there is a commitment by child welfare agencies or others to improve practice and service delivery in certain specified ways and by specified dates. The court will often appoint a monitor and/or review panel to oversee the successful implementation of these decrees.

Individual Case Advocacy

In most states, but not all, when a case involving an abused or neglected child goes to court the child must have an attorney appointed to represent him or her. In some states, the court will appoint a lay (nonlawyer) advocate for the child, who may have the title of guardian ad litem or court-appointed special advocate (CASA). The increasing complexity of the legal or judicial process, the frequent failures of child welfare agencies and other government programs to provide services to children they are legally required to provide, and the ability that only a lawyer has to understand and utilize legal mechanisms to improve the lives of their child clients all point out the critical importance of first-rate legal advocacy. There has been a requirement for many years, as the result of federal law, that juvenile courts only appoint lawyers for children who have received, before any of these appointments are made, appropriate training. The American Bar Association has approved standards of practice for lawyers appointed to represent abused and neglected children that address what should be included in such training, and there are other excellent resources available, in print and online, to help guide attorneys in achieving quality representation of their child clients. One major barrier to quality legal representation of abused and neglected children is where an attorney is responsible for a caseload of too many open court cases and thus has difficulty giving each child and family the individualized attention they need and deserve. It is not unusual for some lawyers to have over 200 or 300 open cases, each awaiting some additional court hearings, child placement changes, permanency plans to be implemented, and so on. If a lawyer is personally responsible for more than 100 children at any given time, effective case representation becomes extraordinarily difficult, if not impossible.

There is widespread agreement on what knowledge an attorney representing an abused or neglected child should have. This knowledge includes the following: an understanding of the causes and consequences of child maltreatment; the different types of and evidence required to prove abuse or neglect, including physical abuse factors, sexual abuse diagnosis, emotional maltreatment, physical and medical neglect, and educational neglect; the short- and long-term mental health aspects of these cases, including evaluations, psychological testing, and the psychiatric commitment process; physical, cognitive, language, social, and emotional child development issues, including the impact on children of attachment, separation, and loss problems; family dynamics in child maltreatment; cultural context issues; the federal and state law framework for child protection; the civil child protection court process and collateral court proceedings that may involve their child client; legal permanency issues; educational and medical care advocacy; confidentiality, privacy, and information sharing; child clients in court, including testimonial competence; rules of evidence regularly applied in child maltreatment cases; nonadversarial case resolution; appellate law and practice; understanding the roles of the other attorneys, CASAs, and case workers; legal ethics in child maltreatment cases; and trial advocacy skills. Representing a child well involves complex, multidisciplinary case components that require the attorney to not only be well versed in the law, but also to understand the roles and responsibilities of personnel in child welfare agencies, schools, mental health programs, and other government programs and services.

Class Action Advocacy

For several decades, individuals and organizations have brought class action lawsuits in which one party or a group of parties sues as representatives of a larger class of individuals. Class action lawsuits have had a major impact on the operation of state and local child protection systems. These lawsuits have often been used as tools to address failures by child welfare agencies to provide adequate services to children and parents and to achieve systemic reform that might otherwise have required legislation or many individual lawsuits. In the 10 years from 1995 to 2005 alone, there was child welfare class action litigation in 32 states, with consent decrees or settlement agreements in 30. The consent decrees in these lawsuits, once approved by the court, in effect become a contract, binding the child welfare agency and the attorneys acting on behalf of the class members to its terms, and they are fully enforceable by the court. The substance of each consent decree describes specific actions defendants must take to resolve the identified problems and the plaintiffs' responsibilities to ensure the provisions in the decree are implemented. These decrees, in decreasing order of frequency, have addressed the following: child placement issues such as recruitment, retention, licensing and training of foster parents, relative placements, and group homes;

protective service issues such as reporting, investigating, and intake; requirements that defendants ensure the provision of certain services to children and their families such as medical, dental, and mental health examinations, parent–child or sibling visitation, and independent living training; requirements that defendants address issues concerning caseworkers such as adequate staffing, maximum caseloads, and enhanced training and supervision; case planning issues such as enhancing numbers of children achieving permanency and/or identified case goals; requirements for some sort of new resource development such as the creation of universal information systems or quality assurance reviews; adoption reform issues; and reforms to the judicial system in civil child protection cases. Most of the class action consent decrees that have been active within the past 10 to 15 years have addressed state failures to properly license and train foster parents; place children in adequate and safe foster and group homes; properly report, investigate, and address abuse and neglect incidents; provide needed medical, dental, and mental health services to foster children; ensure adequate parent–child or sibling visitation; ensure social workers have manageable caseloads, training, and supervision; and provide children and families with adequate case planning and review.

Advocacy Efforts Within Organizations and Agencies

There is an additional form of advocacy for abused and neglected children that does not involve litigation. This advocacy is work done by governmental and nongovernmental agencies and organizations to improve services to children and families and the agency and court process through which such services are provided. Some child welfare agency advocacy efforts are led by ombudsmen, individuals and offices located either independent of or within the service delivery agency. Their role is to solicit, receive, and investigate complaints related to services and interventions for abused and neglected children. Following these investigations, the ombudsman may issue public reports that address and present recommendations for overcoming systemic barriers and other problems that impede prompt and effective delivery of services to maltreated children and their families. Some state legislatures have oversight committees that have similar roles in examining child protection system functions. Many private nongovernmental agencies and programs are actively involved in addressing systemic improvements for abused and neglected children. These include such well-established and effective organizations as the Child Welfare League of America and the Children's Defense Fund. Many professional organizations have entities that address child protection system reform, such as the Center on Children and the Law within the American Bar Association. Some systemic criticism and highlights of needed reform also come from organizations that have been established specifically to identify and recommend how to address shortcomings in child protection agency activities. These include the National Coalition for Child Protection Reform, Center for the Study of Social Policy, Justice for Children, and First Star.

Howard A. Davidson

See also Court-Appointed Special Advocates; Legal System, Advocacy Efforts to Affect, Violence Against Children; Legal System, Civil Court Remedies for Intimate Partner Violence; Legal System and Child Protection; Legislation, Child Maltreatment

Further Readings

American Bar Association. (1996). *Standards of practice for lawyers who represent children in abuse and neglect cases*. Available at http://www.abanet.org/

Haralambie, A. M. (1993). *The child's attorney: A guide to representing children in custody, adoption, and protection cases*. Chicago: Section of Family Law, American Bar Association.

Peters, J. K. (2001). *Representing children in child protective proceedings: Ethical and practical dimensions* (2nd ed.). Newark, NJ: LexisNexis.

Renne, J. (2004). *Legal ethics in child welfare cases*. Washington, DC: ABA Center on Children and the Law.

Ventrell, M., & Duquette, D. (Eds.). (2005). *Child welfare law and practice: Representing children, parents, and state agencies in abuse, neglect, and dependency cases*. Denver, CO: Bradford.

Legal System, Advocacy Efforts to Affect, Elder Abuse

Legal advocacy is commonly divided into individual advocacy and systems advocacy within both the

criminal and civil system. Within the legal system, individual advocacy means working with a client one-on-one to assist the client to understand or prepare for a legal proceeding. Individual advocacy might also entail making calls on behalf of the client, attending court hearings or proceedings with the client, or assisting the client with any needed information or referrals before, during, and after legal proceedings. Systems advocacy entails working on behalf of a group of clients within the legal system to advocate for systems change and/or to encourage the legal system to develop practices and procedures that might assist a group of clients when they use the legal system.

Individual Advocacy

Civil Legal System

Individual advocacy for the elderly within the civil legal system may include assisting with the preparation and filing of an order of protection; giving information about possible benefits such as housing, welfare, disability needs, consumer needs, and health care needs; and advocating for and assisting an individual client as needed and appropriate. It may also include providing the following:

- information regarding confidentiality of records within a domestic violence program, social services agencies, and the legal system;
- information around issues of personal protection such as health care and financial powers of attorney, protection of personal assets and finances, protection of privacy in health care and other settings;
- information about issues such as a power of attorney for health care, finances, and general welfare;
- information about the role of a guardian in legal cases;
- information specific to an underserved population, such as issues impacting refugees, and documented and/or undocumented immigrants, or information about tribal laws; and
- information about and assistance with accessing interpreters, translators, guardians, court-appointed advocates, and attorneys.

In addition, individual advocacy may include accompanying the elderly client to any hearing, deposition, or court matter.

Criminal Legal System

As with individual advocacy in the civil legal system, individual advocacy in the criminal legal system may include accompanying an elderly client to any hearing, deposition, or legal proceeding and advocating for and assisting an individual client as needed and appropriate. It may also include providing the following:

- information about the criminal justice system including when and how an arrest can be made by law enforcement, when and how a charge can be issued by a prosecutor, types of crimes that might apply to a specific fact situation, and crimes or penalty enhancers specific to the elderly;
- information about assistance in a criminal case, such as victim or witness personnel;
- information about victims' rights;
- information regarding specific crimes to which the elderly may be especially vulnerable, such as stalking, strangulation, sexual assault, and financial abuse;
- information about elder and vulnerable adult abuse reporting laws and requirements;
- information and assistance if abuse is alleged to have occurred in a facility or entity; and
- information about and assistance with accessing interpreters, translators, advocates, and defense attorneys.

Systems Advocacy

Civil Legal System

Systems advocacy for the elderly within the civil legal system may include, as appropriate, advocating to create, modify, or implement laws, policies, and practices that reflect the needs of elder abuse victims such as the following:

- restraining orders that address types of abuse unique to the elderly (e.g., financial abuse);
- filings by caretakers and guardians that address the needs of competent and incompetent adults and those with disabilities;
- guardianship laws that address the need to protect the elderly and vulnerable (e.g., how to make a guardian respond to abuse or remove an abusive guardian); and
- laws that require collaboration and networking among or between systems for the elderly, with an emphasis on elder abuse issues.

In addition, systems advocacy also may provide cross-trainings on issues that impact the elderly and may advocate for accessibility in legal physical settings and in documents and forms, languages and devices, and resources or assistance needed for and by those with disabilities.

Criminal Legal System

Systems advocacy for the elderly within the criminal legal system may include, as appropriate, advocating to create, modify, or implement laws, policies, and practices to address issues such as the impact of undue influence, abuse in institutions and facilities, and financial abuse by family members, guardians, and caretakers. As with systems advocacy in the civil legal system, systems advocacy in the criminal legal system may provide cross-trainings to all players in the system, which includes presentations by those with expertise in elder abuse and in-person or video clips reflecting real-life experiences of elder abuse. It may also include advocating for accessibility in legal physical settings and in documents and forms, languages and devices, and resources or assistance needed for those with disabilities, as well as advocating for and providing funding for the hiring of victim assistance personnel who are trained in elder abuse. In addition, systems advocacy within the criminal legal system may entail creating, monitoring, and taking positions on all proposed laws, practices, and policies that impact elderly, disabled, and vulnerable adults so as to educate those with decision-making power. Writing and submitting articles to local and state law publications on elder abuse, including articles on laws, policies, and practices that address such abuse so as to educate and create allies within communities, may also be a component of systems advocacy in the criminal legal system.

Preparation

Individual Advocacy

Preparation for individual advocacy with the elderly should include the following: learning about the power and control wheel for tactics used against the elderly; arranging for the best time of day to talk to the client and whether any special assistance is needed such as a translator, interpreter, or hearing-aid device; and allowing for extra time to move and to talk more slowly and for the slow unfolding of a story. In addition, one should come to advocacy with an attitude that reflects respect for the elderly client's life experiences and should not presume that all elderly clients need special assistance, but should find out what special assistance is needed.

Systems Advocacy

Preparation for systems advocacy on behalf of the elderly should include learning who the players are within one's state and local legal systems who deal with issues impacting the elderly and then cultivate a relationship with these systems and players. In addition, one may prepare by creating opportunities to meet and discuss, both individually and collectively, the needs of older individuals and persons with disabilities and by providing a forum for the expertise of many, such as printed media, videos, fundraisers, and trainings.

Bonnie Brandl and Candace J. Heisler

See also Advocacy; Coordinated Community Response; Elder Abuse

Further Readings

DiMotto, J. M. (2000, September). Accommodating the elderly in court. *Wisconsin Laywer,* 34–36.

Heisler, C. (1999). Domestic violence among the elderly: A blueprint for the criminal justice system. *Wisconsin Coalition Against Domestic Violence Newsletter, 18*(4), 9–13.

Meuer, T. (2000, September). Using restraining orders to protect elder victims. *Wisconsin Lawyer,* 38–80.

Legal System, Advocacy Efforts to Affect, Intimate Partner Violence

Although intimate partner violence was once considered a private issue, in recent decades advocacy groups shifted the issue out of the home and into the public arena. As public awareness grew, so did the perception of domestic violence as an unacceptable problem requiring societal reform for resolution. Partnerships between governments and organizations substantially increased the resources for battered

women. However, the governmental–nongovernmental partnerships also resulted in unforeseen consequences. This entry discusses the historical perspective of domestic violence advocacy efforts, the benefits and drawbacks of both the criminal justice system and the civil justice system in addressing intimate partner violence, and federal funding for domestic violence advocacy efforts.

Historical Perspective

For much of history, the United States has refrained from interfering in domestic violence situations. During the colonial period, intimate partner violence was justified by the belief that women were property for men to discipline and control. In the late 19th century, states were no longer explicitly condoning violence. In fact, the first state laws specifically making wife beating illegal were passed in 1871, though proliferation of laws to all states and enforcement of those laws lagged very far behind. The courts instead adopted the philosophy that domestic violence was a private issue to be dealt with in the household, and the court's inactivity allowed husbands to continue beating their wives with little to no retribution.

The feminist movement gave women the opportunity to share their experiences freely. Through these interactions, it became clear that domestic violence was far more pervasive than initially believed, that resources for battered women were severely inadequate, and that the American public was largely unaware of the issue.

By sharing their collective stories, women began viewing partner violence as more than just a personal issue and as both social and political issues as well. The philosophy emerged that domestic violence was in large part a consequence of society's systematic subordination of women. Lack of economic and social opportunities made women vulnerable to abuse. Advocates tied domestic violence prevention directly to the eradication of women's subordination and the increase of women's social and economic empowerment.

Now that domestic violence was no longer dismissed as a private matter but instead commanded attention as an issue requiring significant societal reform, advocates created an action plan focusing on three urgent tasks: securing resources and shelters for battered women, raising public awareness of the issue, and creating legal protections for protecting women's safety. As a result, the next few decades brought about an explosion of resources and awareness surrounding domestic violence.

A systematic response to eradicating domestic violence did not emerge until the late 1960s and early 1970s. The first battered women's shelter opened in St. Paul, Minnesota, in 1973. Service organizations dedicated to aiding battered women were characterized by a desire to empower staff members. Organizations tended to emphasize egalitarian and participatory organizational models, encouraging equal involvement in decision-making processes and equal salary distribution. Today, more than 2,000 shelters providing services to battered women are in operation across the United States.

The Criminal Justice System

The pervasive scope of domestic violence prevented grassroots organizations from eradicating domestic violence without the aid of the state. By pushing domestic violence into the public domain and demanding that it be treated as other violent crimes, advocates called upon the justice system to address the issue as part of the criminal system. In redefining domestic violence from a private matter to an offense against the state, the public began to take the issue more seriously, but other problems arose.

The criminal justice approach has had drawbacks. Domestic violence is a pattern of behavior that takes place within an intimate relationship. The pattern often includes repeated physical violence, intimidation, threats, economic abuse, emotional abuse, controlling behavior, irrational jealousy, stalking, harassment at work or at school, and threats to harm the victims' children, family members, friends, or pets. The American criminal justice system, on the other hand, is designed to address single incidents of criminal behavior. In fact, principles of criminal justice demand that such incidents be considered in a vacuum, independent of past behavior of the defendant and independent of the prior relationship between the defendant and victim. Such a system makes responding to the pattern of behavior typical of domestic violence difficult. Moreover, the criminal justice approach often leads to victim blaming. A system that thinks in terms of a single criminal act has difficulty comprehending a victim who does not immediately remove her- or himself

from a situation where she or he is likely to be victimized again. A system that is designed to deal with street violence among strangers is not adequately structured to respond to violence in families and intimate relationships.

The criminal justice approach has also resulted in dual arrests—police arresting both parties when called on a domestic dispute. The concept of dual arrest was fueled by an unwillingness of police officers to view domestic violence as a crime as well as poor legal definitions of domestic violence. Once the criminal and civil laws on domestic violence were created, years of struggle began to try to force the system to work, including mandatory arrest laws, mandatory police and judicial training, and definitions and redefinitions of primary or predominant aggressor.

The Civil Justice System

One major drawback of the criminal justice system is the disempowering effect that it can have on survivors of domestic violence. In the criminal system, the parties to the case are the government and the defendant. The victim of the crime is relegated to the role of witness. The decisions to arrest, charge, prosecute, dismiss, divert, or punish the case (and the batterer) are all within the purview of state actors. Although the victim may be consulted about her or his preferences, the choice is ultimately out of the hands of the victim. Combined with the historical resistance of the police and courts to treat domestic violence as a serious crime, the state's sole control often meant that the state response was negligible or nonexistent.

To empower the survivor of domestic violence and provide her or him with control over the justice process, civil remedies were created. The civil protective order provided an opportunity for a survivor to file a case and retain control over much of the advancement of the case. The civil system moves at a faster pace than the criminal system, thus allowing a more immediate response. It allows a survivor to speak to a judge, tell the story, and have a judge determine whether the violence occurred. It also provides the remedy of a written court order issued by a judge that restricts the ability of the abuser to continue the abuse. The issuance of the order may in itself be empowering for the survivor. However, it serves the additional purpose of encouraging police, prosecutors, and judges to take the case more seriously if violence recurs. It also puts the survivor in a position to bring a contempt case against the abuser if the order is violated, regardless of whether the police or prosecutors file charges.

The process by which civil protective orders came to be the remedy they are today was a gradual process of statutory and systemic changes advocated by nongovernmental organizations. This advocacy expanded the remedies available in protective orders to include a range of essential provisions critical to reducing opportunities for continued violence, including child custody provisions and ordering an abuser to move out of a joint home. Systems were put in place to ensure immediate access to a judge on a pro se basis to obtain emergency protection orders in place until a hearing could be scheduled. Increasingly, nongovernmental organizations train court-based lay advocates who assist victims in explaining rights and options to survivors and help guide them through the process. Advocacy has also ensured that filing for a protective order is free and that judges often receive training on domestic violence.

Federal Funding

Despite the good intentions of grassroots advocates, financial limits to their reach seemed insurmountable. The government, however, could provide a financial investment in addressing domestic violence. The first major step toward government involvement occurred in 1984 with the passage of the federal Family Violence Prevention and Services Act. This legislation earmarked federal funding for domestic violence programs and served as a precursor to the further-reaching Violence Against Women Act of 1994 (VAWA). VAWA was reauthorized and expanded in 2000 and reauthorized and expanded once again in 2005, reflecting the evolution of the movement from a grassroots feminist campaign to a mainstream political movement. Today, funding of domestic violence services and systems commonly comes from local and state governments, as well as the federal government. Moreover, the support of the government has encouraged corporate support of services as well.

Although governmental involvement allowed for an increase in funding and resources, some believe it also diluted the feminist orientation originally associated with the movement, which centered primarily on empowering individuals and ensuring equality of

power within organizations. To accommodate the growth of domestic violence programs, domestic violence resource centers faced growing pressure to develop more hierarchical organizational structures. Changes in hiring standards brought more social workers and lawyers into the fold, rather than the grassroots, community organizers who had traditionally been chosen. This change in hiring led to a growth in psychotherapy, legal services, and employment counseling, while political activism moved toward the periphery.

Juley Fulcher and Teresa Yeh

See also Advocacy; Intimate Partner Violence; Legal System, Civil Court Remedies for Intimate Partner Violence; Legal System, Criminal Justice System Responses to Intimate Partner Violence; Police, Response to Domestic Violence; Restraining and Protective Orders; Violence Against Women Act

Further Readings

Fulcher, J. (2002). Domestic violence and the rights of women in Japan and the United States. *Human Rights, 29*(3), 16–17.

Goodman, L., & Epstein, D. (2007). *New strategies for empowering battered women: A survivor-centered approach to the advocacy, mental health and justice systems.* Washington, DC: American Psychological Association Press.

Legal System, Advocacy Efforts to Affect, Violence Against Children

Since children under age 18 frequently must appear in court as witnesses in criminal cases because of their victimization either within or outside of their home, it is important to examine how they interact with the criminal justice system process. For many years, pursuant to federal law, there has been, for example, authority for federal court judges (in federal prosecutions involving crimes against children) to protect the best interests of the child victim or witness. Federal judges or magistrates have authority to appoint a special guardian ad litem for the child during these criminal proceedings. These guardians ad litem are specifically empowered by law to attend all depositions and hearings and the trial of the case; make recommendations to the court concerning the welfare of the child; access all reports, evaluations, and records related to the case (but not privileged attorney work products) to effectively advocate on behalf of the child; and to marshal and coordinate the delivery of resources and special services to their child client. Several states have similar legislation, giving the child victim a legal representative who can, for example, make recommendations to the court, based on the preferences and best interests of the child; help make decisions and/or recommendations regarding the child's testimony and special protections the child may require during his or her testimony; meet with the child and offer him or her consistent support; and attend hearings and possibly even participate in examining or calling witnesses on the child's behalf. These federal and state provisions of law are consistent with international guidelines for child victims or witnesses that, subsequent to their drafting, have been endorsed by the United Nations. These include treating child victims or witnesses with respect and protecting their dignity; treating them fairly and without discrimination; helping the courts focus on the child's best interests; helping ensure prompt aid to children who are traumatized as a result of their victimization; making sure there is due consideration of their right to participate in the case, to express their personal views, and to have those views reflected upon by the judge and prosecutor; protecting the child from undue interference in their lives or invasions of their privacy; having them examined/questioned only by well-trained people and in child-sensitive environments; keeping them and their families informed on the court process and its outcomes; helping ensure speedy case resolutions and reduction of necessary interviews of the child; helping prevent intimidation and threats that may impede a child's testimony; and addressing the child's needed medical, social, mental health, and legal needs.

Legal Issues That Arise When Aiding Victimized Children

One of the first issues that is likely to come up for those working with victimized children, especially because many are victimized by abuse within their own homes, is the issue of mandatory reporting. All

50 states, the District of Columbia, and the U.S. territories have laws that designate specific professions and groups as mandatory reporters of known or suspected child maltreatment. The legal definitions of mandatory reporter, abuse, and neglect, as well as the circumstances under which one must report (e.g., known abuse, suspected abuse, reasonable grounds to suspect, intrafamilial abuse only, or extrafamilial abuse), vary from state to state. Most states designate health care workers, school personnel, childcare providers, social workers, law enforcement officers, and mental health professionals as mandated reporters. Certain states specify additional categories, such as substance abuse or domestic violence counselors, and some states require all citizens to report. State laws related to the obligations of mandatory reporters can be searched at the Child Welfare Information Gateway Web site. Teenagers under the age of 18 are still children under the law, and thus mandatory reporting requirements still apply. Of course, a dilemma that arises for many professionals who work with child victims of crime is the concern that reporting abuse against a child's wishes can destroy the trust they are working to establish and may prevent that child from ever trusting or opening up about his or her victimization to another adult. All professionals who work with child victims of crime must know and follow their state's laws related to mandatory child abuse and neglect reporting. The intent of such laws is to ensure intervention in all known or suspected cases of abuse in order to stop the abuse, prevent the situation from worsening, and help the victim recover. Another legal issue when working with child victims of crime is parental consent and involvement. Laws related to when, for example, a child can consent to his or her own medical or mental health treatment related to their victimization are complex. When working with child victims of crime, it is important to know what the law says regarding parental consent, notification, and involvement when related to that child's needed services, treatment, and other interventions.

Law-Related Child Victim Interviewing Issues

In the 1980s, as cases involving disclosures of child sexual abuse made by young children became more frequent, there arose a need for social workers, police officers, and others to learn interviewing skills that could better help ensure accuracy in those disclosures and help those children be better witnesses in court, when necessary. Victim-sensitive interviewing began to emerge as a critical special skill, and in 1994, the American Bar Association published the *Handbook on Questioning Children: A Linguistic Perspective* to help child victim interviewers learn how children acquire and understand language used in the context of such case investigations. Interviewers must understand basic principles of child questioning for forensic purposes, to be able to look for problems in questioning or in the answers children provide, to understand language-related explanations for inconsistencies in children's testimonies, and so on. The development of Children's Advocacy Centers has provided, throughout the country, community-based central facilities for interviewing children suspected of being abuse victims and offers a setting for professionals from various agencies (police, child protective services, prosecutor, medical) to do multidisciplinary collaborative work in such cases. The child interviews in such settings are often videotaped, in part to avoid children having to be subjected to multiple repetitive questioning and to maintain evidence that the child's interview was not contaminated by improperly suggestive questions or other techniques that could negate the effective use of their prior disclosures in court. Building on all this knowledge, a special skill set for forensic interviewers was developed, with training throughout the country available to help ensure that the interview procedures themselves would not jeopardize successful prosecutions of a child's offender. Such groups as the National Center for the Prosecution of Child Abuse, part of the National District Attorneys Association, have engaged in a nationwide effort to bring high-quality forensic interviewing skills to as many professionals as possible through a program called Finding Words.

Finding Words and other similar programs not only focus on improving interviewer skills, but also on better preparing the child for the in-court experience. Court schools are local programs that also seek to do the latter.

The goal of many prosecutors of crimes against children, however, remains avoiding whenever possible the traditional in-court testimony of young children where their testimony may be severely traumatic. Over the past 25 years, the U.S. Supreme Court in a series of cases has clarified the parameters for use of alternatives to a child's in-court face-to-face

testimony in the presence of the accused. Through admission of out-of-court hearsay disclosures of the child victim, video-recorded interviews or special closed-circuit television live testimony that avoids the child testifying in the close physical proximity to the defendant, prosecutors have been given a set of tools in their arsenal to use in aiding child victims or witnesses, subject to following the rules set forth in the Supreme Court's decisions and state or federal statutes. Laws and practices also provide, in many states, authority for changing the layout of the courtroom during child testimony, judicially controlled procedures for examination of child witnesses, allowing children to have support persons accompany them to the courtroom during their testimony, permissible use of anatomically detailed dolls and other testimonial aids, and closing the courtroom from the public during child testimony.

Howard A. Davidson

See also Children's Advocacy Center; Ethical and Legal Issues, Interviewing Children Reported as Abused or Neglected; Mandatory Reporting Laws of Child Maltreatment

Further Readings

American Bar Association. (2002). *The child witness in criminal cases: A product of the Task Force on Child Witnesses of the American Bar Association Criminal Justice Section.* Washington, DC: American Bar Association, Criminal Justice Section.

Finkelhor, D., Cross, T. P., & Cantor, E. N. (2005, December). How the justice system responds to juvenile victims: A comprehensive model. *Crimes Against Children Series* (Bulletin No. NCJ 210951). Available at http://www.ojp.usdoj.gov/ojjdp

International Bureau for Children's Rights. (2003). *guidelines on justice for child victims and witnesses of crime*. Retrieved from http://www.ibcr.org/Publications/VICWIT/2003_IBCR_Guidelines_En-Fr-Sp.pdf

United Nations Office on Drugs and Crime. (2006). *United Nations guidelines on justice in matters involving child victims and witnesses of crime: A child-friendly version*. Retrieved from http://www.ibcr.org/Publications/VICWIT/2007_Child-Friendly_Guidelines_En.pdf

Walker, A. G. (1999). *Handbook on questioning children: A linguistic perspective* (2nd ed.). Washington, DC: ABA Center on Children and the Law.

Web Sites

Child Welfare Information Gateway: http://www.childwelfare.gov/systemwide/laws_policies/state/index.cfm

Legal System, Civil and Criminal Court Remedies for Sexual Assault/Rape

In the United States, the legal definitions of sexual assault and rape vary from state to state. However, it is generally accepted that sexual assault involves sexual conduct of an involuntary nature. Rape, a form of sexual assault, involves the nonconsensual use of another person's sexual organs. Both are considered serious crimes, and in both cases, convictions lead to serious consequences.

Survivors of sexual assault have two legal options for recourse: criminal prosecution and civil litigation. Criminal cases are prosecuted by the state with the sexual assault survivor serving as a witness for the state. In civil cases, the survivor brings a lawsuit against the perpetrator, usually with the aid of a private attorney. This entry discusses both criminal and civil court recourses, along with civil protection orders, mutual filing of suits, and the difficulties involved in prosecuting sexual assault and rape cases.

Criminal Court Remedies

Criminal laws exist to impose social control and to serve as a deterrent to behavior that threatens societal well-being. Therefore, in criminal cases, the perpetrator is charged with committing a crime against the state. Society at large is the victim of the perpetrator's actions, and thus criminal prosecution is led by the state and not the survivor.

The criminal process begins when a sexual assault is reported to the authorities. Once a police report is filed, a warrant can be issued for the perpetrator's arrest. If the perpetrator is apprehended, a prosecutor for the state must then determine whether there is enough evidence to prosecute. If the case is brought to trial, the survivor becomes a state witness and may be called to testify during the trial. Since the survivor is a witness and not a client, she or he has no direct control over whether or how the case is prosecuted.

However, since the survivor's testimony is usually the state's most valuable piece of evidence and crucial to the success of the prosecution, criminal prosecutors rarely pursue a case without the survivor's cooperation. If convicted of criminal charges, the perpetrator could face a variety of punishments, including but not limited to prison time, a fine, or probation.

The Federal Rules of Evidence and most states mandate that a survivor's prior sexual history, reputation for sexual activity, and sexual behavior be inadmissible during the trial. A few exceptions exist, such as when the survivor has had previous sexual contact with the perpetrator. In these instances, the survivor may be questioned about her or his past relationship with the perpetrator.

Civil Court Remedies

Civil law refers to the part of the law that deals with relations between private individuals and between individuals and organizations. Civil suits are becoming an increasingly commonplace legal remedy. In civil proceedings, survivors can be awarded financial compensation from the perpetrator or the perpetrator's insurer for physical and mental harm endured. A broad range of financial reparations is available, including but not limited to coverage of medical expenses and therapy, payment of lost wages or lost potential income, damages to property during the assault, and even punishment for a perpetrator's malicious actions.

Civil litigation is valuable not only because it allows for financial recompense, but also because it can prove to be an empowering experience for the survivor. Unlike criminal cases, civil suits allow for the survivor to be the decision maker and to take control of her or his own case. The survivor is the client, so the attorney representing the client is bound by the client's wishes in deciding how to proceed with the case. The sense of empowerment often achieved with civil suits can serve as a form of therapy for the survivor, who is able to take back the control that was lost during the assault.

Civil Protection Orders

In addition to financial recompense, survivors also may be able to file for a civil protective order (PO) to protect themselves from further harm by the perpetrator. POs are court orders for the perpetrator to stay away from and have no contact with the victim. Historically, POs have been limited to survivors of domestic violence, and, as such, only sexual assault survivors victimized by intimate partners were eligible. However, an increasing number of states have passed laws granting access to POs to sexual assault survivors in situations that fall outside of domestic violence. POs can be invaluable in cases where the survivor has continuing proximity to the perpetrator, such as when the perpetrator is a neighbor, classmate, or coworker. Although civil POs are granted through the civil court system, violation of a PO is a crime and is prosecuted through the criminal court system.

Mutual Filing of Criminal and Civil Suits

Civil litigation and criminal prosecution are regarded independently. Regardless of whether criminal charges have been brought or even dismissed, survivors are still entitled to file suit against their perpetrators in civil court. Similarly, survivors who do choose to pursue a civil case against their perpetrator may still be involved in state prosecution of criminal charges.

In criminal courts, the prosecutor must prove beyond a reasonable doubt that the perpetrator is guilty of sexual assault. The perpetrator has the benefit of a legal right to counsel and stringent rules of evidence designed to protect the accused. On the other hand, the burden of proof is lower in civil courts. In civil suits, a survivor must prove liability by a preponderance of evidence, meaning she or he must prove that a 51% probability exists that the perpetrator was responsible. Since the burden of proof is significantly lower in a civil case, failure to prosecute or convict a perpetrator in a criminal case should not deter a survivor from pursuing a subsequent civil case against the perpetrator where the burden of proof may be easier to meet.

Difficulties in Prosecution

Although sexual assault is one of the most serious of violent crimes, criminal prosecution of sexual assault offenders is particularly difficult. In fact, out of all the violent crimes in the United States, rape is the least reported and prosecuted and results in the fewest convictions.

This difficulty in prosecuting sexual assault and rape cases is a result of several factors. Not only is it a challenge to prove rape under most states' laws, but

also there are rarely other witnesses to corroborate a survivor's account. It is common for these cases to have a lack of physical evidence, both because survivors often are reluctant to report the crime immediately and because this type of violence may not leave observable injuries. Furthermore, sexist stereotypes and common law work together to create a situation in which both judges and jurors tend to question the survivor and her or his behavior rather than the actions of the perpetrator.

Juley Fulcher and Teresa Yeh

See also Rape/Sexual Assault; Rape Shield Laws; Restraining and Protective Orders; Sexual Abuse

Further Readings

Berman, J. (2004). Domestic sexual assault: A new opportunity for court response. *Juvenile and Family Court Journal, 55*(3), 23–34.

Hunter, S., Burns-Smith, G., & Walsh, C. (2001). *Equal justice? Not yet for victims of sexual assault.* Madison, WI: Connecticut Sexual Assault Crisis Services.

Perry, A. L. (1998). Insurance company liability for sexual assault. *Sexual Assault Report, 1*(6), 85–86, 96.

Perry, A. L. (2003). Evidentiary decisions in sexual assault cases. *Sexual Assault Report, 7*(1), 5–6.

Prendinger, S. (2000). *Court preparation for crime victims.* Denver: Colorado Coalition Against Sexual Assault.

Suffolk University Law School. (2004). *Beyond prosecution: Sexual assault victims' rights in theory and practice.* Boston: Author.

Legal System, Civil Court Remedies for Intimate Partner Violence

Over the course of the past 3 decades, state legislatures have enacted civil laws that address violence against women. Unlike criminal legal remedies, which are guided by the state and focus upon the offender, civil remedies are controlled by the survivor and are intended to serve the survivor's particular needs. Civil legal remedies now exist for a wide range of issues faced by survivors. Civil legal remedies seek to prevent future abuse, enhance victim physical safety, minimize the coercive power of perpetrators over victims, offer the resources necessary for survivors to live independently of the perpetrator, provide restitution to victims for losses resulting from the violence, prevent discrimination, enhance access to justice, and facilitate survivors' ability to self-direct their lives.

Shortcomings of the Criminal Justice System

Since the beginning of the violence against women movement, advocates have agitated for the enactment and enforcement of criminal legal responses to domestic violence, sexual assault, and stalking. Faced with a history of state nonintervention in private affairs, they organized to encourage the criminal justice system to respond to domestic violence with the same level of commitment as other crimes. These efforts resulted in a groundswell of change aimed at increasing arrests and prosecution of batterers and rapists, including mandatory arrest and no-drop policies, as well as enhanced penalties for these crimes. However, although the criminal justice system has provided critical assistance for many survivors of domestic violence, fostering batterer accountability, it has often failed to meet the varied, complex, and comprehensive needs of battered women and their children.

The criminal justice system has led to dangerous outcomes for many battered women, particularly women of color. Battered women are often arrested when they act to defend themselves, when a police officer makes a dual arrest, or as a result of false accusations by batterers who attempt to manipulate the system against their partners. Many victims are charged with failure to protect their children, based solely upon their victimization. The collateral consequences of criminal intervention are wide reaching and include deportation (for immigrant women), loss of child custody, and barriers to employment and housing. All of these harms reflect a loss of agency for women and the communities in which they live.

Even when these harms do not occur, the nature of criminal justice remedies prevents battered women from directing the process. Because mandatory criminal legal interventions are controlled by the state, battered women are left without the ability to determine their own course based upon their individual needs. Indeed, studies have shown that the main reason for battered women's lack of satisfaction with the criminal justice system rests with their lack of control over the process.

Agency and the Material Needs of Survivors

A woman-centered advocacy model suggests that survivors must be actively involved in identifying their particular needs and crafting strategies that address those needs. Survivors of domestic and sexual violence have a wide variety of needs, which depend upon their particular circumstances and extend far beyond the remedies offered by the criminal justice system. Examples of these needs include the following: housing, education, employment, transportation, health care, social support, financial assistance, and material goods and services.

Access to material resources is a critical factor in the short- and long-term safety of battered women and their children. Research has shown that the best predictors of whether a survivor will be free from intimate partner violence include access to childcare, access to transportation, and access to an independent source of income. Perpetrators of domestic and sexual violence inflict enormous economic harms upon their victims. The civil legal system offers survivors of domestic and sexual violence an array of tools for recouping the damages resulting from past harms and for garnering resources needed for future safety and restoration.

Types of Civil Legal Remedies

The following are civil legal remedies available to survivors.

Civil Protection Orders

The grandparent of legal provisions, the civil protection order (also known as a protective order or a restraining order), is the most common form of civil legal relief accessed by survivors. It is also the most immediate and perhaps most accessible relief available to survivors of domestic violence. Available in every state and territory, civil protection orders provide abused persons in statutorily defined relationships with the ability to petition the court for injunctive relief. Examples of relief include orders for temporary custody of children-in-common, temporary child support, eviction of the perpetrator from the residence of the abused, restitution of medical expenses and property damages incurred as a result of the abuse, stay-away orders that direct the abuser to stay a specified distance from the victim and the locations she frequents, no-contact orders that direct the abuser to refrain from contacting the petitioner and/or direct others to contact the petitioner on his behalf, and catch-all provisions that enable the judge to order relief geared toward future safety. Unlike criminal cases, civil protection order cases are filed and litigated by the petitioner as opposed to the state. If the respondent violates a protection order, the petitioner can file for civil or criminal contempt; some criminal codes include violation of a protection order as a misdemeanor criminal offense.

Child Custody

Survivors of domestic and sexual violence who share a child in common with the abuser often face substantial hurdles in accessing legal custody of their children. After separation, batterers often use custodial access as a mechanism for maintaining control over their partner. In response to the dangers that battering parents pose to women and children, state legislatures have developed statutory provisions requiring courts to include domestic violence as a factor in custody and visitation determinations. Many state statutes contain a rebuttable presumption against awarding custody to the abusive parent. In addition, many state custody statutes require that the court make findings of abuse and include language explaining how the custody or visitation arrangement ordered by the court is tailored to address the particular safety of the abused parent and the children.

Torts

Criminal conduct may give rise to civil tort claims, which offer survivors a mechanism for obtaining economic compensation or punitive damages for past harms. Tort cases can be brought against the perpetrator for his abuse. Common tort claims include assault, battery, intentional or reckless infliction of emotional distress, false imprisonment, and wrongful death. Tort cases may also be brought against third parties (e.g., employers, landlords, retailers, police officers) for playing a causative or collusive role in the abuse either through their acts or their omissions.

Immigration

Battered women who are immigrants face unique challenges. Perpetrators of domestic and sexual violence often use their partner's immigration status to entrap them and to facilitate their coercive control. The Violence Against Women Act (VAWA) provides

immigrant victims with several mechanisms for obtaining legal status without having to rely upon their abusive partners. VAWA immigration remedies include the following: self-petitioning, VAWA cancellation, battered spouse waivers, U-visas, T-visas, and asylum.

Other

Additional civil claims may lie in housing law, employment law, privacy law, consumer law, and civil rights law, to name only a few. The potential civil legal remedies are as varied and expansive as the prior harms and future needs of individual battered women and sexual assault survivors.

Erika A. Sussman

See also Agency/Autonomy of Battered Women; Mandatory Reporting Laws of Intimate Partner Violence; Restraining and Protective Orders; Violence Against Women Act

Further Readings

Allen, N. E., Bybee, D. I., & Sullivan, C. M. (2004). Battered women's multitude of needs: Evidence supporting the need for comprehensive advocacy. *Violence Against Women, 10,* 1015–1035.

Hotaling, G. T., & Buzawa, E. S. (2006, January). Victim satisfaction with criminal justice case processing in a model court setting. *NIJ Journal, 253.*

Lehrman, F. L. (1997). *Domestic violence practice and procedure.* Minneapolis, MN: West Group.

Ms. Foundation for Women. (2003). *Safety and justice for all: Safety program: Examining the relationship between the women's anti-violence movement and the criminal legal system.* New York: Author.

National Advisory Council on Violence Against Women and the Violence Against Women Office. (n.d.). Enhancing the response of the justice system: Civil remedies. In *Toolkit to End Violence Against Women*. Retrieved from http://toolkit.ncjrs.org/vawo_3.html

Legal System, Criminal Investigation of Victimization of Children

The criminal investigation of crimes against children is unique compared to the criminal investigation of crimes against other age groups. It is unique because of the wide range of crimes against children, the different systems that are involved, and the impact of the legal system on children. Given the vulnerable position of children, it is essential that the legal system hold offenders accountable while not retraumatizing child victims. Because juveniles are among the most victimized age group in the population, it is critical to understand how the legal system responds to the victimization of children.

Types of Victimization

There is a wide range of types of victimizations that children experience. Children may be victims of conventional crime (e.g., assault, property crime, theft), victims of witnessing domestic violence, custodial abductions, or victims of child maltreatment (e.g., physical abuse, sexual abuse, neglect, emotional abuse). Moreover, victimized children may come into contact with the criminal justice system because they have been arrested for criminal delinquent behavior or picked up for running away or truancy. Large percentages of children arrested for such crimes have histories of victimization that may contribute to the delinquent behavior. Not only do children experience a wide range of victimizations, but also children experience rates of victimization that are substantially higher than adults.

Legal System

The legal response to the wide array of crimes that child victims experience is complicated because there are two distinct systems that can be involved: the criminal justice system and the child protection system. The criminal justice system investigates conventional crimes, while the child protection system investigates child maltreatment by perpetrators in a caretaking responsibility. Little data are available about the criminal investigations for all the types of victimizations. For example, the percentage of arrests or prosecutions that involve child victims is not known. Furthermore, many crimes against children are not reported. Therefore, the information that is available from the criminal justice system describes only a fragment of the crimes committed against children. Conventional crimes, as well as some types of physical and sexual abuse, are referred to the criminal justice system. Police make an arrest in a minority of juvenile victim crimes, and arrests are more common when the crime

involves a weapon or a serious offense. Many of the offenders who victimize juveniles are other juveniles. Generally, there are special institutions to handle juvenile offenders. One type of victimization, however, that has received greater emphasis in the legal system is sexual assaults against children.

Prosecution of Sexual Assaults Against Children

The prosecution of sexual assaults against children is similar to prosecution of other crimes. After prosecutors receive a referral they evaluate whether a crime has been committed and whether they can prove it beyond a reasonable doubt. Prosecutors may decline a case because of lack of evidence. A case may be reopened later if evidence is obtained or a witness is able to testify. Some declined cases are closed and go no further in criminal court. Other cases may go to civil court. Even after a prosecutor accepts a case, a case may be dismissed or dropped. If a case is carried forward, defendants decide whether to plead guilty or go to trial.

Although there are similarities, there are many differences in the prosecution of sexual assaults against children and other crimes. First, the referral process is different. Two agencies can make referrals to the legal system: the police and child protection services. The extent to which these agencies are involved may further complicate the investigation process. The complicated process has led to the development of comprehensive multidisciplinary agencies, such as Children's Advocacy Centers. Second, the prosecution of sex crimes against children may be difficult because of the lack of evidence. For example, often it is the word of the child victim versus that of the defendant. A successful prosecution also depends on the family's commitment to prosecution and the capacity of the child to withstand the stress of a criminal trial.

Third, there have been a number of concerns raised about the impact of the legal system on the child victim. Concerns include the length of the legal process, the stress of retelling a horrible event, the impact on the family, especially if the defendant is a family member, and the embarrassment of the nature of what happened. These issues may have a potential negative impact on a child's well-being and make the criminal investigation too much for a child to endure. Defense strategies such as challenging the child's credibility, memory, suggestibility, and delays in reporting may make it particularly uncomfortable for children. Not all children, however, have a negative experience. Furthermore, there have been a number of innovations in how the legal system responds to the criminal investigation of the victimization of children.

Innovations in the Legal System

Because dramatic developmental differences exist for children, it is necessary to consider a child's age when thinking about the legal system's response to child victimization. First, because childhood is a time for development—emotional, cognitive, and biological—the same event may impact children in different ways depending on a child's age.

Specific services, such as victim advocates, court school, special prosecution units, and vertical prosecution, are now in place in many jurisdictions and seem to have a positive impact in reducing child trauma sometimes associated with involvement in the legal system. Victim advocacy programs help to prepare victims, witnesses, and families for the court process. Court school programs often include role-playing to talk through the legal process and tours of the courtroom. Special prosecution units have dedicated people to work on specific types of cases. Vertical prosecution means that one prosecutor handles a case at all stages of the criminal justice process.

Disposition Rates

Only a minority of sexual assaults against children are criminally prosecuted. Thus, the legal system does not come in contact with the vast majority of these types of crimes. Those cases that are prosecuted generally result in conviction, usually by a guilty plea. Child sexual abuse cases are less likely to have charges filed than felonies overall and other violent crimes, but the rate is similar to the rate for rape and sexual assault. Guilty pleas and trial rates for child sexual abuse cases are generally similar to these comparison categories. In some cases, a child has to testify during the criminal court proceedings.

In addition to the criminal prosecution of the perpetrator, the legal system (typically dependency courts) may be involved when a child victim of maltreatment has to be removed from her or his home. Again, this involvement impacts only a minority of cases.

Policy Issues

Child victims usually have access to services that compensate them for the costs associated with being a victim of crime, such as medical care, counseling, and replacing stolen items. It is not known to what extent child victims make use of such services. It is also important to consider what impact the legal system might have on child victims. Three impacts are particularly important: child interviews, therapeutic services, and family disruption. First, a child victim most likely will need to be interviewed—and this need may continue, especially if the case goes to trial. A number of forensic interviewing programs now exist to enhance this process. Second, a child victim of a crime most likely would benefit from receiving therapeutic services. Third, depending on the nature of the crime, sometimes criminal investigation results in family disruption. All of the special nuances of criminal investigation should be weighed.

Future Directions

There is much to learn about the criminal investigation of crimes against children. This field is a relatively new area of research; only within the past decade has there been concentrated research in this area. Future efforts should consider why some cases are criminally prosecuted and the majority of cases are not prosecuted. Although there have been a number of innovations to help reduce the trauma that children sometimes experience with legal system involvement, there is a need to better understand the impact of such innovations. There is also a need to better understand the time it takes to reach a resolution in the criminal prosecution of child abuse.

Wendy A. Walsh

See also Child Sexual Abuse; Legal System, Civil and Criminal Court Remedies for Sexual Assault/Rape; Legal System and Child Protection; Legislation, Child Maltreatment; Police, Response to Child Maltreatment

Further Readings

Cross, T. P., Walsh, W. A., Simone, M., & Jones, L. M. (2003). Prosecution of analysis of child abuse: A meta-analysis of rates of criminal justice decisions. *Trauma, Violence, & Abuse, 4,* 323–340.

Finkelhor, D., Cross, T., & Cantor, E. (2005). The justice system for juvenile victims: A comprehensive model of case flow. *Trauma, Violence, & Abuse, 6,* 1–20.

Goodman, G. S., Quas, J. A., Bulkley, J., & Shapiro, C. (1999). Innovations for child witnesses: A national survey. *Psychology, Public Policy, and Law, 5,* 255–281.

Jones, L. M., Cross, T. P., Walsh, W. A., & Simone, M. (2005). Criminal investigation of child abuse: The research behind "best practices." *Trauma, Violence, & Abuse, 6*(3), 254–268.

Legal System, Criminal Justice Strategies to Reduce Interpersonal Violence

Violence is an intentional aggressive action against another person that can present as a physical attack, sexual assault, or psychological abuse. Some forms of violence also include nonactions in the form of neglect. Interpersonal violence is usually described in one of two ways: as community violence or as family violence. Several unique acts of violence fall under each of these headings. Interpersonal violence negatively affects our society by leaving emotional and psychological wounds on families and communities and draining our community and financial resources. The costs of medical care, counseling, and lost wages from missed work due to violent acts are astronomical. Although the criminal justice system cannot address every issue involved to eradicate interpersonal violence, there are criminal justice strategies in place to assist victims and to hold perpetrators accountable for their actions.

Community Violence

Community violence entails violent acts between strangers or acquaintances that emulate a victim–offender relationship. It may describe an assault committed by a neighbor against someone else in the community or a random act of violence involving two strangers. Community violence takes many forms, which include various types of violence in a multitude of settings. Particularly, interpersonal violence occurring at colleges and schools has recently increased at an alarming rate.

Campus Violence

Traditionally, colleges, schools, and other institutions were not held liable for acts of violence committed on their property. However, there has been an increase in the number of civil actions against colleges and universities as a result of their failure to take the necessary precautions to ensure the safety of their students. As a result of these suits, there has been a major shift toward strengthening security in educational institutions. These institutions now have a greater sense of responsibility to ensure the safety of their students, faculty, and staff. Currently, legislation such as the federal Students Right-to-Know and Campus Security Act mandate that colleges and universities publish reports regarding their campus crime rates so that students and their families can make their own determination regarding the safety of the school.

One form of interpersonal violence in a school setting is hazing. Hazing is a form of initiation or testing for new recruits who are interested in joining a particular campus organization, most notably fraternities, sororities, and athletic teams. The hazing practices often involve physical assault and/or psychological abuse against the interested pledge to test his or her loyalty and dedication to the group as well as his or her stamina. Most states recognize certain types of hazing behavior as a crime, although the definition of criminal hazing varies by state. Currently, there are 44 states that have enacted statutes in an effort to decrease the occurrence of violent acts of hazing.

Hate Crimes

Interpersonal violence includes hate crimes. Hate crimes are violent acts that are committed because of a victim's religion, ethnicity, sexual orientation, disability, race or ethnicity, or a combination of these factors. Hate crimes can be committed through physical attacks against the victim, malicious destruction of property, and harassment—to give a few examples. Unfortunately, there is a severe amount of intolerance embedded in our society that is exemplified by the increasing number of hate crimes committed each year. In response, 43 states and the District of Columbia have enacted criminal penalties for committing such crimes. Furthermore, several of these states now mandate enhanced penalties for hate crime offenders. These enhancements often include a victim–offender restitution program, which aims to deter offenders from committing acts of violence in the future. In addition, many states require hate crime offenders to complete a diversity awareness program as part of their sentence. Other states have implemented training for court personnel, law enforcement, and even school district officials in identifying, reporting, and prosecuting hate crimes. Organizations and agencies are also being penalized in many states for failing to report hate or bias crimes. All of these measures demonstrate an effort to decrease incidents of hate crimes.

Family Violence

Family violence includes acts of child abuse, child neglect and maltreatment, violent acts between intimate partners, and elder abuse.

Elder Abuse

Elder abuse is an intentional or negligent act, most often committed by a caregiver, which causes harm or serious risk of harm to a vulnerable adult. Elder abuse, like other forms of family abuse, is often underreported. Currently, a national database to track the exact number of elder abuse cases does not exist. However, based on various surveys and samples, estimates of the frequency of elder abuse are recorded and criminal sanctions are in place for persons found guilty of elder abuse. The exact penalties vary from state to state; however, most states have legislation that determines the penalty according to the type and severity of abuse. The charges and penalties may range from simple assault to manslaughter or murder. Studies show that elders are usually abused by members of their family, particularly at the hands of a spouse.

Intimate Partner Violence

As previously mentioned, intimate partner violence is a form of family violence. Intimate partner violence includes both a single act of physical or emotional maltreatment by one intimate partner against the other and a pattern of repeated abuse. In addition, it includes conduct by one partner intended to assert or maintain control and power over the other through the use or threat of physical harm, financial control, and emotional manipulation.

Intimate partner violence has recently received some much needed recognition, and as a result, there is now an increased understanding of the detrimental effects on children who witness violence. In most states, courts have established programs that help identify victims of intimate partner violence and refer them to other service organizations. These services often include counseling, medical care, and safety and financial planning. At the same time, some states are initiating services specifically tailored for the batterer and have implemented criminal justice strategies to address intimate partner violence. The victim may pursue assault or criminal charges against the abuser. If found guilty, these state programs have joined forces with facilities that offer rehabilitation services for batterers, such as anger management classes and batterer counseling. Completion of these programs is often incorporated into the abuser's sentencing and terms of probation in an effort to decrease the likelihood of future incidents of violence. In addition, all states offer some type of civil restraining order that requires the batterer to refrain from abusing or threatening to abuse the victim along with various other terms of relief. In most jurisdictions, violation of the terms of the order may cause the offender to face criminal liability, including jail time.

Most states have implemented a collaborative effort between the criminal and civil courts, law personnel, and counseling professionals to effectively address interpersonal violence within the community.

Shannon R. Gaskins

See also Campus Violence; Community Justice; Elder Abuse; Financial Abuse, Elderly and Battered Women; Hate Crimes (Bias Crimes), Criminal Justice Responses; Hazing; Intimate Partner Violence; Legal System, Civil Court Remedies for Intimate Partner Violence; Legal System, Criminal Justice System Responses to Intimate Partner Violence; Legislation, Elder Abuse; Legislation, Hate Crimes; Legislation, Intimate Partner Violence

Further Readings

Boucher, J. (2005). Hazing and higher education: State laws, liability, and institutional implications. *Stop hazing: Educating to eliminate hazing*. Retrieved October 25, 2006, from http://www.stophazing.org/devtheory_files/devtheory7.htm

Lees, M., Deen, M., & Parker, L. (2000). Why do young people join gangs? *Research Review: Gang Violence and Prevention*. Retrieved October 23, 2006, from http://focusas.com/Gangs.html

Magellan Assist. (2005). *Interpersonal violence on college campuses*. Retrieved October 23, 2006, from https://www.magellanassist.com/mem/library/default.asp?TopicId=370&CategoryId=0&ArticleId=18

National Center on Elder Abuse. (2005). *Elder abuse prevalence and incidence*. Retrieved October 25, 2006, from http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx

National Criminal Justice Reference Service. (2006). *In the spotlight: Family violence*. Retrieved October 24, 2006, from http://www.ncjrs.gov/spotlight/family_violence/Summary.html

Legal System, Criminal Justice System Responses to Intimate Partner Violence

The criminalization of intimate partner violence reflects both society's intolerance for domestic violence and a belief that holding batterers legally accountable will protect women from physical abuse. As early as 1641, the Massachusetts Bay Colony legislated against wife-beating in its *Body of Liberties.* However, absent organized police and public prosecutors, there was no criminal justice system as we recognize it today. If law was to be enforced, it was through private prosecution, with either the victim or her representatives arguing her case before a magistrate. The growth of organized police, public prosecution, and corrections in the 19th century allowed for the systematization of law and practice to control intimate partner violence. In recent decades, there has been a substantial increase in the number of laws against domestic violence, with rising expectations for vigorous application of law enforcement and criminal justice.

All states in the United States have criminal laws meant to control intimate partner violence. The laws classify crimes as either misdemeanors or felonies. Misdemeanors are less serious offenses typically carrying sentences of up to a year in jail, relatively small fines, and probation. Most incidents of domestic violence are classified as misdemeanors, such as battery, criminal recklessness, or disorderly conduct. Felonies are more serious offenses that have harsher penalties. Felony crimes range from battery with serious injury

through rape and murder. Unless specifically excluded, as in the case of rape, any number of criminal laws, both misdemeanors and felonies, may apply to intimate partner violence.

In the United States, the Violence Against Women Act (VAWA) of 1994 is the most important federal law applicable to domestic violence. Where previously offenders might have escaped the reach of criminal law simply by leaving the jurisdiction where it occurred, VAWA carries provisions allowing federal jurisdiction over crimes associated with interstate domestic violence, such as crossing a state line with the intent to commit violence against an intimate partner or to violate a protective order. VAWA also ensures that one state will recognize and enforce protective orders issued by another state. A significant effect of VAWA for state law is its having forced states to bring their laws into line with federal law with respect to intimate partner crimes and relationships, thus fostering consistency in law and criminal justice nationwide.

Systems of criminal justice are expected to enforce laws against domestic violence. There is no one criminal justice system. In the United States, in addition to the federal justice system, there are at least as many systems as there are states, counties, territories, and Indian lands. Their common feature is a structure with four major parts: police or law enforcement, prosecution, courts, and corrections. Together the parts should function as a coordinated system committed to enforcing criminal laws. The police conduct street-level law enforcement and investigations with authority to arrest suspects. Prosecutors manage cases within the system, acting as gatekeepers in tracking cases toward final adjudication or alternative outcomes, such as dismissal or diversion. A prosecutor argues the state's case against a criminal in plea negotiations or in court. On behalf of the courts, judges oversee trials and determine the guilt or innocence of defendants in nonjury trials. Finally, defendants found guilty of a crime are processed by corrections agencies—probation or jails and prisons. What distinguishes the system in one jurisdiction from another are the differences in the set of laws to be enforced, the policies governing enforcement, and their levels of commitment to enforce domestic violence laws.

Whether or not criminal law is brought to bear on cases of domestic violence is a matter of local policy and practice as shaped by police, prosecutorial, and judicial discretion. Until recently, discretionary practices often failed to address domestic violence as a crime worthy of criminal justice. During the 1970s, domestic violence victim advocates challenged the unresponsiveness of police, in particular, for lack of action on victim complaints. Police were not alone among criminal justice practitioners in failing victims. Even where victims brought charges to prosecutors, independent of the police, they found state attorneys unwilling to file charges and judges unwilling to sign warrants for the arrest of domestic abusers.

The thrust of criminal justice as applied to intimate partner violence changed dramatically in the 1980s with the convergence of feminist advocacy, a law-and-order political climate, and one particularly influential criminological experiment on the protective impacts of on-scene arrest for domestic violence. The Minneapolis Domestic Violence Experiment found that arrest, in comparison to police advising suspects or sending them away from the victim for a few hours, was effective in reducing the chance of further violence, even without subsequent prosecution. Additional research funded by the National Institute of Justice in recent decades further demonstrates that criminal justice interventions against domestic violence are likely to reduce the chance of a victim being abused again by the same offender. It is not certain, however, that one specific criminal justice intervention is more effective than another in preventing habitual abuse.

Effective criminal justice is presumed to serve as a general deterrent to crime. That is, a man who is predisposed to beating his wife should be less inclined to do so if he knows that a system of criminal justice will identify and punish him. It should also serve to deter men who have already experienced criminal processing for beating an intimate partner from doing so again. Researchers today are looking beyond traditional expectations for deterrence through criminal justice in order to evaluate how different types of offenders respond to criminal sanctions, how mandated rehabilitative counseling for batterers alters their continuing violence, how criminal justice might facilitate victims' efforts to protect themselves against further violence, and how the criminal justice system can strengthen coordinated community responses to intimate partner violence.

David A. Ford

See also Domestic Violence Courts; Legislation, Intimate Partner Violence; Minneapolis Domestic Violence Experiment; Police, Response to Domestic Violence; Prosecutorial Practices, Intimate Partner Violence; Violence Against Women Act

Further Readings

Buzawa, E. S., & Buzawa, C. G. (2002). *Domestic violence: The criminal justice response* (3rd ed.). Thousand Oaks, CA: Sage.

Sherman, L. W., & Berk, R. A. (1984). The specific deterrent effects of arrest for domestic assault. *American Sociological Review, 49,* 261–272.

Steinberg, A. (1989). *The transformation of criminal justice, Philadelphia, 1800–1880.* Chapel Hill: University of North Carolina Press.

Legal System and Child Protection

There are two separate components in the legal system's approach to addressing child protection issues. The first, dating far back in the American legal system, is the criminalization of behavior by any adult who inflicts serious harm on a child, whether a parent, caretaker, or other. As law evolved, special labels, such as child endangerment, and special enhanced penalties for crimes committed against children, such as for sexual molestation, became part of the legal framework. The other component is a structure under civil law for child protective government agency and judicial interventions for parental abuse or neglect of children. This component is largely a 20th century development. As public child protective services agencies emerged in the second half of the century, a juvenile court structure for child protection intervention (which actually dates back to the early part of the century) became more sophisticated and complex.

The Criminal Law

When conduct of a parent or legal guardian of a child rises to the level of child abuse or neglect constituting a violation of the criminal law, there is authority on the part of prosecutors to bring criminal charges against that adult. However, most child maltreatment in the home, even when clearly in violation of criminal law, does not result in criminal charges against the child's caretaker. Rather, such charges are generally reserved for the most serious of intrafamilial offenses. These include serious inflicted physical harm to children, as well as sexual abuse. If a parent's severe omissions or gross negligence in care of a child (e.g., leaving very young children unattended) results in severe harm to a child or in his or her death, criminal charges will also be more likely under criminal child endangerment or other similar laws. In recent years, special criminal laws for causing the death of a child by the infliction of child abuse have been enacted. In criminal child maltreatment cases, judges who hear these proceedings do not have authority to remove children from parental care or from the family home, but they do frequently exercise authority to separate the adult from the child by imposing upon the defendant child access-related conditions of bail, pretrial release, or—after conviction—probation. The criminal court can also, upon the adult's conviction, order restitution to be paid on behalf of the child, restitution that could, for example, include payment for the costs of a child's treatment.

Civil Child Protection Laws

In every state, judges have authority under special laws to intervene in the lives of families due to parental abuse or neglect of their children. It is important to note that most substantiated cases of child abuse or neglect never result in a caseworker filing such cases in court, since the majority of child protective services interventions with families involve voluntary provision of home-based services to reduce the risk of further child maltreatment—and no civil court intervention is seen as necessary. The most common reason why these court cases are initiated is the need for a caseworker to obtain judicial authority for removal of a child from the home. These court actions may have unusual names—such as dependency, care and protection, child in need of care or assistance cases—or simply abuse or neglect proceedings. The authority of judges or other judicial hearing officers in these cases includes issuance of orders to have a child removed from or returned to the home based on safety and other considerations, as well as a common but not universal authority to order parents into treatment or require them—if they have been resistant—to appropriately participate in child protective-related services provided to them. Either through a separate civil court proceeding initiated after a judge finds a child abused

or neglected or as a later disposition in the abuse or neglect civil child protection case, judges have authority in extreme cases to terminate all parental rights. In the last 25 years, these abuse or neglect and termination of parental rights cases have become more complicated, involving multiple special hearings and judicial requirements for certain factual findings at various case stages and increased participation at hearings by a wider group of participants, including attorneys for children, parents, and the child protection agency; nonlawyer volunteer guardians ad litem or court-appointed special advocates (CASAs); foster parents; relatives; and others.

Other Court Proceedings Related to Child Protection

In addition to criminal cases resulting from child maltreatment and civil child protective court interventions, there are additional judicial proceedings where child maltreatment issues may be addressed. The first is in the domestic relations, or family, court, where abuse or neglect allegations may arise for the first time in the context of a divorce or other proceeding brought by one of the child's parents. Domestic relations judges are occasionally called upon to resolve cases where, for example, a parent seeks a change in custody or a restriction or prohibition on visitation by the other parent due to allegations of child sexual abuse in that other home. The second additional court environment where child maltreatment allegations may arise is the domestic violence court. In many cases heard in these courts, there are children adversely impacted by the violence occurring between the adults, and the court's issuance of orders of protection, requirements placed upon batterers, and other actions taken by the judge may need to include special protections and services for the affected child. The third judicial forum where child maltreatment cases may be addressed is in juvenile court delinquency or juvenile status offender proceedings. When a child is arrested or otherwise brought before the court for a criminal act or for running away from home or school truancy, the court may be apprised of facts that suggest a critical underlying problem facing the child is abuse or neglect in the home. It would not be unusual in such cases for a civil child protective proceeding to then be initiated. Finally, child maltreatment issues may also arise in mental health proceedings brought in court by a parent or other person seeking to have a child, who presents a danger to him- or herself or others, committed to a psychiatric facility.

Stages of the Legal Process in Civil Child Protection Cases

These cases often are commenced by a petition filed by a child protective services agency caseworker, or his or her attorney, seeking a judge's order to have a child removed from the home. In rare situations, a caseworker may seek, even earlier, a judge's order to help him or her overcome parental resistance to completion of an investigation of reported abuse or neglect. For example, a court order may be sought to ensure access to the child for interviewing, medical examination, or other purposes or for entry into the family home. Even if the court issues orders to aid completion of the child protective investigation, that does not mean a full child maltreatment civil protection case must be initiated since the result of the completed investigation may not warrant the degree of family intrusion found in judicial proceedings. If the judge authorizes removal of a child from home, even that act may not mandate a full child protective judicial proceeding. For example, a court order may have been sought because young children were left at home without parental supervision, but later the parent's explanation, and voluntary services offered to help prevent a reoccurrence of the situation, may negate any necessity to pursue further judicial action. If, however, there is a court-ordered emergency removal, then typically within 24 to 72 hours of that order (unless the child is returned home) there must be a court hearing (sometimes referred to as the shelter care or initial hearing) at which the parent is present, the issue of continued placement is revisited, and an attorney is appointed for the parent if he or she cannot afford one, as well as an attorney, guardian ad litem, CASA, or some combination appointed for the child. At this, the judge will often hear preliminary evidence related to the child's alleged maltreatment, but this is not a trial or adjudicatory hearing—which comes later.

If the case is not dismissed at the shelter care or initial hearing, in many courts representatives of the child welfare agency, parent, and child will be asked to explore whether there can be an agreement (stipulation) as to the facts and possible resolution of the case. In some courts, there is a mediation program, family group conferencing process, or other mechanism to attempt resolution in a nonadversarial manner. If such

efforts fail or are not part of the court's array of services, then the next phase of the case may include the filing of various legal motions and other activities geared toward sharing key information that led to court proceedings. This phase is often called the discovery process and typically involves attorney access to child protective services case records and other information vital for each of the parties (agency, parent, and child) to prepare for the trial of the abuse or neglect allegations. The trial is known as the adjudication (or adjudicatory) hearing. The rules of evidence strictly control witness testimony and the introduction in court of any material related to the allegations. The government child protection agency will have the burden of proving that the allegations in its petition are true. If the court concludes the child was abused or neglected, then the next phase will be the disposition hearing. At this, the court will review the child welfare case plan and specially prepared reports to the court, hear additional testimony, and then decide among several possible courses of action, ranging from having the child at home subject to ongoing child welfare agency protective case supervision, to (in some states) the ability of the judge to permanently terminate parental rights. The most common dispositional actions, if the child remains in foster care or other out-of-home placement, is to continue monitoring the agency's implementation of the family's case plan by setting periodic review hearings (often at 3- to 6-month intervals) to help move as quickly as possible toward a safe and permanent placement for the child.

At and after the disposition hearing, judges have authority to order the child left with or returned to his or her parent, kept in the current placement, or placed elsewhere (e.g., with a relative). Federal law requires states receiving federal financial support for foster care placements to have judges hold one additional type of special hearing, known as the permanency hearing. At such hearing (which is supposed to be held no later than 12 months from the date the child enters foster care), the judge is required to make a case determination with one of the following options: the child's return home immediately or at some date soon; permanent placement with a relative, foster parent, or other nonrelative; permanent legal guardianship; another specified permanent legal arrangement; or termination of parental rights to then permit the child to be adopted.

Howard A. Davidson

See also Adoption and Safe Families Act of 1997; Adoption Assistance and Child Welfare Act of 1980; Domestic Violence Courts; Legal System, Advocacy Efforts to Affect, Child Maltreatment; Legislation, Child Maltreatment; National Council of Juvenile and Family Court Judges

Further Readings

Hardin, M. (2005). *How to work with your court: A guide for child welfare agency administrators* (2nd ed.). Washington, DC: ABA Center on Children and the Law.

Jones, W. G. (2006). *Working with the courts in child protection* (3rd ed.). Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

National Council of Juvenile and Family Court Judges. (1995). *Resource guidelines: Improving court practice in abuse and neglect cases*. Reno, NV: Author.

Legislation, Child Maltreatment

Both federal and state laws govern responses by child protective services agencies and the courts to reported cases of abuse and neglect. In many ways, the emergence of state law reform over the past 30-plus years in the field of child maltreatment intervention has been based upon requirements for state law, policy, and practice contained in federal law, beginning with the Child Abuse Prevention and Treatment Act of 1974. However, much of the initial state legislation related to abuse or neglect of children dates back to the 1960s, after the development by the U.S. Department of Health and Human Services of a model child abuse reporting law that states were urged to replicate. Thus, early legislative areas of focus, and the area of much continued reform today, included a listing of those who must report suspected abuse or neglect of a child, how abuse and neglect is defined for purposes of these reporting laws, the required responses to such reports by government child protective services agencies or the police, immunity and privacy protections for those reporting abuse and neglect, and the confidentiality of reported abuse and neglect information and records. Following federal enactment of the Adoption Assistance and Child Welfare Act of 1980 (and subsequent amendments in 1997), state legislatures expanded their laws to mirror issues raised in federal law, including a wider range of

requisite court hearings in abuse or neglect cases, expansion and clearer definitions of grounds for the termination of parental rights, and requirements of child welfare agencies to take steps to prevent unnecessary removal of children from their homes, or to speed family reunification.

Common Topics of Child Maltreatment Legislation

In addition to mandatory reporting laws, state legislation addresses both the confidentiality of child protective services agency records and the need for disclosure or sharing of that information in certain situations (e.g., to aid in multidisciplinary case collaboration or in the event of a child maltreatment related death where public information disclosure may be mandated). The central recordkeeping practices of child protective services agencies, enabling them to access and use these databases when confronted later with new reports of child maltreatment that might involve the same child, family, or alleged perpetrator (frequently referred to as central registries), have been the subject of much legislation, as has the use of that information for other purposes, such as background screening of applicants for childcare work, foster care licenses, adoption, or other situations. More recently, state laws also have addressed when child protective services agency personnel must or can access criminal history (arrest and conviction) information on those adults seeking to become foster or adoptive parents or for use in aiding in the investigation of a report of child maltreatment or the conducting of a safety assessment related to the adults present in the child's home.

Reporting laws, however, also continue to be modified frequently. For example, the listing of those professionals who must report suspected abuse or neglect of a child has continued to expand. Members of the clergy in many states are now mandated reporters, although states vary on whether information received in a confessional situation would be covered. A few states specifically mandate reporting by attorneys, despite the fact that they may have learned of suspected abuse or neglect in the context of a privileged attorney–client relationship. Recognizing the links between child maltreatment and animal cruelty, some state laws now mandate reporting of suspected child maltreatment by animal control or humane officers who may learn such information in the course of their animal protection work. Another issue that is more common than this mandate in child maltreatment statutes is the requirement for cross-reporting to the police or a criminal prosecutor, most typically with reports of serious child maltreatment initially made to child protective services agencies. State legislatures continue to revise definitions of child maltreatment: in many states, expanding the scope of what is considered abuse or neglect of a child (e.g., when children are exposed to severe or repetitive domestic violence that risks subjecting the children to emotional harm or situations involving parental substance abuse), while in fewer states, actually contracting the scope of child abuse or neglect interventions by limiting interventions to serious or recent maltreatment situations. State laws also frequently include criminal penalties for failure to report child maltreatment, and some have penalties for deliberately and falsely reporting abuse or neglect. State criminal laws continue to be regularly modified to enhance penalties for child maltreatment related crimes, to revise the statutes of limitation that have in the past precluded both civil and criminal interventions in cases where child maltreatment occurred many years earlier, and for placing those who commit abuse-related crimes against children on special offender registries.

Finally, many state laws have directly focused on implementation of specific provisions of the 1974 federal child abuse and neglect legislation, addressing such topics as the requirement that a trained attorney or guardian ad litem be appointed for the child in every civil child protective court action; the mandatory referrals to child protective services of children born exposed to illegal drugs or cases of withholding medically indicated treatment from disabled infants with life-threatening conditions; the provisions for prompt expungement from central registries of publicly accessible information or use of the registry entry for employment or background checks if the report of child maltreatment is unsubstantiated; the protections of parental rights in the conduct of child maltreatment investigations by child protective services agencies, including early notification of parents of the reasons for the child protection investigation; and the creation and maintenance of citizens groups (citizen review panels) to provide oversight and review of child protective service agency operations. Within the next few years, the Child Abuse Prevention and Treatment Act will likely be amended once again, as it has every 3 to 5 years since 1974, and this revision may lead to

additional state law or practice requirements that may result in new areas of state legislative change.

Child Welfare Legislative Reforms

Based upon the 1974 federal child abuse act, the 1980 federal child welfare act, and the 1997 federal Adoption and Safe Families Act that amended the 1980 legislation, states have also passed many new laws related to the work of the child welfare system, more broadly, in its response to aiding the families of abused and neglected children. Other legislative changes have been prodded by the federal Child and Family Services Reviews conducted by the U.S. Department of Health and Human Services, which have noted some profound shortcomings in state and local practice related to the safety, permanency, and well-being of abused or neglected children in foster care. Some legislative changes have been needed because of changes in child welfare agency practice and policy, such as the increasing use of kinship care or relative placement as an alternative to foster care with a stranger or the advocacy for infant "safe haven" laws that negate parental criminal responsibility if a parent leaves his or her newborn in a safe environment with the intent of not resuming care. Because of the importance of other child welfare best practices, state laws frequently address such topics as case planning requirements and parental participation in the development of case plans; concurrent planning by agencies for child permanency; reasonable efforts to preserve or reunify families (and when those efforts need not be made) and to achieve legal permanency for children; criminal background checks on prospective foster and adoptive parents and how the results may impact upon related agency decisions; and laws establishing both timelines and decision criteria for certain important child-related court hearings, such as the permanency hearing mandated by the Adoption and Safe Families Act. Another area where there continues to be legislative activity relates to the involvement in court proceedings of the child, parents, foster parents, relatives, and other interested adults, including having their voices more effectively heard in court and ensuring that they be given effective opportunities to actively participate at all hearings. Finally, certain issues related to child and youth permanency remain the topic of much legislation, such as subsidized permanent guardianship (expanding upon subsidized adoption laws) and laws related to improving outcomes for older youth who are in the process of transitioning to adulthood from foster care.

Howard A. Davidson

See also Adoption and Safe Families Act of 1997; Adoption Assistance and Child Welfare Act of 1980; Child Abuse Prevention and Treatment Act; Mandatory Reporting Laws of Child Maltreatment; Office on Child Abuse and Neglect

Further Readings

Adoption Assistance and Child Welfare Act and Adoption and Safe Families Act, 42 U.S. Code Sections 620 and 670.

Baker, D. R. (2001). *Making sense of the ASFA regulations: A roadmap for effective implementation*. Washington, DC: ABA Center on Children and the Law.

Child Abuse Prevention and Treatment Act, 42 U.S. Code Section 5101.

Web Sites

Child Welfare Information Gateway, State Statutes Search: http://www.childwelfare.gov/systemwide/laws_policies/state/index.cfm

Legislation, Elder Abuse

Elder abuse is a global term referring to the abuse, neglect, and exploitation of adults who are approximately 60 years of age and older. The National Center on Elder Abuse (NCEA) contends that between 500,000 and 5 million older Americans are abused each year. Adult Protective Services (APS) is typically the agency of first report for abuse of elders over 60 years of age in each state in the United States. According to the most recent survey of APS agencies, self-neglect was the most common category of investigated reports (29.4%), followed by caregiver neglect (26.1%) and financial exploitation (18.5%). Researchers estimate that as many as 1 in 14 instances of elder abuse go unreported. From 1996 to 2006, reports of the abuse of older adults increased by approximately 80%. This increase in 10 years' time highlights the growing need for understanding elder abuse legislation.

History

States' provision of protective services for adults emerged from government's concern for adults who could not manage their own affairs. Protective services were funded in 1975 under Title XX of the Social Security Act, which required funding protective services for all adults 18 years of age and older without regard to income. The legislation placed an emphasis on persons found in situations that included abuse, neglect, and exploitation. Under the Title XX federal mandate, states created APS units in their local social service agencies, either through statute or regulation. Programs included mandatory reporting laws, modeled after child abuse reporting legislation, as well as involuntary interventions, such as emergency orders, and civil commitments.

Congressional involvement in elder abuse prevention spans more than 25 years. From 1978 through 1990, the House Select Committee on Aging held hearings on the problem of elder abuse. The hearings prompted a number of reports documenting the scope of the problem, including *Elder Abuse: An Examination of a Hidden Problem* (House Select Committee on Aging) and *Elder Abuse: A National Disgrace* (Rep. Claude Pepper). In 1990, the Subcommittee on Health and Long-Term Care of the House Select Committee on Aging issued *Elder Abuse: A Decade of Shame and Inaction.*

In an effort to combat elder abuse in nursing homes, the ombudsman program was created in 1972 as a Public Health Service demonstration project. Demonstration projects were carried out in seven states, which were transferred to the Administration on Aging in 1974. In 1978, the U.S. Congress amended the Older Americans Act (OAA; 42 U.S.C. §3001 et seq., as amended), requiring that each state develop a long-term care ombudsman program. Additional statutory requirements for the program were added, with existing requirements strengthened in subsequent OAA amendments.

In 1987, the federal government described elder abuse, neglect, and exploitation in amendments to the OAA under Title VII. Included were definitions of elder abuse in addition to funding for a National Center on Elder Abuse (NCEA) and for elder abuse and awareness activities for states. Subsequent re-authorizations of the Older Americans Act have increased dollars for the NCEA and for states' elder abuse and awareness efforts, which are carried out by a variety of state-level entities.

Other pieces of legislation, such as the Violence Against Women Act (1994), have provisions for addressing elder abuse, although its focus is primarily on a younger adult population.

The Elder Justice Act

After piecemeal policymaking on elder abuse, Senator John Breaux (D) of Louisiana emerged as a champion for federal legislation on the issue. Named the Chairman of the Senate Special Committee on Aging in 2001, in 2002, Breaux, along with Orin Hatch (R, Utah), first introduced the Elder Justice Act in the Senate. Although the act failed to pass with its first and second years of introduction in Congress, it was reintroduced for a third time on November 16, 2005. With Senator Breaux retiring from office, Senator Hatch introduced the Elder Justice Act (EJA), federal legislation proposed to increase the detection, prevention, and prosecution of elder abuse. The bill was introduced by Representative Peter King (R, New York), chairperson of the House Committee on Homeland Security, in March 2006. The Elder Justice Coalition, a nonpartisan coalition of national, regional, state, and local advocacy groups and concerned citizens, is working to promote public support for the act.

The EJA contains at least six major provisions. First, it establishes an Elder Justice Resource Center, a repository of national data collection, maintenance, and dissemination of information related to elder justice. Second, the EJA includes provision for a steady flow of grants to eligible entities for abuse detection, prevention, and intervention as well as for Centers of Excellence. The national Centers of Excellence are conceived to specialize in research, clinical practice, and training. Third, the act provides for the creation of stationary and mobile forensic centers to promote forensic expertise, particularly for professionals in forensic pathology and geriatrics. Fourth, the act contains language that enables safer long-term care facilities by incentivizing the reporting of elder abuse and training of and criminal background checks for staff. Fifth, technical assistance is provided to law enforcement in order to increase the prosecution of elder abuse. Finally, consistent funding to APS is included via grants to state and local offices.

Pamela B. Teaster

See also Adult Protective Services; Elder Abuse

Further Readings

Fulmer, T. (Ed.). (2002). *Journal of Elder Abuse and Neglect*, *14*(2/3).

The Library of Congress Thomas. (2006, May). *The Elder Justice Act*. Retrieved May 19, 2006, from http://thomas.loc.gov/

National Center for Elder Abuse. (2006, February). *Information about laws related to elder abuse*. Retrieved May 19, 2006, from http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx

National Long Term Care Ombudsman Resource Center. (2001). About the Long-term Ombudsman Resource Center. Retrieved May 19, 2006, from http://www.ltcombudsman.org/ombpublic/49_151_940.CFM

Teaster, P. B., Dugar, T. D., Otto, J. M., Mendiondo, M. S., Abner, E. L., & Cecil, K. A. (2006). *The 2004 survey of state Adult Protective Services: Abuse of adults 60 years of age and older. Report to the National Center on Elder Abuse, Administration on Aging*. Washington, DC: National Center on Elder Abuse.

Web Sites

Elder Justice Coalition: http://www.elderjusticecoalition.com/index.htm

Legislation, Hate Crimes

Hate crime legislation takes into consideration the factor of the crime victim being targeted specifically because he or she is a member of a protected group in addition to the actual criminal act against him or her. Hence, the victim has been singled out in a way that sends a message to other members of the group based on the hatred of or prejudice against the group.

Definitions

The Federal Bureau of Investigation (FBI) defines a hate crime as a criminal offense committed against a person, property, or a group that is motivated in whole or in part by the offender's bias against a race, ethnicity, national origin, religion, disability, or sexual orientation. This definition forms the basis of the Hate Crimes Statistics Act of 1990. However, the FBI has no federal jurisdiction to investigate hate crimes in which the motivation is sexual orientation and can only investigate crimes based on disability bias as it relates to housing rights. The FBI's involvement in civil rights investigations is rooted in the 1964 Civil Rights Act, a response to the need to investigate and prosecute crimes against those working for equal rights for Black Americans.

Although the basic premise of bias is the same, state and federal hate crime legislation differs in terms of which groups are included as protected classes and under what circumstances. The federal hate crime law, passed in 1969, for instance, covers only race, color, religion, and national origin and applies only if the crime occurs when the victim is attending public school or is at work or participating in one of four federally protected activities (18 USC § 245). Individual state laws vary widely.

Pros and Cons of Hate Crime Legislation

People who oppose hate crime legislation argue that the crimes to which it applies to are already illegal under existing law. Opponents also tend to argue that a crime is a crime, and hate crime victims should not be accorded special treatment, since all crime victims suffer. However, hate crimes apply to particularly vulnerable groups, groups that have been targeted in the past and are in need of extra protection. As "message crimes," the sentence enhancements of hate crime legislation send a warning to perpetrators that singling out these group members is unacceptable. Perpetrators of bias crimes choose to commit these acts precisely because of the characteristics of their particular targets. In that case, the penalty speaks specifically to the offenders' motivations, a factor that is taken into account in other cases, such as the differing degrees of a murder conviction.

Some feel that hate crime legislation grants special rights to protected groups or is politically motivated to grant equal treatment to these groups in society. Hate crimes are perpetrated by individuals who have underlying fears of others who are different. These crimes are often attempts to prevent the equal rights of other citizens. In that sense, the legislation does work to contribute to the social and political equality of all people regardless of group membership—equality that offenders try to delay or deny. Protected groups may need this legislation until equal rights are truly in effect and individuals are no longer targeted because of who they are.

The criticism that hate crime legislation punishes free speech has also been raised. However, the legislation only applies when a criminal act has been committed and then only in certain circumstances. Preaching hatred is constitutionally protected speech under the First Amendment, and hate crimes legislation does not punish anyone for holding biased views or speaking about them.

Hate Crime Statistics

The Hate Crime Statistics Act of 1990 authorizes the Justice Department to collect data on hate crimes and publish annual findings. The act covers crimes based on prejudice concerning race, religion, sexual orientation, ethnicity, and disability. There are some significant challenges with collecting data on hate crimes. One is that hate crime victims often do not report the crimes to the police. Coming from groups that face societal stigma and discrimination, these crime victims often distrust police and courts or fear retribution if they come forward. Another significant issue is that reporting these data to the FBI is voluntary. Consequently, hate crimes are underreported. The most recent estimate by the Bureau of Justice Statistics is that hate crimes have been underestimated by as much as 16 to 23 times for the past 15 years.

Based on data from two data sources, the FBI and the National Crime Victimization Survey (NCVS), the Bureau of Justice Statistics reported in 2005 that between July 2000 and December 2003 there was an annual average of 210,000 hate crime victimizations. Hate crimes tend to be serious violent crimes. Most (84%) of the hate crimes were crimes of rape, sexual assault, robbery, or assault. Approximately 44% of the crimes were reported to police.

Existing Legislation

As of 2004, four states had no hate crimes legislation, two states had legislation that does not specify categories, 15 states had laws that did not include the categories of sexual orientation or gender identity, 21 states included sexual orientation, and eight states included both sexual orientation and gender identity as protected classes.

In 1994, U.S. Congress passed the Hate Crimes Sentencing Enhancement Act, which applies to attacks and vandalism in national parks and on other federal property. The protected categories include race, color, religion, national origin, ethnicity, gender, disability, or sexual orientation.

Proposed Legislation

Hate crimes legislation was introduced into the U.S. Congress in 1997 and has been called various names, such as the Hate Crimes Prevention Act, the Children's Safety Act, and the Local Law Enforcement Hate Crimes Prevention Act. These acts (or as amendments to other acts) sometimes passed, but they would be stripped out of the acts before final votes. Hate crimes legislation was introduced into both houses of Congress in May 2005. Called the Local Law Enforcement Enhancement Act, this law expands federal protection to sexual orientation, gender, gender identity, and disability. Most recently, in 2007, the Local Law Enforcement Hate Crimes Prevention Act, renamed the Matthew Shepard Act, passed in the House of Representatives. It was added as an amendment to the Senate Defense reauthorization bill. However, in September 2007, Senate Democrats said they lacked the votes to pass the two together, and before the bill went forward the amendment was removed. Advocates for the lesbian, gay, bisexual, and transgender community are lobbying hard for this bill because they believe it provides needed protection for those targeted based on their sexual orientation or gender identity, the third largest category of hate crimes.

Lori B. Girshick

See also Hate Crimes (Bias Crimes), Anti-Gay; Hate Crimes (Bias Crimes), Criminal Justice Responses; Hate Crimes (Bias Crimes), Gender Motivated; Hate Crimes (Bias Crimes), Racially Motivated; Hate Crimes (Bias Crimes), Religiously Motivated; Homophobia

Further Readings

Harlow, C. W. (2005). *Hate crime reported by victims and police.* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Legislation, Intimate Partner Violence

Historians suggest that the temperance laws of the late 1800s may actually be the first laws created to help

address intimate partner violence, known more commonly as domestic violence. Spurred on by the belief that men's drinking of alcohol increased violence against women and girls, women activists fought to outlaw alcohol consumption and were successful with the creation of the 18th amendment in 1919. Although the amendment was ultimately repealed, calls to end wife beating were integral parts of almost every major women's movement in the late 1800s and early 1900s. By the end of the 20th century, women's advocacy efforts resulted in state legislatures recognizing domestic violence as a crime and the passage of the first comprehensive national legislation to address domestic violence.

State and Local Legislation

Most laws outlawing domestic violence developed at the state and local levels. Massachusetts and Alabama were the first states to outlaw wife beating in 1871. However, it was not until a century later, in the 1970s, that domestic violence emerged as a serious issue worthy of a public response in state legislators' minds. This shift occurred largely as a result of a strong women's movement and a burgeoning battered women's movement. States tended to focus their legislative efforts on outlawing types of assault, only some of which were ever actually labeled domestic violence. State efforts also focused on including intimate relationships as covered by the scope of existing laws. It is difficult to definitively catalog when every state actually passed a law outlawing domestic violence, though all states now have some criminal sanction against violence against an intimate partner.

States and localities also have passed laws creating protective or stay away orders that require abusers to stay away from their victims for a certain period of time. Focused in the civil courts typically, protective order statutes now exist in all 50 states as well as in the District of Columbia. Created in the mid-1970s largely because criminal courts were not applying existing criminal statutes to domestic situations, protective orders can be effective in preventing further victimization, and their violation is now often viewed as a criminal matter.

The early 1990s saw the recognition of stalking as a serious crime, usually involving intimate partners. California first enacted a law prohibiting stalking in 1990, and since, every other state has created a similar statute. Stalking is repeated harassment and threatening behavior and, like domestic violence, is defined differently by different states.

Although rape within the marital context was not historically recognized, marital rape was finally criminalized in all 50 states by 1993. However, marital rape statutes in many states still grant some exemptions from prosecuting husbands for rape.

Federal Legislation

Family Violence Prevention and Services Act

The first federal legislation to support services for victims of domestic violence was created in the mid-1980s. Known as the Family Violence Prevention and Services Act, it was created in 1984 and remains the only federal funding source dedicated solely to the funding of domestic violence shelters and programs.

Violence Against Women Act of 1994

In 1990, the first more comprehensive legislation to address domestic violence or intimate partner violence was introduced in the U.S. Congress. The U.S. Senate held several hearings and reported bills out of committee over the next few years. The trial of O. J. Simpson, the former football star and television announcer who was accused of killing his wife and a friend, brought new attention to the issue in 1993 and 1994. With the help of outspoken advocates across the country, the Violence Against Women Act (VAWA) was finally signed into law in September of 1994 as a part of the Violent Crime Control and Law Enforcement Act of 1994.

Because VAWA was included as part of a crime bill, most of its provisions focused on the criminal justice response to violence against women. Specifically, it included

- new penalties for gender-related violence;
- new grant programs encouraging states to address domestic violence and sexual assault including law enforcement and prosecution grants (STOP grants), grants to encourage arrest, rural domestic violence and child abuse enforcement grants, creation of a national domestic violence hotline; and
- Full Faith and Credit provisions allowing for protection orders from one state to be recognized in another state.

Although not many felt this act completely addressed the needs of victims of domestic violence, almost all involved believed it was a vital first step in the nation's efforts to treat domestic violence as a serious problem.

Violence Against Women Act of 2000

Because the authorization for the original VAWA provisions expired in 2000, Congress took up the reauthorization of this landmark legislation in 1998 and completed its efforts in the fall of 2000 with the passage of the Violence Against Women Act of 2000. The House version of the bill, known as H.R. 1248, passed on September 26 by a vote of 415–3. During the course of final negotiations, VAWA 2000 was merged with the Trafficking Victims Protection Act and several smaller bills and then passed the Senate in early October by a vote of 95–0. President Clinton signed the final legislation, The Victims of Trafficking and Violence Protection Act, into law on October 28, 2000.

Despite early efforts by advocates and congressional allies to create a more comprehensive bill, the final version of VAWA reauthorization included a continuation of already existing programs with a few improvements, additions, and funding increases. The following new programs were created:

Civil Legal Assistance—A separate grant program for civil legal services to give victims legal help with protection orders, family court matters, housing, immigration, and administrative matters.

Transitional Housing—A program providing grants to aid individuals who need housing as a result of fleeing a situation of domestic violence.

Supervised Visitation Centers—A pilot project to provide grants to state and local law enforcement to provide supervised visitation exchange for the children of victims of domestic violence, child abuse, and sexual assault.

Battered Immigrant Women—Legislation addressing the needs of battered immigrant women was probably the most significant addition to the original VAWA. This section removed onerous requirements for immigrant women to receive VAWA protections, allowed battered immigrant women to obtain lawful permanent residence without leaving the country, restored access to VAWA protections for immigrants regardless of how they entered the country, and created a new type of visa for victims of serious crimes. Although many of these provisions were included in the original VAWA, immigration legislation in 1996 stripped many of them away, creating the need to add them to VAWA 2000.

Dating Violence—The definition of dating violence was changed to allow grants to go to programs that addressed intimate partner violence between people who were dating but not necessarily married.

Services for Disabled and Older Women—Funds were authorized to provide grants to train law enforcement and develop policies to address the needs of older and disabled victims of domestic and sexual violence.

The Violence Against Women Act Reauthorization of 2005

VAWA was reauthorized in 2005 and while continuing existing programs, it also expanded in four critical areas: sexual assault, children and youth, health, and prevention. In addition, a new emphasis was placed within all of the programs on addressing the needs of communities of color and Native American women living on and off tribal lands. Mainly grant programs, these new provisions were created to address areas of need beyond immediate crisis and criminal justice responses. Although most agreed that the first VAWA must address the immediate safety needs of battered women and their children, the new VAWA was able to expand to reach out to populations that were not currently being served and to reach younger victims, those both witnessing and experiencing violence. The new VAWA also saw increases in authorized spending, reaching close to $1 billion a year.

The new provisions in VAWA 2005 included the following:

Services for youth who are experiencing dating violence. Most existing programs had only served adult victims, including those with young children in shelter settings. VAWA 2005 recognized that younger women, who actually experience the highest rates of violence, were not being served because they often would not reach out to a shelter, and those who interacted with youth often were not trained to recognize the warning signs of physical and sexual abuse.

Prevention programs. New programs focused on stopping violence before it starts were also included.

Specifically, programs working with children exposed to domestic violence, new moms and young families, and boys and men addressed some of the newer thinking on how to reach those most at risk for becoming both victims and perpetrators of violence.

Health care. Reaching out to health care providers became a new priority in VAWA. Based on research demonstrating the overwhelming health effects of violence and abuse, health and behavioral health professionals became a new target audience for training. In addition, health care providers are uniquely positioned to address violence early on, before many women or their families might turn to law enforcement or shelters.

Sexual assault services. VAWA in 2005 also created for the first time a direct federal funding source for rape crisis centers throughout the nation. Previously, only rape prevention and education programs had been funded through the Centers for Disease Control and Prevention.

The unanimous passage of VAWA in the winter of 2005 and the noncontroversial signing of it by President George W. Bush marked a major milestone in the movement to end violence against women. What had once been controversial or seen as only a "radical feminist issue" had now become mainstream with a truly national consensus forming. Domestic violence and sexual assault were viewed as wrong, no longer a private family matter but rather a public problem in need of public solutions.

Kiersten Stewart

See also Family Violence Prevention and Services Act; Legal System, Criminal Justice Strategies to Reduce Interpersonal Violence; Office on Violence Against Women; Prevention Programs, Interpersonal Violence; Violence Against Women Act

Further Readings

Dugan, L. (2003). Domestic violence legislation: Exploring impacts on domestic violence and the likelihood that police are informed and arrest. *Criminology & Public Policy, 2*(2), 283–312.

Klein, A. (2004). *The criminal justice response to domestic violence.* Belmont, CA: Wadsworth/Thomson Learning.

Siskin, A. (2001). *Violence Against Women Act: History, federal funding, and reauthorizing legislation.* Washington, DC: Congressional Research Service.

Legislation, Rape/Sexual Assault

There have been many reforms to the laws governing rape and sexual assault in recent decades. Prior to the 1970s, the definition of rape was quite narrow; the law only recognized an assault as rape in limited circumstances and restricted those who could be considered victims of rape. Further, evidentiary requirements placed a much higher burden on rape victims than other victims of crime. Unlike other crime victims, rape victims were required to corroborate their testimonies and their past sexual history was often introduced into evidence to rebut charges of rape. The issue of resistance was a dominant theme in rape cases with victims having the burden of proving not only that their attackers penetrated them forcibly and against their will, but also that they fought back sufficiently. The change from the pre-1970s rape statutes and the modern rape statutes that are in place today is largely due to feminists' activism and urge for legislative change during the 1970s. Today, rape law has expanded its scope to include different sexual crimes and a broader definition of rape and recognizes that men can be raped. Most states have eliminated the corroboration and resistance requirements in exchange for a lack of consent, and rape shield laws have been enacted to protect victims from having their sexual history introduced in court unnecessarily.

An Evolution in Defining Rape and Sexual Assault

Prior to the 1970s, the definition of rape and its scope was rather constricted. The law only recognized a sexual assault as rape when there was some forced penetration of the vagina by the penis, and only assaults by a male perpetrator and a female victim were included within the legal definition of rape. Further, in pre-1970s rape laws, all states exempted a husband from being prosecuted for raping his wife. The popular belief was that a husband could not rape his wife, stemming from older laws classifying a wife as her husband's property to do with as he wished.

To address the realities of assault victims, modern laws embrace a broader definition of rape. Today, rape is generally defined as sexual penetration by force without consent. Thus, unwanted anal penetration is also included within the definition of rape, and the law now recognizes rape by foreign objects besides the

penis, such as bottles, baseball bats, and broomsticks. Further, sexual assault crimes have expanded to include sexual acts besides penetration, such as unwanted fondling, touching, or oral sex. In an attempt to remedy some of the widespread preconceptions and prejudices about rape, many states have also enacted new terminology that replaces *rape* with words such as *sexual assault, sexual battery,* or *criminal sexual conduct.*

Modern rape laws also now protect a wider spectrum of individuals. Today, perpetrators and victims of rape can be either gender, and the law recognizes that rape can occur between people of the same sex. The law in every state has changed to include spousal abuse as a crime. Similarly, state laws have removed the marital rape exception, meaning that rape laws apply regardless of whether the victim and the perpetrator are married or have been married before, though sometimes the standard of proving lack of consent is higher.

Corroboration Requirement

Prior to the 1970s, to prevail in a rape case, the law required that evidence be presented to corroborate (or substantiate) the female victim's testimony about the alleged rape. The rationale was based on the widely held belief that women often falsely reported being raped as a form of retaliation against a man. Another rationale for the requirement was based on the belief that disproving a false charge in a rape case was more difficult than in other crimes. The corroboration requirement, however, proved to be a huge obstacle for many rape victims because rape often occurs in private, so obtaining corroborating evidence was often incredibly difficult. Many reformers and activists felt that this requirement was responsible for the low rate of rape convictions. Further, critics of the requirement considered it to be sexually discriminatory, arguing that the corroboration requirement only applied to rape cases, a crime largely committed against women, and not to other crimes such as assault and robbery where the victim's word was held to be sufficient evidence for a conviction. In response to this overwhelming criticism, most states have eliminated the corroboration requirement.

Resistance Requirement

In order for the intercourse to constitute rape, the law used to require that the perpetrator used some amount of physical force against the victim and that the victim resisted to the utmost through physical resistance or struggle. The degree of a woman's resistance and the resultant injuries used to be the deciding factor as to whether a rape occurred. However, today the law has changed so it is no longer necessary that a perpetrator use physical force against the victim in order for the intercourse to constitute rape. In some states, the amount of force necessary to constitute rape is only the amount of force needed for the penis to enter the vagina (which essentially eliminates the force requirement). Under today's rape statutes, the victim is not required to physically struggle or resist the unwanted sexual advances. Society has recognized that there are some situations in which a victim feels that by physically resisting or struggling with the perpetrator, she or he may put her- or himself in danger of death or serious bodily harm. The victim may feel so afraid of the perpetrator that she or he submits to the perpetrator's will. Even though the perpetrator may not have used excessive force and the victim did not physically fight back, the assault would still constitute rape since the victim did not consent to the sexual act.

Consent

Under the law today, resistance by the victim and use of force by the perpetrator have become less important determining factors, and the issue of consent has become the primary focus of the law. In determining whether a rape has been committed, the question is now whether a reasonable person should have known that the victim was not consenting to the sexual act. Consent is defined as positive cooperation in act or attitude pursuant to an exercise of free will. The person must act freely and voluntarily and have knowledge of the nature of the act or transaction involved. The only real consent is established by asking for and discussing sexual contact prior to the act. Just because someone did not verbally say no does not mean that she or he automatically consented to the act. Furthermore, it is rape if the victim was incapacitated and thus unable to say no to the sexual act or resist the perpetrator's advances. If the victim was incapacitated, she or he is not legally able to consent to the sexual act, so any act of sexual intercourse would be rape under the law.

Rape Shield Laws

Rape shield laws represent another area of reform. Historically, courts would admit into evidence the

victim's sexual past because it was deemed to be relevant in determining issues of consent and credibility. Courts believed that an "unchaste" woman would be more prone to consent to intercourse and that these women were more inclined to lie because of these experiences. Many victims felt embarrassed in revealing such personal information and reported feeling as if they themselves were on trial. As a result, victims were less likely to press charges in order to avoid the ordeal altogether. Even when a woman did press charges, once her sexual past was introduced into evidence, the perpetrator was often acquitted. Reformers sought to change this practice by criticizing the underlying rationale behind the requirement, arguing that there was no evidentiary basis to support the conclusion that a woman's sexual past served as a probative link to her credibility or consent. In response, the U.S. Congress and nearly every state have enacted laws designed to restrict the admissibility of a victim's sexual past as evidence. Today, there are very restrictive laws that prohibit the introduction of a victim's sexual history except as constitutionally required or if the information is relevant in the interest of justice.

Many activists and reformers sought to change early rape and sexual assault laws in an effort to improve the treatment of victims in the criminal justice system while simultaneously working to dismantle myths and preconceived notions about how and why rape occurs. The hope was that better treatment would encourage reporting and would lead to more rape convictions. In response to overwhelming criticism, legislators enacted rape and sexual assault laws to better protect victims of sexual assault and hold perpetrators accountable. Research shows that as a result of rape law reform, society's views on rape tend to be more refined and more sympathetic toward rape victims than ever before.

Juley Fulcher, Alesha Dominique, and Emily Lambert

See also Legal System, Civil and Criminal Court Remedies for Sexual Assault/Rape; Rape Shield Laws; Rape/Sexual Assault; Sex Offenders; Sexual Abuse; Sexual Assault Response Team; Sexual Coercion; Statutory Rape

Further Readings

Berger, R. J., Searles, P., & Neuman, W. L. (1988). The dimensions of rape reform legislation. *Law & Society Review, 22,* 329–355.

Cuklanz, L. (1996). *Rape on trial: How the mass media construct legal reform and social change.* Philadelphia: University of Pennsylvania Press.

Curcio, A. (2004). The Georgia roundtable discussion model: Another way to approach reforming rape laws. *Georgia State University Law Review, 20,* 565–615.

Futter, S., & Mebane, W. R. (2001). The effects of rape law reform on rape case processing. *Berkeley Women's Law Journal, 16,* 72–131.

Horney, J., & Spohn, C. C. (1996). The impact of rape law reform on the processing of simple and aggravated rape cases. *Journal of Criminal Law and Criminology, 86,* 861–884.

M

Mail Order Brides

In industrialized nations including the United States, some men desire to locate women from outside their own country for the purpose of marriage. In the past, listings of women interested in such a marriage primarily came through correspondence by mail and through pen pal clubs, giving them the name *mail order brides*. Today, there are hundreds of different services available to men who seek a bride from another country, including the use of the Internet, magazines, and brochures with photos and descriptions of women.

The extent to which such marriages succeed and are fulfilling to both partners is unknown. Physical, sexual, and psychological abuse of mail order brides has been reported. The circumstances surrounding these marriages present risk for violence against women, and there is a growing body of research on this topic. Risk factors include that the women have little opportunity to assess the character of the men they are marrying and men are not screened by agencies for prior abuse history or failed international marriages. Many of the men possess characteristics that may be associated with a greater likelihood of partner violence. Some seek marriage to women from outside the United States due to dissatisfaction with North American women who they view as too aggressive, demanding, and liberal. Men seeking mail order brides frequently report a desire for a more submissive, traditional wife. Women may be at increased risk for partner violence especially when they speak little or no English; have no social support system in their new communities; have no personal finances to leave an abusive husband; lack formal education, training, or marketable work skills to be independent; and are unaware of their rights in the United States in regard to reporting domestic violence and to special provisions available to abused immigrant women to help them avoid revocation of visas if they divorce.

Today, the largest number of mail order brides available to men in the United States comes from Southeast Asia, including the Philippines; Russia; and other countries of the former Soviet Union. Women seek a better life in the United States and often are from countries where war or other hardships have led to lower life expectancies for males and a reduction in the number of marriageable or desirable men.

Customarily men pay for contact information for women they find interesting and initiate correspondence with them either via the Internet or mail. A lucrative and mostly unregulated international marriage agency business has developed to provide services such as translating correspondence between clients who do not speak a common language and arranging excursions where a man is introduced to a number of women interested in marriage and immigration to the United States. Men may pay $3,000 to $10,000 for such arrangements. There is also evidence that listings of women seeking marriage to men in other countries are used by traffickers who contact the women, arrange travel to a foreign destination ostensibly for the purpose of marriage, and then take their papers and force them into prostitution.

Linda M. Williams and Christen L. Brook

See also Trafficking, Human; Department of Homeland Security and Immigration Services; Domestic Violence Among Immigrant Women

Further Readings

Belleau, M. (2003). Mail-order brides in a global world. *Albany Law Review, 67*(2), 595–607.

Chun, C. (1996). The mail-order bride industry: The perpetuation of transnational economic inequalities and stereotypes. *University of Pennsylvania Journal of International Economic Law, 17*, 1155–1183.

Raj, A., & Silverman, J. (2002). Violence against immigrant women. *Violence Against Women, 8*(3), 367–398.

Male Peer Support, Theory of

Woman abuse has many determinants or sources. Still, one of the most significant risk factors is male peer support, which is defined as attachments to male peers and as the resources they provide that perpetuate and legitimate woman abuse. Approximately 20 years ago, Walter DeKeseredy developed the first male peer support model of woman abuse in college dating, and it is heavily informed by social support theory. Social support theory is generally used to explain the role of social support in health maintenance and disease prevention. However, DeKeseredy reconceptualized it to apply to woman abuse.

Male peer support theory argues that many men experience various types of stress in dating relationships, ranging from sexual problems to challenges to their male authority. Some men try to deal with these problems themselves, while others turn to their male friends for advice, guidance, and various other kinds of social support. The resources provided by these peers may encourage and justify woman abuse under certain conditions. Further, male peer support can influence men to victimize their dating partners regardless of stress.

There is some support for this model. For example, based on analyses of self-report survey data gathered from a convenience sample of 333 Canadian male undergraduates, DeKeseredy found that social ties with physically, sexually, and/or psychologically abusive peers are strongly related to abuse among men who experience high levels of dating life-events stress. This finding supports a basic sociological argument promoted by differential association theorists and other scholars: that the victimization of women is behavior that is socially learned from interaction with others. Nevertheless, the model does not account for other explanatory variables; therefore, in 1993, DeKeseredy and Martin Schwartz developed the modified male peer support model of woman abuse in college dating.

In addition to addressing the importance of factors identified above, the modified model focuses on the contributions of the ideology of familial and courtship patriarchy, alcohol consumption, membership in formal groups (e.g., fraternities), and the absence of deterrence. Although it is better than the original, the modified perspective also has several limitations. Perhaps the most important one is that although each of the individual elements has been tested empirically, there has not yet been a test of the entire model. In fact, given its complexity, it may very well be that it has more value as a heuristic or teaching model than as a predictive one.

Since the late 1990s, researchers and theorists have continued to modify male peer support theory and have constructed integrated versions that attempt to explain woman abuse in public housing, sexual and physical assaults in dating, variations in woman abuse across different marital status categories, and separation and divorce sexual assault.

Walter S. DeKeseredy

See also Date and Acquaintance Rape; Peer Influences on Youth Violence; Rape/Sexual Assault

Further Readings

DeKeseredy, W. S., & Schwartz, M. D. (2002). Theorizing public housing woman abuse as a function of economic exclusion and male peer support. *Women's Health and Urban Life, 1,* 26–45.

Godenzi, A., Schwartz, M. D., & DeKeseredy, W. S. (2001). Toward a gendered social bond/male peer support theory of university woman abuse. *Critical Criminology, 10,* 1–16.

Schwartz, M. D., & DeKeseredy, W. S. (1997). *Sexual assault on the college campus: The role of male peer support.* Thousand Oaks, CA: Sage.

Mandatory Arrest/ Pro-Arrest Statutes

Mandatory arrest and pro-arrest statutes are state laws that direct how government agencies respond to domestic violence. There are three types: mandatory

laws, preferred laws, and discretionary laws. States with mandatory laws require police compliance with their provisions, states with preferred laws indicate a preference for arrest, and states with discretionary laws leave the decision making to the individual police departments. This entry discusses the growing role of arrest in domestic violence, the impact of mandatory and pro-arrest statutes, and the advantages and disadvantages of these statutes on victims.

The Growing Role of Arrest

Since the early 1980s, there has been an increased policy preference toward the use of arrest when responding to domestic violence, coupled with a growing desire to limit police discretion in domestic violence incidents. The new pro-arrest consensus emerged when the traditional policy of nonintervention lost credibility and when earlier reform efforts such as crisis intervention lost adherents. Further, there was growing political pressure by women's groups, a surge of lawsuits brought against police departments for negligence and failure to provide equal protection to female victims in domestic violence situations, and the research findings of the Minneapolis Domestic Violence Experiment.

It had long been known that arresting certain domestic violence offenders was both proper and essential. Arrest provided the only method by which police could ensure separation of the couple and prevent subsequent violence, at least until the offender was released. Although the impact of arrest on domestic violence offenders was uncertain, at a minimum it was believed essential to the creation of a formal societal boundary defining acceptable behavior.

As a result, there has been an almost unprecedented wave of statutory changes since the 1970s, culminating in legislation in all 50 states, an effect that has irrevocably altered this position. These laws seek to expand police powers and govern practice when responding to domestic violence calls and enforcing suspected violations of restraining orders. State statutes provide the outside parameters within which the police must operate in their particular state.

State statutes vary considerably in their requirements. However, they all expressly purport to make profound structural changes in how government agencies respond to domestic violence. They enhance police powers, grant new criminal sanctions to prosecutors and the judiciary, increase the availability and enforcement of civil restraining orders, educate the public about the problem and the effects of violence in the family, and provide state and federal funding through the Violence Against Women Act for police, prosecutors, courts, and victim services.

In the calendar year of 2000, there were statutory provisions in 22 states and the District of Columbia for mandatory arrest, 6 states for preferred arrest, and 22 states for discretionary arrest in cases of domestic violence. Thirty-three states mandate arrest when there is probable cause to believe there has been a violation of a restraining order.

Arrest requirements in states with mandatory arrest statutes vary based on the circumstances, including elapsed time and seriousness of injury, as well as the relationships encompassed. Although some states have mandatory arrest provisions that apply to all crimes of domestic violence, others limit their provisions to felonies or limit their provisions to offenses committed within a specified timeframe.

In states with discretionary arrest provisions, there is variation in the arrest powers granted to officers. Although they typically allow police the authority to make warrantless arrests with probable cause to believe that a domestic violence offense has been committed, states vary in their limitations. These limitations include specifying the types of domestic violence offenses (such as felonies only), the time period during which the offense must have been committed, and the requirement of physical injury.

However, many departments within discretionary or preferred arrest states have mandatory or more restrictive arrest policies than required by state statute. Therefore, the interrelationship between state law, departmental policy, and actual police practices is the source of considerable investigation by researchers.

Impact

The implementation of legislative and policy mandates was intended to influence and change police behavior. This expectation has been supported by research on domestic violence legislation that has resulted in increased rates of arrest, prosecution, and conviction as well as improved responsiveness toward victims with the imposition of mandatory arrest requirements.

Research indicates that the implementation of mandatory and preferred arrest laws and/or policies is clearly associated with higher arrest rates. Arrest rates from data collected in the 1970s and 1980s were generally increasing. For example, in one analysis of 2000 National Incident-Based Reporting System data,

it was reported that the overall arrest rate for assault and intimidation was well in excess of 30%: 49% for intimate partner violence cases and 44% for other domestic violence cases.

Advantages for Victims

Although possibly unintended, the current effect of such legislation has been to give primary responsibility—and power—for the suppression of ongoing domestic violence to the criminal justice system. This approach provides several potential benefits for victims. First, the criminalization of domestic violence confirms the status of domestic violence victims as victims of crime rather than as guilty participants in a battling relationship. The legal identification and label of *victim* (although many would prefer the term *survivor*) was also believed to increase victims' confidence in asserting their legal rights and as a possible vehicle for a victim to gain access to support services.

Second, by placing the burden of an arrest fully on police, it is also believed that there will be less pressure on already traumatized victims. When the police aggressively respond by arresting an offender, the victim might be greatly relieved because both the immediate source of the terror and the responsibility for coercive actions taken against the offender have been removed.

Third, such a policy fulfilled some victims' needs for retribution or punishment. The underlying rationale of retribution is that, given similar factors, victims of interpersonal violence deserve the same societal reaction as victims of stranger violence. Although many researchers discredit the legitimacy of retribution, it is a well-recognized goal of criminal justice intervention—institutionalizing retribution and obviating the need for vigilantism.

Fourth, many victims want batterers arrested in order to mandate their treatment by the courts. Their preferred outcome is to maintain the relationship without violence.

Disadvantages for Victims

The primary goal of all mandatory arrest policies is to prevent further violence and to protect victims. However, its implementation may further disempower victims and possibly work against their best interests. In many cases, the goals of assisting and empowering domestic violence victims are not as straightforward as in other settings. Even among violent crimes, victims of domestic violence may differ from other victims if only based on their intimate knowledge of and relationship to the offender. The victim's goals are similarly diverse. Some may wish to salvage a flawed relationship in which aggressive behavior is now customary, whereas other victims may have already terminated contact with the offender.

Jurisdictions with mandatory arrest policies cannot incorporate the complexity of these victim needs and preferences into policies and practices. However, some consider this concern irrelevant because the goal of the criminal justice system is to address the offender's behavior rather than the victim's preferences and needs. This concern is justified by pointing out that when victims successfully leave an abusive relationship, the batterer simply targets a new victim. Without the offender's identification by the criminal justice system, potential victims as well as police will be unaware of the threat this individual poses.

In addition, it has been argued that although victims have preferences, they may not be capable of judging what is in their best interests and that professionals should make these decisions. For many racial and ethnic minorities, the risks of arrest may outweigh potential benefits. Rates of domestic violence are the highest among racial and ethnic minorities and the poor in general, and thus arrest rates will disproportionately increase among these subpopulations.

There has also been an increase in the arrest of an ongoing victim of abuse in jurisdictions with a preferred or mandatory arrest policy. In some cases, dual arrests may be a result of insufficient police training in identifying the primary aggressor. Alternatively, such arrests may constitute a mechanism to further punish women. With the inability or refusal of police to distinguish victims from offenders accepted as the first explanation for the existence of high dual arrest rates, states, beginning with Washington in 1985, enacted primary or predominant aggressor laws. Currently 24 states have such laws.

Eve S. Buzawa

See also Legal System, Advocacy Efforts to Affect, Intimate Partner Violence; Legal System, Criminal Justice System Responses to Intimate Partner Violence; Legislation, Intimate Partner Violence; Police, Response to Domestic Violence

Further Readings

Buzawa, E. S., & Buzawa, C. (2003). *Domestic violence: The criminal justice response.* Thousand Oaks, CA: Sage.

Hirschel, J. D., Buzawa, E. S., Pattavina, A., Faggiani, D., & Reuland, M. (2007, May). *Explaining the prevalence, context and consequences of dual arrest in intimate partner cases* (NJC No. 218355). Retrieved from http://www.ncjrs.gov/App/Search/SearchResults.aspx?txtKeywordSearch=hirschel+buzawa&fromSearch=1

Sherman, L. W., & Berk, R. A. (1984). The specific deterrent effects of arrest for domestic assault. *American Sociological Review, 49,* 261–272.

Mandatory Reporting Laws of Child Maltreatment

Every U.S. state has laws mandating that professionals, and in some states laypersons, report cases of suspected child abuse and neglect. It is the responsibility of Child Protective Services (CPS) to respond to these reports by investigating their validity, assessing the risk to the child, and developing a course of action to both protect the child and strengthen the family. Initially, these mandatory reporting laws focused only on medical personnel, but the list of professionals required to report has grown in recent years, as has the list of abusive behaviors they must report. Mandatory reporting legislation has been instrumental in drawing attention to the problem of child maltreatment and has been heralded as a triumph in protecting children. Such laws, however, are also associated with a number of unintended consequences. In this entry, the history of child maltreatment mandatory reporting laws is discussed, as are the characteristics of mandatory reporting and its impact.

History of Child Maltreatment Mandatory Reporting Laws

Following the publication of R. S. Kempe's work identifying the battered child syndrome in 1962, the U.S. Children's Bureau adopted the first laws mandating that physicians report any known cases of child abuse and neglect. Between 1963 and 1967, all jurisdictions in the United States passed statutes requiring certain professionals to report suspected cases of child maltreatment. Over time, research about the problem of child maltreatment mounted, leading to broader definitions and greater awareness that a number of different professionals were in a position to identify and report abuse. The Child Abuse Prevention and Treatment Act of 1974 (P.L. 93-247) provided federal child protection funds for states that changed existing mandatory reporting laws to conform to federal standards. By the mid-1980s, doctors, nurses, social workers, mental health professionals, and teachers and other school staff were all required to report suspected physical, sexual, or emotional child abuse.

Currently, reports of child maltreatment are made either to states' local child protective services agencies, law enforcement agencies, or central state registries. Most states require reporters to contact appropriate agencies immediately after suspicion is raised, and many states also require a written report to follow within a specific time period, usually 24 to 48 hours. To encourage reporting and to reduce legal impediments to reporting, all states provide for some type of immunity from civil or criminal action to mandated reporters who make a report in good faith with the intention of protecting a child. In addition, other provisions protect reporters such as exceptions to required confidentiality in situations of suspected maltreatment and the requirement that only a reasonable suspicion is necessary to make a report. There is also the possibility of legal penalties for professionals who fail to report suspected cases of child maltreatment.

Characteristics of Mandated Reports

Each year the National Child Abuse and Neglect Data System collects annual data on child abuse and neglect reports accepted by CPS. In 2003, CPS agencies received approximately 3 million referrals of abuse or neglect. The agencies accepted approximately two thirds of these referrals for investigation or assessment. Of these accepted reports, 57% came from professionals such as educational personnel (16%), legal or law enforcement personnel (16%), social service personnel (12%), medical personnel (8%), and others (5%). The remaining 43% of reports came from nonprofessional sources including anonymous reports (9%), parents (7%), other relatives (8%), friends or neighbors (6%), alleged victims or perpetrators (1%), and other sources (12%).

Of the referrals that received investigation or assessment in 2003, more than one quarter were ultimately substantiated, meaning that CPS determined that there was sufficient evidence to conclude that at least one child was a victim of child abuse or neglect. Of these substantiated cases, the most common form of maltreatment was neglect (60%), followed by physical (20%), sexual (10%), and psychological (5%) abuse.

Impact of Mandatory Reporting Laws

Most experts agree that mandatory reporting laws have had a significant impact on the identification of child abuse and neglect. Between 1976 and 1993, for example, the number of children officially reported for child maltreatment increased dramatically and reached the 3 million mark in 1993, representing a 347% increase from 1976. The number of reports began to level off or decline in the mid-1990s and have since become relatively stable.

Although mandatory reporting laws have clearly succeeded in increasing rates of reporting and the identification of child maltreatment, they have also been associated with a number of unanticipated outcomes. One unintended consequence of these laws, for example, is the overburdening of the CPS system. When mandatory reporting laws were first enacted in the 1960s, child maltreatment was thought to be a relatively rare occurrence. Reports of child abuse and neglect have provided evidence to the contrary, and the dramatic rise in reports has overwhelmed CPS agencies whose resources are unable to meet the needs of children and families. CPS agencies have lacked the capacity to respond appropriately to reports of child maltreatment and as a result have been forced to make accommodations in an effort to manage caseloads. Out of necessity, many agencies have narrowed their definitions of abuse to address only the most severe reports, resulting in the provision of services to only a limited number of children and families in need.

Another unanticipated impact associated with mandatory reporting laws is that they might place people in the helping professions in a difficult position, essentially forcing them to violate the confidences of their clients. Professionals who want to help may fear that reporting the suspected abuse will cause the family or child more harm than good. They may be concerned that the child will be unnecessarily removed from the home or that there will be reprisals against the child. Professionals who are familiar with the child protection system, furthermore, are likely well aware of its shortcomings. They may realize that a particular allegation is unlikely to be substantiated or that a family is unlikely to receive the services it needs. Knowing the CPS system is overburdened, they may see themselves as better equipped to help needy families. In the end, professionals might reasonably conclude that it is better to maintain confidentiality and continue to work with these clients than to violate the client's trust and risk disruption of treatment. In addition, mandated professionals may have quite reasonable concerns about the potential for negative personal consequences, perhaps fearing that they could be sued, accused of false allegations, or forced to appear in court. The combined effects of these factors are that many professionals who are required to report suspected abuse choose not to do so. In the second National Incidence Study, for example, only half of the maltreatment cases known to community professionals were officially reported to CPS.

Despite problems associated with mandatory reporting, the consensus among legal scholars and others involved in child protection has been that mandatory reporting laws are essential to child protection. Given the concerns about CPS and many professionals' corresponding reluctance to report cases, however, more and more experts are calling for modifications in mandatory reporting laws. One possible solution would be to create an alternative, less adversarial response to less severe cases of child maltreatment. This approach would remove the reporting obligation from mental health professionals who encounter minor cases of abuse that appear not to present a serious threat to a child's safety. Such families could be diverted to a different department within CPS or to a separate agency, be handled on a voluntary basis, and/or be offered services that might stop their problems from escalating without a costly CPS investigation. Of course, this change would make mandated professionals responsible for determining what is or is not a severe case, a responsibility that also creates a less than perfect system with potential difficulties (e.g., successfully distinguishing among various degrees of risk via a telephone call). Recent efforts to develop risk-assessment tools and preliminary investigations of states using the triage approach, however, appear promising.

Cindy Miller-Perrin and Robin Perrin

See also Child Abuse Prevention and Treatment Act; Child Protective Services; Legal System and Child Protection; Legislation, Child Maltreatment

Further Readings

Larner, M. B., Stevenson, C. S., & Behrman, R. E. (1998). Protecting children from abuse and neglect [Special issue]. *The Future of Children, 8*(1).

Sedlak, A. J. (1990). *Technical amendment to the study findings: National incidence and prevalence of child abuse and neglect: 1988.* Rockville, MD: Westat.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2005). *Child maltreatment 2003.* Washington, DC: Government Printing Office.

Zellman, G. L., & Fair, C. C. (2002). Preventing and reporting abuse. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 449–475). Thousand Oaks, CA: Sage.

Mandatory Reporting Laws of Elder Abuse

Many states have enacted reporting laws mandating the reporting of violence, including gunshots, injuries, and child abuse to law enforcement and/or social services. A few states have enacted domestic violence reporting laws. All states and the District of Columbia have enacted elder abuse reporting laws. In most cases, reporting is mandated; in a handful of states, laws encourage or permit reporting.

There is considerable variation in who is a mandated reporter and what conduct is reportable. In some states, everyone is a mandated reporter of elder abuse; in others, only certain professionals (typically law enforcement officials, health care and mental health providers, social workers, staff of Adult Protective Services [APS], Long Term Care Ombudsman, and aging services programs), persons providing care services to the elderly, attorneys, guardians, educators, and employees of financial institutions are mandated. Reportable conduct usually includes abuse, neglect, and financial exploitation. In some states, self-neglect is not reportable conduct. In some states, abandonment and abduction are also included as reportable conduct.

Reports are usually made to APS. In some jurisdictions and situations, reports are made to law enforcement instead of APS or in addition to APS. In most jurisdictions, failure of a mandated reporter to report is a crime. In many states, persons who report in good faith are immune from criminal and civil liability. Generally, the name of the reporting party is confidential and is not disclosed except pursuant to a court's order.

Elder abuse reporting laws have been largely modeled on child abuse reporting laws. Little analysis was given to whether the analogy is appropriate. The primary motivation for enacting them was to assist in detection. Mandatory reporting has resulted in more investigations than voluntary reporting. Relying on victims and their family members to report was seen as ineffective.

Benefits of mandatory reporting include enhancing safety by linking victims with services that provide information and referrals. Supporters of mandatory reporting argue that many victims are unable to report due to physical or cognitive deficits, isolation, or the inability to recognize what has occurred. Mandatory reporting offers an opportunity to train reporters on abuse issues, including the dynamics and effects of abuse. Reporting may lead to greater abuser accountability, potentially enhancing victim safety. Mandatory reporting increases the number of documented cases, increasing understanding of elder abuse prevalence and incidence.

However, elder abuse reporting laws are controversial and have been criticized. Older individuals may fear loss of control if outsiders are involved, loss of independence and isolation if a caregiver is removed, and fear of angering family members for involving outsiders. They may fear not being believed if they do report. Family members may be unwilling to report because of family privacy, love and affection, fear, uncertainty of how to handle a situation, or a desire not to get involved. They may be unaware of elder abuse and protective services. Some professionals are concerned that an older person will not return for help if he or she knows a report will be made and the professional relationship will be harmed. Investigations are involuntary and can be intrusive, resulting in an outcome the older person does not desire.

Opponents of mandatory reporting believe adult victims should have the right to decide if they want help and from whom. In jurisdictions using age-only criteria (not impairment or vulnerability), laws have

been challenged as ageist and as approaches that infantilize adults. Laws do not take into account that adults retain their rights to make decisions for themselves and their ability to control confidential information provided as part of a professional relationship. Mandatory reporting removes from the victim the decision whether to ask for help and from which agency. Elder abuse laws largely override confidentiality even without a finding of incapacity.

Current laws generally do not address victim safety in the context of mandatory reporting. Specifically, there is no requirement that reporters provide safety planning or a referral or assistance to the subject of the report. Reports do not require that the reporter ask about or include in the report information about victim safety concerns. Statutes generally do not require that the mandated reporter notify an older person that a report will be filed with appropriate authorities.

Even when the older adult lacks capacity, reporting laws may be unable to deliver what they have promised. Mandatory reporting is only successful if supportive services with qualified staff and necessary resources exist. Unfortunately, APS is generally underfunded and understaffed in most areas of the country. Reporting does not guarantee a successful APS intervention. APS programs face increasing caseloads and dwindling resources. Investigations may be undertaken with inadequate funding or training, substantiation criteria may be subjective and inconsistent, available services vary widely, and funding levels do not ensure that adequate resources are available to address or improve an elder's situation. In addition, there are few quality treatment programs for perpetrators. The Governmental Accountability Office has concluded that public and professional awareness, interagency coordination, and adequate in-home and respite care services are more effective responses to elder abuse than the existing mandatory reporting laws.

Community-based advocates who are mandatory reporters face ethical and practice dilemmas. They must balance legal duties with client autonomy and safety considerations. They should confirm if state statutes on client confidentiality apply and which have priority over the other. Discussions of safety planning should include reporting situations. Cross training with APS and other mandated reporters on victim safety issues should be considered. Forging professional contacts and relationships with APS and developing memoranda of understanding regarding mandatory elder abuse reporting situations may become critical.

Candace J. Heisler and Bonnie Brandl

See also Adult Protective Services; Coordinated Community Response; Elder Abuse

Further Readings

Brandl, B. (2005). *Mandatory reporting of elder abuse: Implications for domestic violence advocates.* Madison, WI: National Clearinghouse on Abuse in Later Life, A Project of the Wisconsin Coalition Against Domestic Violence. Retrieved from http://www.ncall.us/docs/Mandatory_Reporting_EA.pdf

Daly, J. M., Jogerst, G. J., Brinig, M. F., & Dawson, J. D. (2003). Mandatory reporting: Relationship of APS statute language on state reported elder abuse. *Journal of Elder Abuse and Neglect, 15*(2), 1–21.

Web Sites

National Adult Protective Services Association: http://www.apsnetwork.org/Abuse/index.html

National Center on Elder Abuse: http://www.elderabusecenter.org

Mandatory Reporting Laws of Intimate Partner Violence

Mandatory reporting laws for intimate partner violence aim to provide additional protection for victims by requiring persons other than the victim to report the crime or suspected crime. In the United States, only five states (Alabama, Louisiana, South Carolina, Washington, and Wyoming) do not mandate some form of reporting for various types of violence. Mandatory reporting laws specific to intimate partner violence have been enacted in five states (California, Colorado, Kentucky, New Hampshire, and Rhode Island).

Laws relating to intimate partner violence, including mandatory reporting, have generally been seen as substantively different from the broader case of violence against persons along two major issues: the nature of the relationship between victim and perpetrator and the autonomy of the adult victim. The

historical stance that violence between intimates should be treated differently is reflected in legal decisions such as in an 1824 Mississippi case finding that under certain circumstances a man would not be subject to prosecution if he physically disciplined his wife. The second issue has its roots in the feminist movement and challenges mandatory reporting for victims who are autonomous adults.

State statutes vary widely on what must be reported and by whom. California and Colorado laws include intimate partner violence in requiring that health care providers report to law enforcement if they know or reasonably suspect that a patient's physical injury was caused by a firearm or by assaultive or abusive acts. Kentucky's law requires reporting to a state social service agency by any persons, not just by health care providers who have reasonable cause to suspect intimate partner violence. New Hampshire law mandates reporting by health care providers similar to that required in California and Colorado, unless the patient is also a victim of sexual assault or abuse or if the patient is over 18 and objects to the release of this information to the police. These exclusions from reporting do not apply if a gunshot wound is being treated. In Rhode Island, health care providers must report intimate partner violence for data collection purposes only without any patient identifying information.

The goal of mandatory reporting law is to provide additional protection to victims of intimate partner violence, but questions remain concerning the effectiveness of such laws and possible unintended effects on victims that will need to be resolved through continuing research and surveillance.

Linda K. Bledsoe

See also Health Care Response to Intimate Partner Violence; Legal System, Advocacy Efforts to Affect, Intimate Partner Violence

Further Readings

Bledsoe, L. K., Yankeelov, P. A., Barbee, A. P., & Antle, B. (2004). Understanding the impact of intimate partner violence mandatory reporting law. *Violence Against Women, 10,* 534–560.

Houry, D., Sachs, C. J., Feldhaus, K. M., & Linden, J. (2002). Violence inflicted injuries: Reporting laws in the fifty states. *Annals of Emergency Medicine, 39,* 56–60.

Hyman, A. (1997, November). *Mandatory reporting of domestic violence by health care providers: A policy paper.* San Francisco: Family Violence Prevention Fund. Retrieved May 9, 2006, from http://www.endabuse.org/health/mandatoryreporting/policypaper.pdf

Marital Rape/Wife Rape

Marital rape is a serious form of intimate partner violence that is experienced by approximately 10% to 14% of married women. Rape by one's intimate partner may be one of the most common forms of sexual violence. In their Canadian study, Melanie Randall and Lori Haskell found that 30% of the adult women who were victims of sexual assault had been assaulted by their intimate partners.

The definitions of wife rape vary within the United States; however, it is commonly defined as unwanted intercourse or penetration (oral, anal, or vaginal) that occurs when a woman is forced, threatened with force, or unable to give her consent. Most studies of rape in marriage have focused on couples who were legally married, separated, divorced, or cohabiting. Cohabiting couples have generally been included in research on wife rape because it is believed that the dynamics of violence between long-term cohabiting couples are similar to married couples.

Rape in marriage occurs regardless of one's age, race, ethnicity, religion, social class, or geographic location; however, there are some risk factors. It is believed that men who rape their partners are often domineering individuals who feel a sense of entitlement to sex with their partners. This sense of entitlement does not necessarily end when a couple is separated or divorced. Women may be particularly vulnerable to rape by their partners when this sense of entitlement is challenged, such as when women are ill or have recently been discharged from the hospital. Pregnancy may be a factor that also places women at higher risk for sexual abuse by their partners.

One of the most significant risk factors is physical abuse. Research with clinical samples of battered women or those who are seeking help for the violence indicate that between 20% and 70% of them have been sexually assaulted at least once by their partner. However, not all women who are raped by their partners are battered women. In the first major study of

wife rape, Diana Russell found that 4% of women who had been raped by their partners had not been battered. In their classic work, David Finkelhor and Kersti Yllo found that 40% of the women who experienced marital rape experienced force-only rape—that is, their husbands used the amount of force necessary to coerce their wives into having sex, but battering did not characterize these relationships. Some women also experience what has been called sadistic or obsessive rape, which often includes physical violence, forms of torture, the use of pornography, and/or what women define as perverse sexual acts. Women who are raped by their partners often experience multiple forms of violence, and the violence may vary over the course of the relationship with their abusers.

There are serious physical, gynecological, and emotional consequences associated with women's experiences of marital rape. Women commonly report experiencing broken bones, lacerations, knife wounds, torn muscles, and black eyes. Marital rape survivors also report gynecological consequences, including anal and vaginal tearing, miscarriages, bladder infections, urinary tract infections, and increased contraction of sexually transmitted diseases. Women who are raped by their partners also are at increased risk for unwanted pregnancy, often as a result of their partners' refusal to use contraception and/or their refusal to allow their wives to use contraception.

The emotional consequences of marital rape can be severe. Although historically marital rape may have been portrayed as a marital tiff, the psychological consequences are often severe and long-lasting. Similar to other survivors of rape, women who are raped by their husbands frequently suffer from depression, intense fear, posttraumatic stress disorder, and sleeping disorders. These consequences may be short-term or last for extended periods of time. Raquel Bergen's research found that some women report sexual dysfunction, sleeping disorders, and depression years after the violence ends. Women who are raped by their partners often suffer emotionally because of the bond of trust and love that has been violated given that their assailant is their partner.

It is evident that rape in marriage is a serious and prevalent form of intimate violence. Future research should address the issue of prevention and how marital rape might best be eliminated.

Raquel Kennedy Bergen

See also Marital Rape/Wife Rape, Marital Exemptions in Rape Statutes; National Clearinghouse on Marital and Date Rape

Further Readings

Bennice, J. A., & Resick, P. A. (2003). Marital rape: History, research and practice. *Trauma, Violence and Abuse, 4,* 228–246.

Bergen, R. K. (1996). *Wife rape: Understanding the response of survivors and service providers.* Thousand Oaks, CA: Sage.

Campbell, J. C., & Soeken, D. (1999). Forced sex and intimate partner violence: Effects on women's risk and women's health. *Health Care for Women International, 10,* 335–346.

Finkelhor, D., & Yllo, K. (1985). *License to rape.* New York: Holt, Rinehart, & Winston.

Mahoney, P., & Williams, L. M. (1998). Sexual assault in marriage: Prevalence, consequences and treatment of wife rape. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* (pp. 113–163). Thousand Oaks, CA: Sage.

Randall, M., & Haskell, L. (1995). Sexual violence in women's lives. *Violence Against Women, 1,* 6–31.

Riggs, D., Kilpatrick, D. G., & Resnick, H. (1992). Long-term psychological distress associated with marital rape and aggravated assault: A comparison to other crime victims. *Journal of Family Violence, 7,* 283–295.

Russell, D. (1990). *Rape in marriage.* New York: Macmillan.

Marital Rape/Wife Rape, Marital Exemptions in Rape Statutes

Although rape in marriage is a prevalent form of violence against women, the criminalization of forced sex with one's wife is a relatively recent occurrence. According to Laura X of the National Clearinghouse on Marital and Date Rape, on July 5, 1993, marital rape became a law under at least one section of the sexual offense code in every state, the District of Columbia, and on federal lands. This development is important because historically married men were exempt from charges of raping their spouses. Some researchers, such as David Finkelhor and Kersti Yllo, have argued that men were provided with a license to rape their wives. Historically, legal definitions of rape included forcible intercourse with a woman not the

wife of a man. The origin of this exemption is grounded in English Common Law and in the words of Chief Justice Hale who decreed that with marriage women gave their irrevocable consent to sex.

This marital rape exemption went largely unchallenged until the 1970s when women in the anti-rape movement argued for its elimination on the grounds that the existing rape laws did not provide all women with equal protection from rape. Changes occurred slowly. In 1978, John Rideout became the first man to be criminally prosecuted for raping his wife while they still lived together. In the case of *People v. Liberta* in 1984, New York became the first state to have its marital rape exemption legally overturned on the grounds that it provided unequal protection to married women.

Today, marital rape is a crime in every state under at least one section of the sexual offense codes. However, there is considerable variation in states' rape legislation and how men are prosecuted for raping their wives. According to the National Clearinghouse on Marital and Date Rape, there are currently 20 states with no exemptions; in these states, rape by one's husband is treated as seriously as rape by another perpetrator. However, in 30 states, rape by one's spouse is treated as a lesser crime. In most states, husbands may be exempt from charges of rape if the crime is not reported to the police quickly or if additional force was not used in the assault. In many states, consent from one's wife is assumed unless she is resisting. In addition, a woman's consent may be assumed when she is legally unable to give consent (or resist), such as if she is asleep or physically or mentally incapacitated.

Although much progress has been made in changing the legislation so that all women are protected equally under the law, there are still many states that treat rape in marriage as a lesser crime.

Raquel Kennedy Bergen

See also Marital Rape/Wife Rape; National Clearinghouse on Marital and Date Rape

Further Readings

Bergen, R. K. (with Barnhill, E.). (2006, February). *Marital rape: New research and directions*. Retrieved from http://new.vawnet.org/Assoc_Files_VAWnet/AR_MaritalRapeRevised.pdf

Eskow, L. R. (1996). The ultimate weapon: Demythologizing spousal rape and reconceptualizing its prosecution. *Stanford Law Review, 48,* 677–709.

Finkelhor, D., & Yllo, K. (1985). *License to rape: Sexual abuse of wives.* New York: Holt, Rinehart, and Winston.

Russell, D. E. H. (1990). *Rape in marriage.* New York: Macmillan Press.

X, L. (1999). Accomplishing the impossible: An advocate's notes from the successful campaign to make marital and date rape a crime in all 50 U.S. states and other countries. *Violence Against Women, 5,* 1064–1081.

Marriage Education and Violence

Marriage education gained prominence in the United States during the 1950s and 1960s when divorce rates began to increase, cohabitation and out-of-wedlock childbearing became more common, and the social costs associated with disrupted marriages were increasingly documented. Marriage and relationship education was designed to help individuals and couples develop the attitudes, skills, and behaviors needed to achieve satisfying and stable marriages. Early programs grew out of studies on middle- and upper-income White couples, were offered to these populations, and although they did address issues such as conflict resolution and communication and negotiation skills, they failed to direct focused attention to issues of violence in marital relationships. After years of relative obscurity, marriage and relationship education has been catapulted into the limelight as a focus of public policy attention and debate. The origins of this increased national attention trace back to 1996 when welfare reform identified the promotion of marriage and the formation and maintenance of two-parent families as a governmental goal. Since this time, substantial federal funding has been earmarked for marriage education primarily with low-income individuals and families. The high rate of domestic violence among young, low-income welfare recipients has been well documented. As a result, scholars and practitioners currently are grappling with the challenges of offering relationship and marriage education to low-income populations and, more specifically, with the necessity of having and implementing a policy for dealing with domestic violence issues in marriage education programs.

Historical Roots

Marriage and relationship education developed largely from the work of religious institutions. In the early 1950s, many religious organizations began to offer structured education for marrying couples. And soon thereafter, secular groups began to offer similar programs. Historically, the marriage and relationship education approach has been preventive and most typically addresses relationship choices, challenges, and skills before problems become ingrained and damaging. Thus, marriage education programs are distinguished from couple therapy and offer a complementary approach whereby relationship professionals' expertise can be shared with couples. The primary audience for such programs generally has been middle- and upper-income White couples in committed relationships. Marriage education generally employs a variety of teaching methods that include a combination of lecture material and experiential exercises designed to teach relationship skills such as listening and speaking clearly and positively, managing anger, negotiating disagreements, and increasing positive and respectful interactions.

Program Evaluation

The marriage education programs that are generally agreed to be the strongest are evidence-based—that is, they are grounded in the findings of research. Several of the best known and highly regarded programs (e.g., The Prevention and Relationship Enhancement Program, Relationship Enhancement, and the Couple Communication Program) are empirically based. Moreover, the majority of couples who attend marriage and relationship education report high satisfaction with their programs. At the same time, however, the systematic evaluation of such programs is limited. For instance, randomized clinical trials are rare, and very few studies measure impact on marital stability over time.

Marriage Education and Welfare Reform

In 1996, the U.S. Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act, which led, in turn, to the creation of the Temporary Assistance to Needy Families program. This legislation explicitly established the promotion of marriage, the formation and maintenance of two-parent families, and the reduction of out-of-wedlock childbearing as policy goals. Thus, in 2001, the federal government for the first time began to fund marriage education programs around the country, making these services available to more economically and racially diverse populations. This change has raised a set of questions about the challenges of offering marriage education that was designed for relatively small numbers of White middle- and upper-income couples to the very different target population of welfare reform and marriage promotion policies: young, poor, and unmarried couples. One particular question centers on the suitability of marriage education for couples with a history of or at high risk for domestic violence. This question has prompted considerable policy debate, especially in light of research indicating that up to 60% of women receiving welfare have been abused at some point in their lives.

Scholars and practitioners working in the fields of marriage education or promotion and domestic violence historically have interacted only infrequently and, perhaps as a result, view each other's motivations and agendas with some skepticism. Many in the domestic violence community are concerned that implementation of federally funded marriage education programs may threaten the lives and safety of women and their children if women in abusive relationships will be encouraged to marry or stay married to their abusive partners. From their perspective, proponents of marriage education or promotion express concern that domestic violence advocates do not acknowledge the importance of strengthening marriage and ignore the idea that most people aspire to a healthy marriage for themselves and their children.

Currently, alliances are being created between marriage educators and domestic violence programs. For instance, all federally funded marriage education programs are now required to consult with domestic violence experts in developing their curricula. In addition, scholars and practitioners have emphasized that there are substantial cultural, economic, and racial differences in attitudes about marriage and domestic violence. Therefore, efforts are being made to more fully understand these differences and to use this expanded knowledge to develop culturally relevant and sensitive programs.

Beth Skilken Catlett

See also Divorce and Intimate Partner Violence; Early Warning Signs of Intimate Partner Violence; Faith-Based Programs; Intimate Partner Relationship Quality and Domestic Violence; Intimate Partner Violence

Further Readings

Catlett, B. S., & Artis, J. E. (2004). Critiquing the case for marriage promotion: How the promarriage movement misrepresents domestic violence research. *Violence Against Women, 10,* 1226–1244.

Halford, W. K. (2004). The future of couple relationship education: Suggestions on how it can make a difference. *Family Relations, 53,* 559–566.

Ooms, T., & Wilson, P. (2004). The challenges of offering relationship and marriage education to low-income populations. *Family Relations, 53,* 440–447.

Roberts, P. (2006, September). Building bridges between the healthy marriage, responsible fatherhood, and domestic violence movements: Issues, concerns, and recommendations. *Center for Law and Social Policy Couples and Marriage Series* (Issue Brief No. 7). Retrieved April 16, 2007, from http://www.clasp.org/publications/buildingbridges_brief7.pdf

Masculinities and Violence

Masculinities refer to the culturally constructed social norms for behavior, comportment, and characteristics assigned to men and boys. Scholars talk about multiple masculinities instead of a singular masculinity because the category varies according to context, culture, geographic location, and historical period. Masculinities are relevant to interpersonal violence because the research indicates that establishing and defending a masculine sense of self is fundamentally important to many men's use of violence. Much of men's violence is perpetrated in response to threats to the man's sense of masculinity. This response is true of violence against strangers, acquaintances, and intimates. It is especially important to distinguish between sex and gender when studying human behavior such as violence because this distinction has implications for the prevention of violence as well as for effective interventions.

In the most simplified terms, sex refers to biological sex, as conventionally determined by the appearance of genitalia at birth. Sex is commonly thought of as a binary system, although this understanding is a conceptual oversimplification that excludes intersex and transgendered people. Intersex babies are born with nonstandard genitals that do not identify them accurately and immediately as male or female. Transgender individuals perform a gender that is different from the one they were assigned at birth, with or without having surgery or taking hormones to facilitate the performance. Gender refers to the culturally specific set of characteristics and behaviors associated with biological sex in a given culture. Male and female are sex categories, and masculine and feminine are gender categories.

Gender is a continuum of attributes ranging from feminine traits, those traditionally associated with women and girls, to masculine traits, those stereotypically associated with men and boys. Gender is often essentialized. In other words, femininity and masculinity are thought of as the natural expression of a person's biological identity. However, gender varies significantly across time and geography, and it is therefore recognizable as culturally constructed, or shaped by the culture in which it is produced. This construction does not mean that there are no biological differences between women and men, only that the differences that exist are small in comparison with the social factors that magnify their significance.

Masculinity is normative for men, meaning that men are expected to display more of the traits that are associated with masculinity than femininity. Some stereotypically masculine traits include toughness, power, strength, stoicism, leadership, rationality, and virility. Pressure to conform to these stereotypes has negative implications for men and can promote behavior that puts men at greater risk of violence perpetration and victimization than women. For example, men are more likely to drink to excess and drive recklessly, behavior that can put them at disproportionate risk of causing or experiencing injury or death. Since gender is often essentialized, some people think of stereotypically masculine characteristics as biologically determined in men. However, social scientists point to variation in gender performance as evidence that culture shapes and magnifies the manifestation of sex differences.

There are formal and informal social sanctions for men who fail to display appropriately gendered behavior. For example, sexist and homophobic taunts are often directed at men and boys who do not perform their masculine role in accordance with hegemonic

expectations. Violence against gay men and transgender people are examples of severe forms of social punishment for violating gender norms.

Due to the importance of physical power and prowess to the social construction of masculinities, displays of violence and aggression are a viable option for men who feel it is necessary to assert or reestablish their masculinity. Since women are held to an opposite set of gender norms, women do not receive an equivalent social reward for violence and aggression. Men can and do use violence to demonstrate and reinforce their masculinity. Women do not use violence and aggression to affirm their femininity. Disparate social expectations for women and men's violence are one of the reasons that men are more violent than women.

Although men's greater violence is often thought of as biologically determined, gender categories regiment human behavior in nearly every area of our lives, from the way we walk, talk, and act to the way we dress. In addition, social variables are easier to change than biological variables, so most violence prevention efforts focus on behavior that it is possible to change rather than biological factors, which may be impossible to alter.

Many of the biological differences that do exist, for example, men's generally greater upper body strength, are reinforced by gender norms that enhance these differences and emphasize their social importance. For example, men are encouraged to participate in sports and activities that help to emphasize this sex difference, while women are discouraged from developing muscles that are too large. Sex and gender differences such as this have implications for the causes and outcomes of violence that are more and less direct.

In common usage, sex and gender are often conflated, and the terms are sometimes used interchangeably. Unfortunately, this interchanging can make for unclear writing, with readers unable to discern whether an author is really talking about sex (biological) or gender (social) differences. Scholars in the social sciences, humanities, public health, and law sometimes draw distinctions between sex and gender to ensure that their scholarship accurately represents biological and cultural contributions to phenomena. For example, medical researchers attempt to discern between gendered cultural factors, such as men's reluctance to visit doctors, and biological factors, such as hormones, when investigating medical problems and treatments. This distinction is necessary in order to adequately understand the etiology of social and health problems as well as to make appropriate and effective recommendations for prevention and intervention.

Molly Dragiewicz

See also Battered Women's Movement; Batterers, Factors Supporting Male Aggression; Male Peer Support, Theory of; Patriarchy; Sex Discrimination

Further Readings

Bograd, M. (1990). Why we need gender to understand human violence. *Journal of Interpersonal Violence, 5,* 132–135.

Connell, R. W. (2005). *Masculinities.* Berkeley: University of California Press.

Gilligan, J. (2001). *Preventing violence.* New York: Thames & Hudson.

Kimmel, M. S., Hearn, J. R., & Connell, R. W. (Eds.). (2004). *Handbook of studies on men and masculinities.* Thousand Oaks, CA: Sage.

Mass Murder

Mass murder is the killing of multiple people at one location in a relatively short period of time. It is commonly believed that the mass murderer is an individual who kills randomly after experiencing a mental breakdown or psychotic episode. Research, however, does not support this belief. Studies of mass murderers indicate that their motivations typically stem from some wrong they perceive has been unjustly inflicted upon them. Their hatred of the supposed wrongdoer festers over time until some incident prompts them to act out against the wrongdoer and/or others who belong to the wrongdoer's group (e.g., women, coworkers). Consequently, criminologists delineate two types of mass murders. One type involves the killing of specific individuals whom the offender believes has wronged him or her. For example, in one recent mass murder, two students at Columbine High School in Colorado shot classmates whom they felt had ignored or mistreated them. The second type of mass murder involves killing individuals who have not had personal contact or a relationship with the offender, but who belong to a group the offender has come to hate. For example, in 1989, at the University

of Montreal, a man who had been rejected from the school's engineering program went into an engineering class, ordered all the men to leave, and then shot the women, killing 14 and wounding 13 because he believed that the need to admit more women to the program had led to his rejection. The research also shows that mass murderers usually think about committing murder for some time before they actually act and prepare for the crime (e.g., by stockpiling weapons), although they may not plan the exact time and location of the killings.

The mass murderer may kill multiple people at different locations over a period of days rather than in one location in a short time. This type of mass murder is usually referred to as *spree murder.* The characteristics of mass murderers and spree murderers, however, are largely indistinguishable. Most are White males, who are impulsive, alienated, depressed, and frustrated, largely because of their perception of having been unjustly wronged. They appear to be fascinated by guns and have the weapons at their disposal. The way they kill is very public, and they appear to be concerned about their own lives in the process. In fact, most commit suicide or die at the hands of police at or near the crime scene. An important exception to this general portrait, though, is felony-related and gang-related mass murders. In these types of murders, the offenders are usually young non-White men, who do not commit suicide and who are not killed by police at or near the crime scene.

Although mass murders are rare relative to other types of violent offenses, data show that they have increased in the United States in recent years. During the decade of the 1950s, for instance, there were only four mass murders. Throughout the 1960s, there were seven mass murders. However, from the mid-1970s to 1991, there were 269 cases that resulted in the deaths of 1,447 people. From 2000 to 2002 alone, there were 567 cases. This dramatic increase in only half a century is alarming, but criminologists disagree over why it has occurred. In contrast, mass murder is relatively rare outside the United States, leading some criminologists to argue that the relative ease of acquiring guns in the United States is, in large part, responsible for the relatively high rate of mass murders in this country.

Claire M. Renzetti

See also Gang Violence; Homicides, Criminal; Serial Murder/Serial Killers

Further Readings

Fox, J., & Levin, J. (2001). *The will to kill: Making sense of senseless murder.* Boston: Allyn & Bacon.

Fox, J., & Levin, J. (2005). *Extreme killing: Understanding serial and mass murder.* Thousand Oaks, CA: Sage.

Holmes, R. M., & Holmes, S. J. (1992). Understanding mass murder: A starting point. *Federal Probation, 56,* 53–61.

Mass Rape

Mass rape is the use of rape as a war strategy. In a military conflict, armies and paramilitaries plan systematic sexual assaults against women in enemy communities with the goal of demoralizing and terrorizing the enemy and driving them from their home regions. Mass rape as a war strategy is not new; there are numerous historical accounts dating back to ancient societies that include graphic descriptions of the systematic rape, enslavement, and sexual torture of enemy women as a state-supported warfare tactic. However, mass rape began to garner more public attention in 1993 as a result of two significant events. One event was the issuance of a report by the Japanese government admitting to the sexual enslavement of "foreign" women during World War II. Euphemistically called "comfort women," these women were coerced into prostitution to provide sexual services for Imperial Army military personnel. It is estimated that 100,000–300,000 women were enslaved, most of whom were from South Korea, but others were from Indonesia, China, Taiwan, the Philippines, and the Netherlands.

Also in 1993, media reports began to document the systematic rape, sexual enslavement, torture, and murder of Bosnian Muslim women and children by Serbian military forces in the former Yugoslavia. Although estimates vary, a commonly cited figure is that approximately 20,000 Muslim women were raped by Serbian soldiers. When mass rape is used as a warfare strategy, it often takes the form of *rape-and-kill* in which the victims are murdered following the sexual assault as if they themselves were enemy combatants. But in Bosnia, it appeared that mass rape was one of the strategies used in the Serbian ethnic cleansing campaign. That is, Bosnian men were murdered, but the women were raped for the purpose of impregnating them so that they would produce offspring with desirable genetic material.

Since 1993, human rights workers and other investigators have documented extensive state-supported violence against women, including gang rape by police and military personnel, in many countries including Haiti, Honduras, El Salvador, Iran, Rwanda, Kosovo, East Timor, Myanmar, and the Sudan. According to a recent UN report, however, the sexual violence in the Congo is among the worst in the world. There it has been reported that in some villages as many as 70% of the women residents have been brutally raped by raiding militias, whose only goal appears to be sexual assault and terror. The assailants sometimes rape the women with objects, such as bayonets and chunks of wood, causing severe internal injuries to the women's reproductive and digestive systems.

Physicians and others in the Congo who have been interviewed regarding the mass rapes have been at a loss to explain why they occur. However, other observers argue that such atrocities occur because the assailants behave with impunity. Their actions are often secretly endorsed by military or government officials, or because their victims are women and women are highly devalued in many societies, their actions are not regarded as being as serious as other types of war crimes.

In 1994, the UN General Assembly adopted the Declaration on the Elimination of Violence Against Women, which calls on governments to condemn all forms of violence against women and to punish acts of violence against women, whether these acts are perpetrated by the state or by private individuals. The declaration also urges all member nations to ratify the Convention on the Elimination of All Forms of Discrimination Against Women, which includes provisions that in their effect impose sanctions for violence against women. (The United States remains the only industrialized country in the world that has not ratified this convention.) Nevertheless, despite these measures, mass rape and other forms of sexual abuse continue to be used by combatants as a warfare strategy.

Claire M. Renzetti

See also Rape/Sexual Assault; State Violence; United Nations Conventions and Declarations

Further Readings

Allen, B. (1996). *Rape warfare: The hidden genocide in Bosnia-Herzegovina.* Minneapolis: University of Minnesota Press.

Barstow, A. L. (Ed.). (2001). *War's dirty secret: Rape, prostitution, and other crimes against women.* Cleveland: Pilgrim Press.

Brownmiller, S. (1975). *Against our will.* New York: Simon & Schuster.

Gettelman, J. (2007, October 7). Rape epidemic raises trauma of Congo war. *New York Times*, pp. 1A, 11A.

Schellstede, S. C. (Ed.). (2000). *Comfort women speak: Testimony by sex slaves of the Japanese military.* New York: Holmes & Meier.

Stigilmayer, A. (Ed.). (1994). *Mass rape: The war against women in Bosnia-Herzegovina.* Lincoln: University of Nebraska Press.

Maternal Homicide

What is most striking about child homicide are the very high rates during the first few months of life and that the offender is the mother of the child. Figure 1 shows rates by age of children from birth to age 18. Two data sources were used from 1996 to 2000: state homicide rates from California and national rates from the FBI.

Figure 1 shows that homicide rates among newborns are the second highest in the 18-year lifespan. The newborn rate is not exceeded until about age 15 in California and about age 16 nationally. What is also

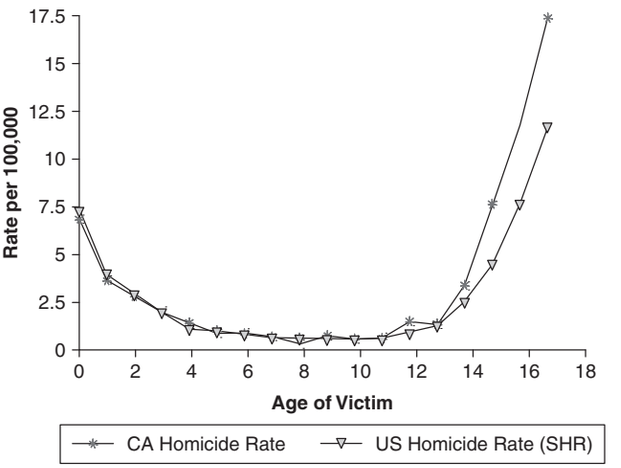

Figure 1 Age-Specific Homicide Rates: California and United States, 1996–2000

Sources: California Department of Justice, Criminal Justice Statistics Center, Homicide file; U.S. Department of Justice; Federal Bureau of Investigation Uniform Crime Reports.

noteworthy is that the homicide rates in Figure 1 drop sharply and remain low between age 6 and age 12; this period has the lowest homicide rates in the human lifespan and reflect the high level of surveillance of children during that period by parents, schools, and other agencies.

Figure 2 gives the rates adjusted by age for Black, White, and Hispanic children in California from 1987 through 2002.

As Figure 2 indicates, the curves for race and ethnic groups follow the same general form as Figure 1. However, the rates for Black victims are much higher in the first few years of life compared to Whites and Hispanics. One research study found the relative risk for Black infant homicides was over 3 times higher than for Whites. There are two lines of reasoning that suggests the high rates among Blacks reflect social and economic hardships frequently of a single parent unprepared for child raising.

First, the evidence is generally clear that there is little distinction among genders in the killing of infants; both male and female infants are killed at about the same rates. Second, Hispanic rates are low because research indicates fewer homes with Hispanic fathers absent—even among immigrants. This difference suggests social and economic factors are operative.

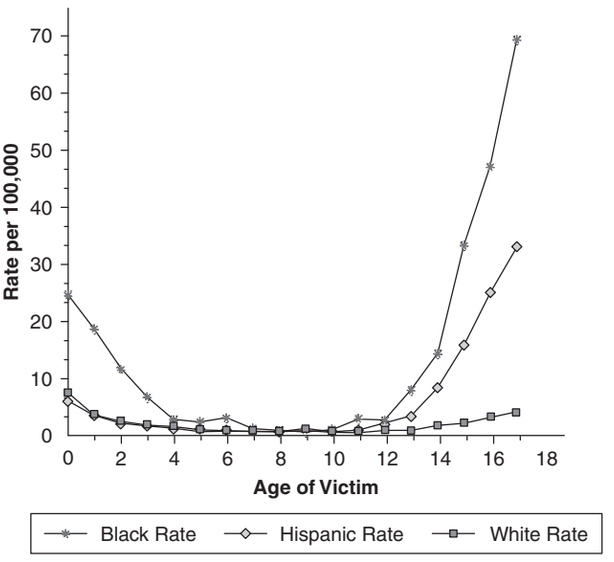

Figure 2 Victim Race/Ethnicity by Age

Source: California Department of Justice, Criminal Justice Statistics Center, Homicide file.

The available research suggests that over 90% of homicides during the first week of life are committed by the mother. Thereafter, fathers, other family members, and people outside the family gradually play a more important role as offenders.

There seem to be two general classes of causes of maternal homicide. There are a number of maternal homicides occurring among young women who become unexpectedly pregnant. The case of the "prom mom" in New Jersey, who concealed her pregnancy until she delivered the child in the toilet at her senior prom, killed it, wrapped in trash bags, threw it in the dumpster, and returned to the prom.

Young women who fall in the category of the unexpectedly pregnant go to great lengths to conceal their pregnancy. The expectant mother is fearful and concerned about what her parents and friends will think; overwhelmed by guilt and shame, she denies the pregnancy until she is faced with the newborn child. Such cases may be the result of dissociative disorders; the latter are an inability to recall important information, usually of a traumatic or stressful nature. Confronted with the undeniable fact of a newborn infant, rather than acknowledging what happened, she disposes of the baby as quickly as possible.

Second, although the latter explains a limited number of neonaticides, a more frequent reason is that the mother either does not know or is not prepared to take care of a newborn child. A study of over 34 million death certificates found that half the homicides by the mother occurred by the fourth month. Important risk factors were a second or subsequent infant born to a mother less than 17 years old, no prenatal care, and less than 12 years of education.

Marc Riedel

See also Feticide; Filicide; Homicides, Criminal; Infanticide

Further Readings

Boudreaux, M. C., Lord, W. C., & Jarvis, J. P. (2001). Behavioral perspectives on child homicides: The role of access, vulnerability, and routine activities theory. *Trauma, Violence, & Abuse, 2,* 56–78.

Kunz, J., & Bahr, S. J. (1996). A profile of parental homicide against children. *Journal of Family Violence, 11,* 347–362.

Overpeck, M. D., Brenner, R. A., Trumble, A. C., Trifiletti, L. B., & Berendes, H. W. (1998). Risk factors for infant homicide in the United States. *The New England Journal of Medicine, 339,* 1211–1216.

Riedel, M. (2003). Homicide in Los Angeles County: A study of racial and ethnic victimization. In D. Hawkins (Ed.), *Violent crime: Assessing race and ethnic differences* (pp. 44–66). New York: Cambridge University Press.

Maternal Responsibility for Child Physical Abuse

Maternal child physical abuse is a subset of child abuse that nevertheless is considered a separate phenomenon, requiring specific explanations distinct from the explanations of paternal, caretaker, and other forms of child abuse. According to domestic, as well as cross-national studies, mothers bear responsibility for approximately half of the identified cases of parental child abuse involving physical injuries. The high rates of violence against their own children invite questions in view of generally low representation of women as compared to men as the perpetrators of other forms of physical violence. As with most forms of interpersonal violence and abuse, maternal violence against children is associated with poverty; however, material deprivation and social class are intervening rather than causal factors. Younger mothers and mothers with multiple children who had their first child at a young age, especially teenage mothers, are overrepresented among abusers.

One of the explanations provided by researchers is an opportunity thesis that concentrates on the physical proximity of women (but not men) to children as caretakers. However, in the 1990s, Leslie Margolin discovered that, when compared to women, men abuse their children out of proportion to the hours spent in caregiving, putting the opportunity theory in question.

Another set of theories explaining maternal child abuse, as well as homicide, comes out of the strain tradition in sociology and criminology. Strain theory combines the structure of opportunities with the psychological effects of continuous stress experienced by mothers involved in what Sharon Hays describes as intensive mothering. The social isolation of the nuclear family unit and labor-intensive, high-pressure mothering, when combined with additional external stress factors such as, for example, poverty, cause some mothers to lash out at the easiest and immediately available target—the child.

The contemporary nuclear family is perceived by some as a microcosm that generates internal strains and tensions through its hermetical character. Often parental abuse, maternal abuse in particular, is seen as stemming from the microprocesses of family interaction and psychological problems of the family's individual members who become part of the ecology of a family.

Feminist psychoanalytic theories of maternal ambivalence concentrate on the integration of inherently conflicting emotions toward the child that accompany motherhood and mothering. This set of psychodynamic explanations posits that violence toward a child results when the delicate balance of loving and resentful emotions toward a child is compromised, either due to the lack of emotional maturity of the mother or due to externally induced stress.

One of the strangest and rarest forms of child physical abuse by mothers is Munchausen Syndrome by Proxy. In that form of abuse, a mother causes a medical condition in her child and then presents the child for medical examination while making ostensibly heroic efforts to alleviate the symptoms. Often the request for intrusive medical tests and proceedings by the mother to treat a manufactured condition is construed as a form of physical abuse in itself. As the name suggests, Munchausen Syndrome by Proxy is considered to be a psychiatric condition, but there are a few known instances in which cases of this form of abuse were successfully prosecuted under the criminal statutes.

In the past 30 years, maternal child abuse has been increasingly recognized as a problem properly falling within the purview of the criminal justice system. However, only a handful of mothers are prosecuted to the full extent of the original criminal charges. Most cases of maternal physical abuse are still resolved through the family courts with supervision, suspension, or withdrawal of custodial rights as outcomes. There has also been a trend to prosecute on charges of child abuse new mothers who have abused drugs and alcohol prenatally.

Most remedies proposed for dealing with maternal child abuse involve psychological counseling, parenting classes, and amelioration of stressful conditions associated with mothering. As indicated above, there is also a tendency to rely on the deterrent effect of criminal prosecutions. Feminist writings on child abuse urge reconsideration of intensive mothering as a cultural practice and easing the stresses and burdens placed on women by instituting free comprehensive child care.

Liena Gurevich

See also Child Physical Abuse; Fathers as Perpetrators of Child Maltreatment; Munchausen Syndrome by Proxy; Poverty; Prosecutorial Practices, Child Maltreatment; Stress and Violence

Further Readings

Bools, C., Neale, B., & Meadow, R. (1994). Munchausen Syndrome by Proxy: A study in psychopathology. *Child Abuse and Neglect, 18,* 773–788.

Dowdy, E. R., & Prabha Unnithan, N. (1997). Child homicide and the economic stress hypothesis: A research note. *Homicide Studies, 1,* 281–290.

Margolin, L. (1992). Beyond maternal blame: Physical child abuse as a phenomenon of gender. *Journal of Family Issues, 13,* 410–423.

Roberts, D. E. (1991). Punishing drug addicts who have babies: Women of color, equality, and the right of privacy. *Harvard Law Review, 101,* 1419–1482.

Straus, M., & Kaufman Kantor, G. (1987). Stress and child abuse. In R. E. Helfer & R. S. Kempe (Eds.), *The battered child* (pp. 42–59). Chicago: University of Chicago Press.

Wauchope, B., & Straus, M. (1990). Physical punishment and physical abuse of American children: Incidence rates by age, gender and occupational class. In M. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptation to violence in 8,145 families* (pp. 133–148). New Brunswick, NJ: Transaction.

Matricide

See Family Homicides

Measurement, Interpersonal Violence

There are many different definitions of interpersonal violence. For example, some include inflicting verbal or emotional harm as violence, while others do not. Some specify that intent to cause harm by the perpetrator be present, while others do not. The National Academy of Sciences defines interpersonal violence as any behavior by an individual that intentionally threatens, attempts, or inflicts physical harm on others.

It is also helpful to classify acts of interpersonal violence into subtypes. One distinction is between *instrumental* and *expressive* acts of violence. Instrumental acts of violence are those in which violence is a means to an end, such as an armed robbery. The threat of force or actual use of force in cases of robbery is used to help accomplish the robbery, but it is not an end in and of itself. Expressive acts of violence, on the other hand, are those in which the motivations are expressive of some emotional state, such as anger or jealousy. In these cases, the violence serves to fulfill some internal or intrinsic desire. As the name implies, the violence is expressing something. Acts of interpersonal violence can also be categorized into different crime types, such as homicide, rape, robbery, and assault.

Acts of interpersonal violence are often private and hidden, such as violence that occurs in the home. As such, estimating the magnitude of interpersonal violence is difficult. For many reasons, including the stigma attached to some types of violence such as rape and intimate partner (e.g., spouse or boyfriend or girlfriend) violence, the fear of perpetrators retaliating, and numerous other safety concerns, estimating incidence rates of interpersonal violence has always been difficult. Scholars, policymakers, and activists alike typically rely on a number of different sources of data for information on the nature and scope of interpersonal violence, but each has its own strengths and weaknesses.

Reports to Police

The most enduring source of statistical information about violent crime in the United States is the Uniform Crime Reporting (UCR) program compiled by the Federal Bureau of Investigation (FBI). The UCR has collected information about criminal incidents of violence that have been reported to the police since 1930. These data rely on voluntary participation in the program by state, county, and city law enforcement agencies across the United States.

For the crime of homicide, information about both the victim and the offender (e.g., the gender and race of both, the relationship between the victim and offender, the weapon utilized) is obtained in a separate reporting program called the Supplementary Homicide Reports. Unfortunately, such detailed information is not collected for other crimes in the UCR. To remedy this problem, in 1988 the FBI implemented a change in its collection of crime information that includes more characteristics of the incident and is appropriately called the National Incident-Based Reporting System (NIBRS).

NIBRS data are very specific and include many more offenses and many details of an incident for which local agencies must report, including the characteristics of the victim such as age, gender, race, ethnicity, and resident status and characteristics of lost property. In all, NIBRS categorizes each incident and arrest in one of 22 basic crime categories that span 46 separate offenses. A total of 53 data elements about the victim, property, and the offender are collected under NIBRS. Not surprisingly, it takes a great deal of time and money to make this change and fill out this paper work at the local police department level. Consequently, only about half of all states currently use the NIBRS format for collecting information about reported crimes.

Both the UCR and the NIBRS data collection methods are problematic when estimating incidence rates of violence primarily because if victimizations are not reported to police, they are never counted in either data collection effort in the first place. This condition is particularly problematic for certain types of violence, such as rape and violence that occurs between intimates such as spouses and boyfriends and girlfriends. A large percentage of these victimizations are never reported to police. In fact, based on comparisons with national survey data, it is estimated that only about 40%–50% of crimes become known to police.

Random Sample Surveys

Because of this weakness in police reports, random sample surveys of the population have begun to be used as the social science tool of choice for uncovering incidents of violent victimization. However, as can be imagined, surveys employing diverse methodologies and different definitions of violence have resulted in tremendously diverse estimates. Taking violence against women as an example, survey estimates of how many women experience violence by an intimate partner annually range from 9.3 per 1,000 women to 116 per 1,000 women. Further, the methodological differences across survey methodologies often prevent a direct comparison of estimates across studies.

Without going into too much detail, to estimate incidence rates of the general population, surveys must be based on probability sampling theory, meaning that respondents in a survey must be randomly selected. This theory means that every person in the population of interest has an equal probability of being selected, ensuring that a sample will be representative of the population to which one wishes to make a generalization.

Because of space limitations, this entry reviews only two surveys used to measure various types of interpersonal violence. The first was designed to more accurately measure crime victimization and is sponsored by the Bureau of Justice Statistics of the U.S. Department of Justice. It is called the National Crime Victimization Survey (NCVS). Instead of focusing on victimizations, the second survey is designed to measure the offending behavior of adolescents, and is called the National Youth Survey (NYS).

The NCVS interviews over 65,000 individuals ages 12 or older annually and is the second largest ongoing survey sponsored by the U.S. government. It measures both violent and property crime victimizations. But asking respondents to recall incidents of victimization is a tricky business. After several changes and redesigns, the NCVS currently uses the following screening questions:

1. Other than any incidents already mentioned, has anyone attacked or threatened you in any of these ways: (a) with any weapon—for instance, a gun or knife; (b) with anything like a baseball bat, frying pan, scissors, or a stick; (c) by something thrown, such as a rock or bottle; (d) include any grabbing, punching, or choking; (e) any rape, attempted rape, or other type of sexual attack; (f) any face to face threats; and/or (g) any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.

2. Incidents involving forced or unwanted sexual acts are often difficult to talk about. Have you been forced or coerced to engage in unwanted sexual activity by (a) someone you didn't know before, (b) a casual acquaintance, and/or (c) someone you know well? If respondents reply affirmatively to one of these latter questions, interviewers next ask, "Do you mean forced or coerced sexual intercourse?" to determine whether the incident should be recorded as rape or as another type of sexual attack.

3. People often don't think of incidents committed by someone they know. Did you have something stolen from you, or were you attacked or threatened by (a) someone at work or school, (b) a neighbor or friend, (c) a relative or family member, and/or (d) any other person you have met or known?

Notice that these screening questions rely on very behavior-specific wording instead of asking directly about victimizations using crime jargon such as "Have you ever been robbed?" This wording is important. A great deal of survey research has demonstrated that asking questions using behaviors instead of terms uncovers a significantly greater number of victimizations, particularly when victims may not self-identify as crime victims. Asking people about their experiences in this way uncovers many more victimizations than those reported only to police.

Relying on police reports to estimate who is most likely to perpetrate acts of violence suffers the same problems as using these data to estimate who is most likely to be victimized. Are offenders who are arrested for violent offending actually representative of all offenders? The quick answer is no. In fact, early self-report surveys of offending behavior in the 1940s revealed that a relatively large number of committed offenses were not detected by the police. For example, although police report data at the time indicated offenders were more likely to be minorities from low socioeconomic backgrounds, self-report data revealed that a great number of self-reported offenses in surveys were being reported by people from relatively privileged backgrounds, but these offenses rarely came to the attention of the police. If they did, they rarely resulted in an arrest. Based on these early studies, researchers interested in offending behavior, like those interested in victimization, began to rely on survey methodology instead of police reports.

One of the most thorough contemporary surveys to measure offending behavior is the National Youth Survey (NYS), which was first collected in 1976 from a national probability sample of 11- to 17-year-olds. These youth were interviewed many times during the following years, with the last interview collected in 1995. The questions used to measure the violent offending behavior in the NYS are also behaviorally specific instead of relying on the use of crime categories and labels. For example, respondents are asked if they had carried a hidden weapon other than a plain pocket knife, attacked someone with the idea of seriously hurting or killing him or her, been involved in a gang fight, and/or tried to take something from someone with the use of force or with the threat of force.

In sum, there is a great deal of evidence that documents the large gap between the true extent of victimization and offending and the amount of crime known to police. The major sources of this gap are the inability of police to observe all criminal activity and the reluctance of crime victims and witnesses to report crime to the police. In addition, there is a great deal of variability in estimates of violent victimization and offending across survey methodologies. Generally, surveys that employ behaviorally specific questions with many cues about various types of offenders, including intimates and other known offenders, are more valid than those that do not.

Ronet Bachman

See also Incidence; National Crime Victimization Survey; National Family Violence Surveys; National Incident-Based Reporting System; National Violence Against Women Survey; Prevalence; Uniform Crime Reports

Further Readings

Alvarez, A., & Bachman, R. (2008). *Violence: The enduring problem.* Thousand Oaks, CA: Sage.

Reiss, A. J., & Roth, J. A. (1993). *Understanding and preventing violence.* Washington, DC: National Academy Press.

Media, Representations/ Distortions of Crime

Journalists of varying stripes are sometimes accused of misrepresentations and distortions in their coverage of crime. One major criticism has been that news coverage frequently reflects biases in reporters' and editors' own worldviews. Another involves concerns about journalistic philosophy—in particular, the still widespread belief that the press can and should be objective—that may lead, intentionally or not, to distortions in the way that news is presented to the public.

Media Stereotyping

The media have often been accused of circulating stereotypes through news coverage. For example, as Columbia journalism professor Helen Benedict has shown, news coverage of violence against women has often been sexist, portraying victims as either innocent virgins or promiscuous vamps. This portrayal can have troubling consequences for women attempting to prosecute cases of assault and may lead to blaming victims for the assaults they suffered. For example, in the well-known 1983 New Bedford, Massachusetts, gang rape case—on which the award-winning film *The Accused* was based—the character of media coverage of the victim as a single welfare-mother may

have contributed to some people wondering, "Why wasn't she home with her kids?"

In the New Bedford case, too, even further hostility toward the victim resulted from local reporters repetitively referring to the defendants as the "Portuguese rapists." Since New Bedford, Massachusetts, has a long history of anti-Portuguese discrimination, these media references fanned defensive community reactions and also inflamed blaming-the-victim attitudes directed at the young woman who had been assaulted.

Not only ethnic but racial biases also surfaced in the well-known 1989 New York City "Central Park jogger" case when activists objected to local newspapers' mistakenly coining the term *wilding* and to some journalists' Darwinistic usage of "wolfpack" language to characterize a crime journalists assumed to be a gang rape.

The national media followed suit in assuming that the Central Park jogger was attacked by a group of youth. Yet in 2001, many years after the conviction of several minority and working class youth who served lengthy prison sentences, these young men's sentences were commuted. In that year, a DNA match confirmed convicted rapist Mathias Reyes' confession that he alone had brutally assaulted the young woman in Central Park. Apparently, biased race and class-based assumptions had led journalists, in conjunction with criminal justice officials at that time, to a rush of judgment. Thus, unless monitored, media biases and distortions can have worrisome consequences for the legal system and for public policy.

Beliefs in Objectivity

Many journalists, particularly in what have been called mainstream news outlets (as opposed to alternative newspapers, television stations, and other new forms of media), are committed to the concept of objectivity. They try to highlight two sides to every story and to hold to principles of value detachment. Yet many scholars and media critics assert that this common journalistic philosophy obscures what are actually unequal social relations; for example, as a result, an individual and a corporation may appear to have analogous power in a given news story. According to sociologist Todd Gitlin, such practices can even contribute to the decline of social movements, as he asserts happened through the media's destructive effects on Students for a Democratic Society in the Vietnam era.

Lynn S. Chancer

See also Media and Sexuality; Media and Violence

Further Readings

Benedict, H. (1992). *Virgin or vamp? How the press covers sex crimes.* New York: Oxford University Press.

Chancer, L. (1987). New Bedford, Massachusetts, March 6, 1983-March 22, 1984: The "before" and "after" of a group rape. *Gender & Society, 1,* 239–260.

Chancer, L. (1996). O.J. Simpson and the trial of the century? Uncovering paradoxes in media coverage. In G. Barak (Ed.), *Representing O.J.: Murder, criminal justice, and mass culture*. New York: Harrow and Heston.

Gitlin, T. (1980). *The whole world is watching: Mass media in the making and the unmaking of the New Left.* Berkeley: University of California Press.

Hall, S., Critcher, C., Jefferson, T., Clarke, J., & Roberts, B. (1978). *Policing the crisis: Mugging, the state, and law and order.* London: Macmillan.

Media and Sexuality

The production of media with the inclusion of sexuality is focused on a product that seeks to attract a diverse audience. Nudity and physical sexual activity are incorporated as part of the entertainment experience. Television and movies, as a form of visual media, reach this goal through a focus on needs and gratification. The needs and gratification approach is aimed at giving the audience what they desire as a form of reinforcement. Sexuality would be a good basic impulse reinforced through this process. Sexual content serves to attract and hold audience attention through reinforcement with conspicuous imagery. The utilization of sexuality in motion pictures, and to a more limited extent on commercial television, is now more prevalent with changes in social acceptance of such material. There is a social link between the expansion of sexuality in media and the social values of a given time and place. Cultural change is not widespread, and some places or communities will be more receptive than others to sexual content.

Historical Connections

The connection between media and sexuality must be understood within a historical perspective. Motion pictures produced during the 1930s through the 1960s

were largely governed by the Hays Code. Will Hays was appointed the head of a commission designed to ensure that motion pictures maintained basic family values. Content was screened for offensive language, explicit images, and adult content. Films had to focus on clean content without any hint or entendre of sexual activity or sexual intention. The advent of the 1960s featured such films as *The Graduate* and *Easy Rider.* Success of these and similar films led to the message that sexuality was a potent element in attracting larger audiences. Such was the case when movies were criticized for excessive violence. The motion picture studios showed that films needed to utilize sexuality to maintain a consistent audience. Television media followed the same pattern. Development of the television media from the 1940s to 1960s relied on nationally televised programs reflecting middle-class families and their contrived everyday lives. *Leave It to Beaver, I Love Lucy,* and *Father Knows Best* were some of the programs concerned with nuclear family structures and a seeming disinterest in sexual expression. This theme changed when the innocence of the 1950s was replaced by a coming of age during the 1960s. Television dramas and family comedies incorporated sexual images and more powerful themes. Married couples no longer slept in single beds or chose to disrobe to a certain degree. As time went on, partial nudity became more permissible.

Changing Social Standards

The connection between media and sexuality is reflected by a constantly changing social landscape. Nudity and blatant sexuality became a mainstay on cable television. Films and television programs could be shown uncensored for language or nudity because such fare was provided on a paid subscription basis. *The Sopranos* on HBO would be one such case. The explanation is that consenting adults voluntarily chose to watch such programming. But there are still some contradictions. Janet Jackson's "wardrobe malfunction" is still the subject of heavy fines levied by the Federal Communications Commission. However, both daytime and nighttime television historically contain partial nudity or explicit or double-entendre language (e.g., *Jerry Springer* as a daytime show and such programs as *NYPD Blue* or *Three's Company*). The same concerns can be expressed for the depiction of sexuality on daytime serials (otherwise known as soap operas).

Sociological Expression of Sexual Content

One can argue that sexuality is a mediated factor in the expression of social values. The depiction or expression of sexuality is influenced by accepted mores or social expectations. One can now utilize words such as *pregnant* on network television today versus when *I Love Lucy* was produced during the early 1950s. In particular, society sets fluid standards for when such content is appropriate. There is a vast difference between network programming after approximately 10 p.m. and family-oriented programs earlier in the evening. Adult situations or language are shown later in the evening to avoid objections from families with younger children. In addition, there is a nationwide concern with the expression of community values. *Miller v. CA* (1972) served as an important U.S. Supreme Court case focusing on pornography, adult materials, and media content. The Court focused on community values as a basic criterion defining appropriate sexual or other content within local media. On the basis of this case, there were lawsuits against the publication of *Hustler* magazine in some parts of the country, the screening of *Deep Throat* in other areas, and community petitions requesting the removal of the Playboy Cable Channel in some parts of the United States. As a result of a failure to reconcile acceptable criteria delineating the relationship between media and sexual content, the courts and media producers are aiming toward safer programming and tighter "over air" (as opposed to cable) restrictions.

Lloyd Klein

See also Media and Violence; Sexual Ethics; Socialization

Further Readings

Arthur, J. (2004). *Television and sexuality: Regulation and politics of taste.* New York: Open University Press.

Key, W. B. (1974). *Subliminal seduction: Ad media's manipulation of a not so innocent America.* New York: Signet.

Media and Violence

How the media represent crime, and particularly crimes involving violence, has been the subject of innumerable scholarly and popular treatments. Ray Surette and

Gregg Barak are among the many criminologists in the United States who have noted how journalists, nationally and internationally, believe that crime stories sell. This belief is even more the case when crimes involve heinous acts of brutality. Thus, a hefty proportion of all news is devoted to crime news; among all crime news, cases involving violence comprise well over two thirds of all news stories. Indeed, in a study that used Lexis/Nexis to identify the top 10 crime cases in U.S. newspapers between 1985 and 1995, eight of these incidents involved violence, that is, murders, rapes, and assaults. This entry focuses on how journalists select which of all violent crime cases they will cover in myriad news outlets, including politicized and celebrity violent crimes, and briefly discusses other approaches to studying media and violence.

Selection Criteria: The Novel and the Routine

In a classic study on the social construction of news, sociologist Gaye Tuchman argued that journalists are interested in cases that involve both routine and novel events. Covering violent crimes that have been committed is a regular feature of crime news, but what is literally new also affects journalists' selection criteria: Some cases are perceived as more circumstantially unusual than others, providing news pegs that are used to justify high levels of coverage. For example, in one sense, it has been routine for journalists to cover serial killers; the history of this coverage goes back to Victorian times and to the notoriety of cases such as that of Jack the Ripper. However, more recently, some cases have elicited more intensive coverage than others. The serial killings committed by Jeffrey Dahmer in Wisconsin attracted an unusual amount of notoriety. Here, the news hook may well have been that this particular serial killer targeted gay male rather than female victims. Analogously, the case of Eileen Wuornos in Florida may have elicited especially high levels of media coverage because this story had two unusual features. Wuornos had worked as a prostitute and allegedly murdered a number of her customers. Consequently, in this case, too, not only were men the victims, but the perpetrator was a woman. These angles may have made covering these serial killers both routine and novel by Tuchman's usage. Moreover, once media saturation of this crime occurred, not only did newspaper and television coverage ensue, but also popular cultural representations in other mass media—for example, television movies—followed suit.

Coverage of Politicized and Celebrity Violent Crimes

Some violent crimes may attract media attention because they are perceived as having symbolic political implications. Reporters in New York City in 1989 stated that their intensive coverage of the now well-known "Central Park jogger" rape case ensued from this horribly violent crime having occurred in a landmark New York City location. Yet *The New York Times* later reported that over 20 rapes had taken place during the same week that the young female jogger in Central Park was attacked and beaten nearly to her death. Why did only this one case garner ongoing local and national coverage? Cynical observers argued that, whether or not journalists admitted it, the case reflected sociological biases. Rather than the news peg being location, critics at the time protested that high-profile coverage was due to the Central Park jogger being a White investment banker allegedly attacked by a group of working class minority youth; in most of the other cases, victims were young women of color. Consequently, debate took place, even in the media itself, about whether violent crimes that receive coverage in the media reflected journalists' own racial, class, and gender-related biases.

Through the 1980s and 1990s, a number of other violent crimes received national and even international attention as they became symbolic not only of individual but also of broader social problems. In 1991, in Los Angeles, media attention to the Rodney King case simultaneously gave voice to an individual who had been beaten by members of the Los Angeles Police Department (LAPD) and to collective concerns many young minority males felt about racial profiling and police brutality. That same year, a trio of cases involved charges of violence brought against people well known on the basis of their family connections or sports-based celebrity. In 1991, rape charges against William Kennedy Smith and Mike Tyson brought the issue of date rape to mass cultural consciousness. (Although both rape cases went to trial, only Tyson was convicted in February 1992.) Finally, in 1994, football star and movie celebrity O. J. Simpson was accused of and later tried for, but acquitted of, the murders of his ex-wife, Nicole Brown Simpson, and

her friend, Ron Goldman. The Simpson case became symbolic of two social causes. Parties sympathetic to the prosecution believed that the Simpson case symbolized domestic violence in particular and the cause of violence against women in general. On the other hand, parties sympathetic to the defense believed that Simpson had been the victim of racial biases on the part of the LAPD. Although journalists dubbed this case "the trial of the century" as though it were unique, a more convincing interpretation is that the enormous coverage given the Simpson case was the culmination of a decade when high-profile violent crime cases involving issues of gender, race, class, and celebrity were preoccupying cultural attentions. These cases may have become a way of talking politics in the American context and may have been selected not only for their routine and novelty, but also because they provided mass-mediated vehicles of public debate.

Other Approaches to Studying Media and Violence

Other work in the area of media and violence has focused on reception studies. This approach involves studying how diverse audiences—of different ages as well as genders, races, and classes—interpret images of violent crimes presented to them in multiple media. Still other approaches to the study of media and violence have focused on narrative analysis of trials and on in-depth case studies of particular instances.

Lynn S. Chancer

See also Media, Representations/Distortions of Crime; Media and Sexuality

Further Readings

Barak, G. (Ed.). (1999). *Representing O.J.: Media, criminal justice, and mass culture.* New York: Harrow and Heston.

Chancer, L. (2005). *High-profile crimes: When legal cases become social causes.* Chicago: University of Chicago Press.

Gans, H. J. (1979). *Deciding what's news.* New York: Vintage.

Surette, R. (1998). *Media, crime and criminal justice: Images and realities.* Belmont, CA: Wadsworth.

Tuchman, G. (1978). *Making news: A study in the construction of reality.* New York: Free Press.

Mediation

Mediation is the process where a neutral third party assists disputing parties in a confidential, nonhostile way to reach an agreement that is satisfactory to both parties. Ideally, it also empowers the parties with a model that can be used to resolve further disputes. Mediation can be used for any dispute, but is probably most often used for divorce, custody and visitation, child support, property settlement, and restorative justice.

Although all forms of alternate dispute resolution use a neutral third party, mediation differs from conciliation because reconciling the parties is not a goal, and it differs from arbitration because the arbitrator makes a decision usually based on legal principles after hearing the evidence, with resolution the goal and not achieving a satisfactory solution. Mediators often do not know the laws, since satisfaction is a primary goal. All three methods have the potential to resolve conflicts with less bitterness and expense than litigating the dispute.

Does Mediation Work?

Over 90% of cases resolve regardless of whether courts use any type of alternative dispute resolution. Short-term gains from mediation's success over litigation vanish within 2 years, with both groups returning to court equally often with further disputes. The cost savings are far less or nonexistent than litigating a case, particularly when the parties pay the mediation costs.

Judges prefer mediation since it resolves many cases without their involvement. Most mediators find their work highly gratifying. Where it works, parties are often pleased to resolve disputes quickly, amicably, and with less cost.

Men like mediation far more than women do, and victims of domestic violence are less likely to be satisfied or save money than nonabused parties, although studies have failed to find physical abuse increases more after mediation than litigation. Many states and courts permit domestic violence victims to opt out of mediation, and many require mediators to screen out cases where there is domestic violence or to do it in ways to protect the victim, for example, where the parties do not meet together (often called shuttle

mediation as the mediator shuttles between the parties) or even mediate over the telephone or through videoconferencing.

Problems With Mediation

Mediation is often conducted before discovery is completed so that the parties may not know the true value of an estate being divided or how to determine child support fairly, particularly if mediation includes alimony and property division.

Court mediators often make recommendations to the court about unsettled cases. This practice breaches the confidentiality promised and may result in unfairness, especially for the 85% to 90% of people who are unrepresented in family court in the United States.

In many states it is harder to modify an agreement of the parties than a court-ordered decision. Courts might honor a statement in the agreement that the parties intend their agreement to be modifiable upon the same standard as a court-ordered decision, although this is a two-edged sword and might encourage abusers to return to court.

How Mediation Disadvantages Abuse Victims

Mediators May Minimize Abuse

Few mediators understand domestic violence and most minimize its seriousness. Most are mental health professionals who believe all dynamics within the family are the result of both parties' behavior, so they fail to see abuse as a crime, blaming both parties. Many assume abuse ends once the parties have resolved their dispute or as a result of learning the new skills imparted on them through mediation. Although domestic violence is involved in 50% to 80% of divorce cases, mediators required to screen out domestic violence cases do so in about 5% of the cases, believing they are competent to handle the rest fairly. Victims may not feel believed and may feel unsupported when the abuse is not validated.

Mediators assume that increasing communication is better for the parties and the children. However, this increase may permit the batterer to use the communication to verbally intimidate, demean, disparage, or abuse the victim or to pressure reconciliation.

Mediators also often have a strong shared or joint custody bias and often need to impose shared parenting to reach seemingly fair agreements since custody generally outweighs all other aspects of the marital estate to be divided, particularly when mediation excludes property division. Batterers typically get more custody and less supervised visitation when cases are mediated, increasing the danger for children and abused parents.

Batterers May Not Mediate Fairly

Many batterers have no intention of mediating fairly. They may push to optimize their situation and often to punish their victims. Being charming and more powerful, they often manipulate the mediator and turn their desires into a likely end product, making their victim seem unreasonable for rejecting them.

Even if batterers get all of their demands, they may have no intention of abiding by the agreement. When the agreement breaks down and returns to court, usually as a contempt or modification, the court often sends the case back to mediation, and the mediator, using the failed agreement as a starting point, negotiates a new agreement, often more favorable to the abuser than the prior one. This ratchet wheel effect continues with each successive breakdown, with courts and mediators oblivious to the pattern or realizing they colluded in increasing the power differential, unfairness, and danger.

Further disadvantaging victims, mediation often assumes equal bargaining power and ability to articulate one's needs and desires. Some victims are so overwhelmed or afraid that they cannot step back to think what they need, or even if they know, dare to articulate it or why they or the children need these protections.

Mediation Impedes Healing

Because mediation focuses on forgetting the past and looking to the future and blames both parties for past behaviors, it silences victims and reinforces the abusers' messages that their partners are to blame. Failing to hold the abuser accountable for the abuse, mediation may reinforce to the whole family, including the children, that abuse is acceptable, works, and will be rewarded. The result is that mediation impedes the ability of everyone in the family from healing and moving beyond.

Possible Challenges to Mediation

Victims not permitted to opt out of mediation can object using one or more of the following four strategies: (1) They can go to mediation, get a written

agreement that nothing further will be reported to the court about what happened in mediation, and then state they have nothing further to say, that the mediation failed, and walk out. If what happened is reported to the court, they should demand that the judge withdraw from the case and report the mediator for malpractice. (2) If the court sends them more than once to mediation on the same issue(s), they should object that they are being denied their constitutional right to access to court. (3) If they have a lawyer and their lawyer is not permitted to attend and advise them in the mediation process, they can object on the grounds that this denial violates their Sixth Amendment rights. (4) Someone objecting to mediation as violating their religious or philosophical beliefs can try arguing that it violates their First Amendment religious rights. They must be able to convince the court of their sincerity in objecting to mediation as a violation of their beliefs and that these beliefs are religious in nature. But it is irrelevant if others in their religion do not hold this view, only that they personally and sincerely hold it.

Joan Zorza

See also Custody, Contact, and Visitation: Relationship to Domestic Violence; Restorative Justice

Further Readings

Bruch, C. S. (1988). And how are the children? The effects of ideology and mediation on child custody law and children's well-being in the United States. *International Journal of Law and the Family, 2,* 106–126.

Bryan, P. E. (1992). Killing us softly: Divorce mediation and the politics of power. *Buffalo Law Review, 40*(2), 441–523.

Grillo, T. (1991). The mediation alternative: Process dangers for women. *Yale Law Journal, 100,* 1545–1610.

Murphy, J. C., & Runinson, R. (2005). Domestic violence and mediation: Responding to the challenges of crafting effective screens. *Family Law Quarterly, 39*(1), 53–85.

Treuthart, M. P., & Woods, L. (1990). *Mediation—A guide for advocates and attorneys representing battered women.* New York: Legal Momentum.

Zorza, J. (2004). What is wrong with mediation. *Domestic Violence Report, 9*(6), 81, 91–94.

Megan's Law

See Sex Offender Registration Laws

Mending the Sacred Hoop

Over a hundred years ago Black Elk had a vision of a time when Indian people would heal from the devastating effects of European migration. In his vision, the Sacred Hoop, which had been broken, would be mended in seven generations. In 1990, a small group of Indian people from Minnesota, Wisconsin, and South Dakota began meeting to discuss the issues of violence in Native communities. This group was referred to as the Inter-Tribal Council to End Violence, which led to the creation of Mending the Sacred Hoop (MSH). This name was chosen for the organization to acknowledge the colonized history that has devastated the tribal communities and created the conditions in which Native women are brutalized.

There were various projects during these formative years, and in 1993, MSH established its core project of domestic violence systems advocacy and intervention in northern Minnesota. As MSH endured, it expanded to include training other communities across the country on its intervention efforts. In 1995, as part of the passage of the Violence Against Women Act (VAWA), MSH received a federal STOP Violence Against Indian Women grant that furthered its training and technical assistance and created Mending the Sacred Hoop Technical Assistance Project (MSH-TA). Through this grant, experienced Native trainers were identified and recruited to develop trainings and serve as resources for tribal communities addressing violence against American Indian and Alaskan Native women. The 14 STOP Violence Against Indian Women grantees, a handful of trainers or faculty, and a few MSH-TA staff set a vision and philosophy of a national scope that MSH continues to operate today.

The vision was to create a movement across Native communities and not to centralize expertise and resources in one place. At the time, MSH-TA was the only national organization addressing violence against women. Being a program based in Ojibwe country and northern Minnesota, it recognized its limitations in knowing all the complexities that are unique to each tribe or geographical area and knew the vulnerabilities of creating a dependency on one organization when, at the time, VAWA's funding was only committed until the year 2000. MSH's goal over 4 years was to build networks and expand the pool of trainers employing the concept, "Nin Gikenoo Amadimin," which means, "We Teach Each Other," so if the funding should cease there would be enough of a foundation

that the work would continue on local and regional levels. Today there are five national Native technical assistance providers providing training and resources to well over 100 tribes funded through the Office on Violence Against Women.

In the upcoming years, MSH will continue with its local organizing and will branch out statewide, and on a national level, it will assist tribes in developing their own responses to violence against women in program development, grant management, the implementation of batterer's intervention programs, and creating a national network of Native batterer's intervention programs. From local criminal and civil court intervention efforts, to national collaborations with Native and non-Native organizations, MSH continues to raise the issues in Native communities and the experiences of Native women. MSH truly believes the health, survival, and sovereignty of Native people are directly connected to the safety and well-being of Native women.

Jeremy NeVilles-Sorell

See also Sacred Circle National Resource Center to End Violence Against Native Women; Tribal Issues; Violence Against Women Act

Web Sites

Mending the Sacred Hoop Technical Assistance Project: http://www.msh-ta.org

Mental Illness

In the United States, mental health problems have come to the forefront of the public consciousness through large-scale public information campaigns, grassroots mental health movements, and more formal education on the specifics of various conditions. Mental illness is broadly defined here as clinical levels of psychiatric disorders that negatively impact one's social, academic, and/or occupational functioning. The clear need to develop an official classification system for mental disorders led the American Psychiatric Association (APA) to develop the first manual of mental disorders in 1952, known as the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*). With over 400 mental disorders defined and diagnosed, the *DSM* is the current guide for clinicians, academics, and practitioners in the United States. Although public acceptance and understanding of mental illness is increasing, there is still considerable social stigmatization, stereotyping, and fear of persons with serious mental health problems. Of particular concern to the public are delusional, psychopathic, or antisocial persons who may become violent.

Deinstitutionalization and Public Fears of the Mentally Unstable

Although about half of all Americans will have a *DSM* disorder in their lifetimes, the vast majority of these diagnoses are not associated with aggressive behaviors. Estimates from the National Institute of Mental Health (NIMH) project that less than one out of five Americans receives the help needed for their mental problems. Research in the 1920s through the 1950s showed that mental patients actually had similar arrest rates as that of the general population. With the rise of deinstitutionalization in the 1960s or the release of mental patients from hospitals into community-based treatment, studies began reporting that mentally ill persons were responsible for a disproportionate number of violent crimes. Although many of these studies were later criticized for methodological weaknesses, they helped to fuel public fears about the release of mentally unstable persons into the community.

Numerous studies have reported on public perceptions that mental disorders and violence are invariably related. Individuals with severe mental illness are commonly regarded as dangerous, unpredictable, and at times, predatory. Yet according to a 2001 report by the U.S. Surgeon General, the danger that the majority of individuals with mental illness pose is actually quite small. Although an abundance of research has come forward to support these statements, the same literature does indicate that specific types of mental illness may play a role in the development of violent offending in childhood and adulthood.

Childhood or Adolescent Mental Disorders Linked With Violence

Although most children are unruly, disruptive, or recalcitrant at times in their growth, such behaviors become problematic when they regularly interfere with their function across a number of domains,

including family, school, and peers. Numerous studies have documented a link between early and persistent aggressive behaviors in childhood and adolescence and subsequent later aggression. The number of juvenile offenders entering the criminal justice system with multiple mental health problems has also raised important questions about what role mental health might play in the development of violent behaviors.

There is compelling evidence of a relationship between various childhood disruptive disorders such as oppositional defiant disorder and conduct disorders and later serious offending. In addition, other disorders such as attention-deficit/hyperactivity disorder, depression, and substance abuse disorders have also been associated with aggression in youngsters. Depressed children, especially boys, may be filled with feelings of hostility, irritability, and aggression much more than are similar adults. Depression in children and adolescents has also been linked to violent behaviors such as suicide ideation and attempts, delinquency in adolescence, and homicidal ideation in adulthood. Research has suggested that boys with depression who also use or abuse substances become significantly more aggressive against others than do females, who tended to hurt themselves more. Youths with comorbid, or co-occurring, mental disorders have been shown to have a greater risk of violence later in life. Although there has been increasing attention to these types of juvenile mental health problems, the complexity surrounding childhood disorders and human development makes this a controversial topic. The media attention given to high profile school shootings and senseless acts of cruelty by youths has only reinforced public fears about juvenile predators.

Other Mental Disorders Linked With Violence

Besides these disorders, antisocial personality disorder (APD), schizophrenia, and substance abuse disorders (SUDs) have also been empirically linked to violent behaviors. Arguably the most controversial and feared adult mental health disorder is APD, which is typically preceded by oppositional defiant or conduct disorders earlier in childhood and adolescence. These individuals possess personality traits including a lack of conscience, low frustration thresholds, impulsivity, sadistic tendencies, and reckless abandon for others in their behaviors. There has been considerable controversy over the years concerning the symptomology of antisocial personalities, with current debates focused on the reliability of the diagnostic criteria and possible overdiagnosis in criminal populations. Despite these concerns, APD is one of the most commonly linked diagnoses with serious and aggressive criminal behaviors, especially in males.

Schizophrenia includes symptoms such as psychotic delusions, hallucinations, disorganized thinking, purposeful and repetitive behaviors, and social withdrawal. The onset of this disorder typically occurs in late adolescence and into young adulthood for most individuals. Gender appears to influence the typical age of onset, with females developing the disorder later in life than males. In contrast to public perception, a review of the empirical relationship between schizophrenia and violent behaviors indicates a weak association at best. As adult schizophrenics may withdraw from others and be severely limited in functioning, it is more likely that psychotics will hurt themselves before committing violence against others.

Although not absolute, the most impressive body of scientific evidence shows a link between SUDs and violence, especially with respect to alcohol. This relationship has been much more tentative and indirect with marijuana use and violence. Overall, SUDs have been consistently identified as the most commonly associated mental disorder co-occurring with violent behaviors. The use of alcohol or illicit drugs has been shown to dramatically increase the likelihood of interpersonal violence when combined with certain mental disorders.

Denise Paquette Boots

See also Alcohol and Violence; Psychiatric Illness and Violence Propensity

Further Readings

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders.* Washington, DC: Author.

Loeber, R., Farrington, D. P., Stouthamer-Loeber, M., & Van Kammen, W. B. (1998). *Antisocial behavior and mental health problems.* Mahwah, NJ: Lawrence Erlbaum.

Meadows, R. J., & Kuehnel, J. (2005). *Evil minds: Understanding and responding to violent predators.* Upper Saddle River, NJ: Pearson/Prentice Hall.

Monahan, J., & Steadman, H. J. (Eds.). (1994). *Violence and mental disorder: Developments and risk assessment.* Chicago: University of Chicago Press.

Mentors in Violence Prevention

The Mentors in Violence Prevention (MVP) model is an approach to gender violence and bullying prevention that was created in 1993 at Northeastern University's Center for the Study of Sport in Society. With initial funding from the U.S. Department of Education, the multiracial MVP program was designed to train college and high school male student-athletes and other student leaders to use their status to speak out against rape, battering, sexual harassment, gay-bashing, and all forms of sexist abuse and violence. A female component was later added with the complementary principle of training female student-athletes and others to be leaders on these issues.

The MVP model utilizes a creative bystander approach to gender violence prevention. It focuses on men not as perpetrators or potential perpetrators, but as empowered bystanders who can confront abusive peers—and support abused ones. It focuses on women not as victims or potential targets of harassment, rape, or abuse, but as empowered bystanders who can support abused peers—and confront abusive ones. In this model, a bystander is defined as a family member, friend, classmate, teammate, or coworker—anyone who is embedded in a family, social, or professional relationship with someone who might be abusive or be experiencing abuse.

The heart of the model is interactive discussion in single- and mixed-gender workshops using real-life scenarios that speak to the experiences of young men and women in college, high school, and other areas of social life. The chief curricular innovation of MVP is a training tool called the Playbook, which consists of realistic scenarios depicting abusive male (and sometimes female) behavior. The Playbook transports participants into scenarios as witnesses to actual or potential abuse, then challenges them to consider a number of concrete options for intervention before, during, or after an incident. Many people mistakenly believe they have only two options in cases of violence: intervene physically and possibly expose themselves to personal harm or do nothing. As a result, they often choose to do nothing.

But intervening physically or doing nothing are not the only possible choices. The MVP model provides bystanders with numerous options, most of which carry no risk of personal injury. With more options to choose from, people are more likely to respond and not be passive and silent—and hence complicit—in violence or abuse by others.

By the late 1990s, MVP had become the most widely utilized gender violence prevention program in college and professional athletics. Numerous Division I, II, and III athletic programs regularly participate in MVP trainings. The National Collegiate Athletic Association uses MVP materials in its Life Skills program. In 1997, MVP became the first gender violence prevention program in the history of the U.S. Marine Corps, and trainings have also been held with Army, Navy, and Air Force personnel. Although it began in the sports culture, by the mid-1990s, MVP had moved from a near-exclusive focus on the athletic world to general populations of college and high school students and to other institutional settings.

Jackson Katz

See also Athletes/Athletics and Sexual Violence; Prevention Programs, Interpersonal Violence

Web Sites

Jackson Katz's Web site: http://www.jacksonkatz.com
Mentors in Violence Prevention: http://www.sportinsociety.org/vpd/mvp.php

Military, Family Advocacy Programs

The Department of Defense was mandated within the Child Abuse Prevention and Treatment Act of 1974 to establish policy and practice to address domestic violence and child maltreatment. The department issued a directive, DD 6400.1, to establish practices relative to prevention, response, intervention, and treatment. The department and the services established programs collectively referenced as the Family Advocacy Program (FAP) within the Office of Family Policy.

The FAP is a command support program responsible for ensuring victim safety, access to support and advocacy services, and appropriate intervention and

treatment for abusers. FAP coordinates activities among command, law enforcement, medical personnel, family centers, and victim advocates.

FAP provides a wide array of services including training for command and personnel, identification of domestic violence and child maltreatment, intervention services for victims and abusers, support services to victims, and treatment for abusers. The dual responsibility for safety and support services for victims conflicts with ensuring that abusers receive appropriate intervention services and treatment. Essentially, FAP handles the case from receipt of the initial report through case closure.

FAP staff include clinically licensed professionals trained in family violence. Victim advocates authorized by the U.S. Congress supplement the staff and response to family violence. Victim advocates navigate the system and coordinate services for victims within the military community.

Mandatory reporting of domestic violence and child maltreatment to FAP is required of active duty military personnel, health care providers, and others. FAP is mandated to coordinate the military community response to such reports. FAP may also engage civilian organizations and agencies in such efforts.

Christine Hansen

See also Armed Forces, Sexual Harassment in; Domestic Violence in Military Families

Further Readings

Army Community Service Program. (1995, September 1). *The Army Family Advocacy Program.* Washington, DC: Department of the Army.

Department of Defense. (1992). *The Family Advocacy Program.* Arlington, VA: Author.

Department of Defense. (2007). *Domestic abuse involving Department of Defense military and certain affiliated personnel.* Arlington, VA: Author.

Department of the Air Force. (1994, July 22). *Family advocacy.* Washington, DC: Author.

Secretary of the Navy. (1995, September 1). *Family Advocacy Program.* Washington, DC: Department of the Navy.

U.S. Marine Corps. (1994, July 1). *Marine Corps Family Advocacy Program standing operating procedures.* Washington, DC: Author.

Minneapolis Domestic Violence Experiment

Published by Lawrence Sherman and Richard Berk in 1984, the Minneapolis Domestic Violence Experiment was the first to attempt to assign police responses randomly after domestic violence incidents. The findings suggested that arrest did reduce recidivism (the relapse into abusive and/or criminal behavior), and the findings were widely distributed. The researchers found, according to victims' and official reports, that arrest for misdemeanor domestic violence was significantly more effective than other police actions in reducing repeated violence during a 6-month follow-up period. The study received a great deal of attention and seemed to influence public policies.

Background

From the beginning of the modern battered women's movement in the 1970s through the mid-1980s, most supporters of battered women emphasized the lack of police responsiveness to their needs and advocated for more active police intervention. Newspapers often publicized incidents in which battered women were unprotected after calling the police. In most jurisdictions prior to the mid- to late 1980s, mediation and advice were standard police responses to domestic violence, and arrest was rare. When police officers intervened, they usually talked to the batterer, urged him to walk around the block to calm down, and then allowed him to return home. Such an approach often led to resumed violence after the perpetrator returned.

Methods

The study included 314 misdemeanor domestic violence incidents that were handled by police in Minneapolis in 1981 and 1982. Misdemeanor domestic violence crimes differ from felonies, which usually involve serious injuries or use of a weapon.

Volunteer officers agreed to arrest, mediate, or separate couples after an incident according to instructions on the top page of a randomly organized color-coded pad of paper. Then the researchers followed the cases by looking for official reports of

subsequent incidents and by interviewing the victims twice weekly for 6 months. The employment of victims' as well as official reports to measure subsequent violence was extremely important because victims could report on incidents that were not officially documented.

Results

The arrest treatment showed a significantly smaller recidivism level over a 6-month period than the recidivism level for perpetrators who were ordered to leave. The victim interviews indicated a significantly lower recidivism rate for those who were arrested versus those who received advice.

After publication of these findings, there were criticisms related to selection of cases, low level of participation by police officers, and lack of complete adherence to the randomized police responses. In addition, since violence can be cyclical, a 6-month follow-up period is not long enough to demonstrate a deterrent effect on batterers with long cycles.

Impact

In the late 1980s and in the 1990s, the percentage of police departments using arrest as their preferred or mandated policy increased greatly. It is unclear whether the change was due to the impact of the study and its replications (Spouse Assault Replication Project), to the influence of some successful lawsuits against police departments, or to the influence of advocates. A debate about effectiveness has accompanied the spread of preferred arrest policies, and there are philosophical disagreements about whether mandatory arrest promotes victim empowerment.

Arlene N. Weisz

See also Police, Response to Domestic Violence; Spouse Assault Replication Project

Further Readings

Sherman, L. W., & Berk, R. A. (1984). The specific deterrent effects of arrest for domestic assault. *American Sociological Review, 49,* 261–272.

Misogyny

Misogyny is the hatred of women. Misogyny also refers to contempt for the qualities that are associated with femininity, whether exhibited by women or by men. Misogyny is synonymous with sexism. It is relevant to interpersonal violence because antipathy toward women shapes the forms, meanings, and motives for violence as well as the responses to it. Misogyny also influences the dynamics of interpersonal relationships and the structure of social institutions in patriarchal cultures. Although the relevance of misogyny may be most readily apparent in the dynamics of woman abuse, it has also been linked by the research to additional forms of violence.

By men's own accounts, misogyny is an important ingredient in much of their violence. The dehumanization of victims is one part of the perpetration of violence, and misogyny contributes to the dehumanization of women and gay men, increasing their risk of experiencing particular types of violence. Likewise, misogyny is one of the motives for violence for many men, shaping the forms of the violence they choose as well as their selection of targets.

The Cultural Context of Misogyny

Misogyny exists in the context of patriarchal cultures that place men's experiences, power, and values at the center of community and family life. In addition to contributing to men's power in the family and society, patriarchy establishes masculinity as the normative gender. Masculine characteristics are considered to be universal and natural under patriarchy. Conversely, femininity is defined in opposition to masculinity. Accordingly, femininity is often considered unnatural, perverse, weak, derivative, or inferior in comparison to masculinity. Each masculine characteristic is the antithesis of a feminine characteristic. Misogyny ensures that these opposites are not equal but are instead differently valued in polarized dichotomies of masculine and feminine.

Misogyny, Gender, and Violence

As a result of the binary and oppositional nature of gender construction, men are encouraged to establish and perform their masculinity as antagonistic to

femininity. Masculinity is established by demonstrating that one is not feminine and not gay. This demonstration is not necessarily an intentional process. Just as racism and heterosexism may appear to some to be just how things are or a logical response to real differences between groups, misogyny is often internalized and taken for granted, although sometimes it is blatant and articulated. As with other forms of prejudice, misogyny is manifested in ways of thinking that incorporate stereotypes as well as in violent behavior. The link between misogyny and violence comes from the association of masculinity with power and force. Since the ability to do violence is considered to be an important part of masculinity in many cultures, some men use violence to solidify their status when their masculinity is challenged.

Misogyny and Violence Against Women

Men's violence against women is the most visible connection between misogyny and interpersonal violence. Serial killers, rapists, and men who batter women in intimate relationships frequently use their contempt for women to account for their violence. In recounting their perpetration of violence, some men refer to their prerogative to control and discipline the women with whom they are associated. Other violent men talk about a generalized hatred of all women that motivates their violence. Some violent perpetrators describe their violence against women as justified by mistreatment by one woman in their past.

Feminist scholars identify the virgin–whore dichotomy as one manifestation of misogyny. The virgin–whore dualism divides women into good and bad categories based on their adherence to normative gender roles. Women who are perceived to transgress gender roles, especially the sexual double standard, are placed in the bad category. When this happens, they are often considered to be "bad victims" in court. For example, women who are sexually active outside of marriage may be seen as unrapeable since violating the gender order destroys their virtue. Women sometimes face a higher standard of credibility in the courts because it is assumed that women are dishonest and likely to make false reports against men.

Misogyny and Violence Against Children

Violence against female and male children is also shaped by misogyny. In addition to child rape and murder by people outside the family, some men use violence against children as part of the abuse they inflict on their wives, ex-wives, or girlfriends. Battered women report that abusers' threats to take or harm the children are a factor in their fear of leaving abusive relationships.

Even when the perpetrator of violence is another child, as in the Jonesboro, Arkansas, middle school shooting, misogyny may be a factor. Although media reports of the Jonesboro shooting talked about the violence in sex-neutral terms, the older shooter told classmates he was out for revenge against a girl who rejected him. The students and teacher who were killed in the Jonesboro shooting were all female, and the girl who broke up with the older shooter was one of the students he shot and injured. Other perpetrators of school shootings have commented that their violence was a way to prove their masculinity and gain some power in a social world that derided them as inadequately masculine, citing homophobic and sexist taunts as part of their motivation.

Misogyny and Violence Against Men

Research on violent men has also found misogyny to be a significant factor in the etiology of violence against other men. Most often cited by perpetrators are challenges to their masculinity or the perception that they are at risk of rape or another form of feminization. Perpetrators of violence in prison, violence against strangers, and violence against acquaintances and intimates have all been linked to this manifestation of misogyny.

Molly Dragiewicz

See also Battered Women's Movement; Feminist Movements to End Violence Against Women; Sex Discrimination

Further Readings

Brownmiller, S. (1975). *Against our will: Men, women and rape.* New York: Bantam Books.

Frye, M. (1983). *The politics of reality: Essays in feminist theory.* Berkeley, CA: The Crossing Press.

Gilligan, J. (2001). *Preventing violence.* New York: Thames and Hudson.
Johnson, A. G. (1997). *The gender knot: Unraveling our patriarchal legacy.* Philadelphia: Temple University Press.
Walby, S. (1990). *Theorizing patriarchy.* Oxford, UK: Blackwell.

Moral Panics

The term *moral panic* is most often attributed to British sociologist Stanley Cohen, who in a 1972 book, *Folk Devils and Moral Panics,* defined it as a condition, episode, person, or group of persons that come to be seen as a threat to societal values and interests. In recent years, moral panic has been defined more broadly as any exaggerated fear or overreaction to social deviance. Moral panics are often traced to media attention and are fueled by politicians, law enforcement, or advocates or activists. Phenomena related to interpersonal violence that have been described as examples of moral panics include, but are not limited to, satanic ritual abuse, abuse in daycare centers, missing children, crack babies, sex offenders, and school shootings.

Among British sociologists, moral panics are likely to be interpreted as an expression of outrage by those in power over a threat perceived to challenge core societal values. Cohen, for example, describes media reaction to the violence between two British youth gangs during the 1960s that sparked a moral panic in Great Britain about the societal threat posed by British youth. Among American sociologists, moral panics are more typically understood within the context of a social constructionist perspective of social problems. From this perspective, social problems only come to be defined as such after claims-makers mobilize enough resources (e.g., media attention, money, political clout) to bring the social condition they deem egregious or harmful before the public eye. Because social problems compete for societal recognition and resources, claims-makers will invariably err on the side of exaggeration and overreaction. The concept of moral panics is important because it draws our attention to the rhetorical strategies employed by claims-makers in their attempt to garner attention for a particular cause.

Some moral panics fade from the public eye seemingly as quickly as they arise. For example, during the 1980s and early 1990s thousands of adult survivors of satanic ritual abuse supposedly recovered memories of ritual abuse, torture, pornography, forced prostitution, and child sacrifices at the hands of Satanists. By the late 1990s, however, with claims of an active satanic conspiracy largely discredited, the moral panic associated with satanic ritual abuse quickly subsided.

One should be careful not to focus exclusively on largely imagined fears such as satanic ritual abuse because such limited application may contribute to the misunderstanding that the term *moral panic* is synonymous with *false* or *imagined.* To describe a threat as a moral panic, however, is not necessarily to suggest that the threat is completely unfounded or that no public concern is warranted. Rather, moral panic merely refers to phenomena that generate fear out of proportion with the actual threat.

Robin Perrin

See also Media, Representations/Distortions of Crime; Ritualistic Abuse; School Violence, Media Coverage of; Sex Offender Registration Laws

Further Readings

Cohen, S. (2002). *Folk devils and moral panics* (3rd ed.). New York: Routledge. (Original work published 1972)
Goode, E., & Ben-Yehuda, N. (1994). *Moral panics: The social construction of deviance.* Cambridge, MA: Blackwell.

Munchausen Syndrome by Proxy

Munchausen Syndrome by Proxy (MSBP) is a form of child abuse that occurs when a caregiver, usually the mother, fabricates or induces illness in a child. The caretaker repeatedly presents the child to a physician or hospital with a variety of symptoms including bleeding, vomiting, diarrhea, fever, lethargy, apnea, and seizures. The child victims are usually under the age of 3 years, but may be older; older children may become convinced by the caregiver that they have an illness or they may passively or actively participate with the caregiver in deceiving health professionals. The caregiver may falsely claim a child has experienced serious symptoms such as seizures, may contaminate test results to indicate illness, and/or may physically harm the child to produce symptoms.

Because the victim is a child, MSBP is considered a form of child abuse. The child victim may undergo repeated invasive and painful tests and examinations, be given unnecessary medications with negative side effects, or even be subjected to exploratory surgical procedures. Physicians dealing with young children rely heavily on the medical history provided by the caregiver, and in MSBP cases the caregiver misrepresents, exaggerates, or creates symptoms and incidences the child is not experiencing or has not naturally experienced. The caregiver may also have taken the child to several different physicians or hospitals that she does not include in her medical history for the child. The situation is further complicated by the fact that the caregiver is often intelligent, appears devoted to the child, may have had some medical training or experience, and is generally very cooperative with the medical personnel.

MSBP has been referred to by various names, including factitious illness by proxy, fictitious disorder by proxy, Meadow's syndrome, and chronic nonaccidental poisoning. More recently, especially in the United Kingdom and Australia, it is being labeled fabricated or induced illness by caregivers (FIIC). This naming is due to some extent to the fact that MSBP has never been listed in the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association as a clinical diagnosable disorder but Factitious Disorder by Proxy is listed in the current edition of the manual as a topic or classification for further study.

There continue to be significant differences of opinion on whether FIIC or MSBP exists, but there is considerable evidence that there are caregivers who do fabricate or induce illnesses in their children. There is video surveillance that has shown parents harming their children and then presenting the children as having unexplained medical conditions and who agree to unneeded medical procedures. In the literature, there are numerous documented cases in several countries where illnesses in children have been fabricated or induced by caregivers.

Incidence data on MSBP or FIIC is somewhat sketchy, but cases seem to be relatively rare. A rather thorough national survey in the United Kingdom in the mid-1990s (with every pediatrician in the United Kingdom being asked every month for 18 months if he or she had diagnosed a case) suggested that only about 50 new cases a year were diagnosed. An estimated 600 cases occurred in the United States in 1996, and in 2001, 18 cases per annum were reported in New Zealand. But however relatively rare FIIC may be, it has serious consequences for the child victims, including death, and makes it critical for practitioners to be able to identify the condition and take appropriate action to protect the child and obtain treatment for the perpetrator.

A major impediment to the diagnosis of MSBP or FIIC is the unwillingness or failure of professionals to consider the possibility that a parent could do something so detrimental to his or her child. However, once the diagnosis is suspected, it may require a multidisciplinary team that includes a child protective services worker, law enforcement officer, psychologist or psychiatrist, prosecutor, hospital social worker, and the child's medical team to reach a firm diagnosis. The process requires a thorough review of present and past medical records, careful monitoring of the patient (with or without video surveillance) when any family member is present, and possibly separation of the child from the suspected parent. If the diagnosis is confirmed, the team undertakes the immediate steps necessary to ensure the child's safety.

C. Terry Hendrix

See also Child Fatalities; Child Physical Abuse; Child Protection Services; Ethical and Legal Issues, Interviewing Children Reported as Abused or Neglected; Female Perpetrators of Violence Against Children; Foster Care; Health Care Response to Child Maltreatment; Health Consequences of Child Maltreatment; Kinship Care; Legal System and Child Protection

N

National AMBER Alert Program

The AMBER Alert program is an emergency response system established to enable the public to aid in the search for children who are believed to have been abducted and to be in imminent danger. Following the 1996 abduction and murder of 9-year-old Amber Hagerman, the Dallas–Fort Worth police and local broadcasters established the first operational AMBER Alert system in 1997. Between 1997 and 2003, local, regional, and statewide voluntary collaborative arrangements between police, transportation authorities, and broadcast media were launched in 41 states.

With the passage of the PROTECT Act in 2003, AMBER Alert formally became a national program overseen by the U.S. Department of Justice (DOJ) and coordinated by the Assistant Attorney General. Named in part as a tribute to Amber Hagerman, the acronym AMBER in AMBER Alert actually stands for America's Missing: Broadcast Emergency Response. The National Center for Missing and Exploited Children (NCMEC) provides links to the AMBER Alert plans and the public contact representatives for all 50 states. In May 2005, the wireless communication industry and the NCMEC launched a wireless AMBER Alert initiative that allows wireless phone subscribers to opt to receive AMBER alerts on their cellular phones.

Although there are no mandated AMBER Alert criteria, the DOJ has established advisory criteria for the issuance of an alert. These criteria include (a) that law enforcement officials reasonably believe the child has been abducted and is in imminent danger, (b) that the child be age 17 or younger, (c) that there be enough information regarding the abduction that the public could reasonably aid in the recovery of the child, and (d) that the crime be entered and flagged as an abduction in the National Crime Information Center database. When a potential child abduction meets the criteria, police notify broadcast media and transportation authorities who in turn issue emergency alerts over the radio and television airwaves and post notices on electronic highway message boards (traditionally used to alert drivers of accidents, hazards, or road construction ahead). The alerts issued include pertinent information that might aid in the rapid recovery of the child (typically a description of the child and of any vehicle involved in the abduction).

Neither the DOJ nor the NCMEC provide official data on the total number of AMBER alerts issued to date (estimates range from 200 to 250 alerts issued per year), but the agencies do provide data on the successes of the initiative. As of June 2006, the NCMEC Web site attributed 278 successful child recoveries to AMBER Alert systems. According to a mandated annual report to Congress, more than 80% of the successful AMBER recoveries have occurred since the program became a coordinated national effort.

The National AMBER Alert program was passed as part of the PROTECT Act, formally named the Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today Act (Public Law 108-21) signed into law on April 30, 2003, by President George W. Bush. Billed as a comprehensive package of initiatives to protect children, the PROTECT Act included provisions designed to prevent child abuse, abduction, and exploitation. The PROTECT Act also included provisions that expanded

prosecutorial powers extending wiretapping authority and curtailing judicial discretion through limiting downward sentencing departures.

Natasha A. Frost

See also Child Abductions, Family; Child Abductions, Nonfamily

Further Readings

Office of Juvenile Justice and Delinquency Prevention. (2004). *When your child is missing: A family survival guide*. Washington, DC: U.S. Department of Justice. Retrieved from http://www.ncjrs.gov/html/ojjdp/204958/index.html

U.S. Department of Justice. (2004, October). *Report to the White House on AMBER Alert*. Washington, DC: Author. Retrieved from http://www.amberalert.gov/newsroom/pdfs/04_amber_report.pdf

Web Sites

National Center for Missing and Exploited Children: http://www.missingkids.com

National Center for Missing and Exploited Children

The National Center for Missing and Exploited Children (NCMEC) was established after several high-profile child abductions and murders made it clear there was a need for coordinated responses when children went missing. It was established in 1984 and officially opened by President Ronald Reagan. NCMEC is best known as the people who put missing children's pictures on milk cartons and in mailings to millions of homes. But it does much more than sending out pictures of missing children.

NCMEC's Web site lists its mission to "help prevent child abduction and sexual exploitation; help find missing children; and assist victims of child abduction and sexual exploitation, their families, and the professionals who serve them." The organization achieves this mission in a number of ways. First and foremost NCMEC acts as an international clearinghouse of information and a first stop for parents, family members, and professionals worried about or looking for missing children. There are a multitude of published educational and training materials available online for parents and guardians, law enforcement officers, childcare providers, attorneys, and the media. They provide training and technical assistance nationally on this topic and operate the CyberTipline that allows, according to the Web site, the reporting of child sexual exploitation "including child pornography, online enticement of children for sex acts, molestation of children outside the family, sex tourism of children, child victims of prostitution, and unsolicited obscene material sent to a child," using both online and toll-free telephone reporting systems. NCMEC also takes part in the national AMBER Alert system by helping rapidly validate and distribute alerts about missing or abducted children through a variety of law enforcement outlets.

NCMEC also houses an international division that, among other tasks, assists the U.S. State Department with children being abducted into the United States from other countries. In 2006 alone, NCMEC's international division was working on 1,850 international abduction cases.

As the Internet has expanded its reach to more and more children, NCMEC has become more involved in helping to protect children from becoming victims of crimes by predators initially contacting children online. As this aspect of their program has evolved, they have created a separate NetSmartz Workshop. NetSmartz's Web site states that it is "an interactive, educational safety resource from the National Center for Missing & Exploited Children (NCMEC) and Boys & Girls Clubs of America (BGCA) for children aged 5 to 17, parents, guardians, educators, and law enforcement that uses age-appropriate, 3-D activities to teach children how to stay safer on the Internet."

Jeffrey L. Edleson

See also Child Abductions, Family; Hague Convention on the Civil Aspects of International Child Abduction; Internet, Crimes Against Children; National AMBER Alert Program

Web Sites

National Center for Missing and Exploited Children: http://www.missingkids.com/

NetSmartz Workshop: http://www.netsmartz.org

National Center for Victims of Crime

The National Center for Victims of Crime is the nation's leading resource and advocacy organization for crime victims and victim service providers. Founded in 1985 by the children of Sunny von Bulow, the victim of a murder attempt that left her in a decades-long diabetic coma, the National Center works with local, state, and federal partners to help individuals, families, and communities who have been harmed by crime.

The National Center provides direct services and resources to victims of crime across the country through its victim helpline (1-800-FYI-CALL), which helps victims—in 150 languages—understand the impact of crime, access victim compensation, develop safety plans, navigate the criminal justice and social service systems, learn their legal rights and options, and find the most appropriate local services. Victims of crime also receive direct assistance via e-mail at gethelp@ncvc.org and through the national center's *Get Help* bulletins on a wide range of victim-related issues available at www.ncvc.org. The organization also operates the Victim Services Referral Database, a unique resource that gives victims access to detailed information about the services of nearly 10,000 victim-service agencies throughout the country. Victims may also receive referrals to attorneys through the National Crime Victim Bar Association, an affiliate of the national center and the nation's only organization of attorneys dedicated to helping crime victims seek justice through the civil justice system.

The National Center for Victims of Crime fosters cutting-edge thinking about the impact of and response to crime and has published several landmark reports including *Rape in America,* a groundbreaking national study on rape conducted in partnership with the Medical University of South Carolina; *Our Vulnerable Teenagers,* released jointly with the National Council on Crime and Delinquency, which analyzed existing, but largely unnoticed, research and data on the alarming crime experiences of teenagers; and *Repairing the Harm,* which highlighted major shortcomings in the nation's victim compensation system.

The National Center for Victims of Crime advocates for laws and public policies that secure resources, rights, and protections for crime victims and is the nation's leading proponent of a new vision of justice for crime victims called *Parallel Justice*, a framework for responding to crime with two separate, but complimentary paths to justice—one for victims and one for offenders.

The center's Stalking Resource Center, the only national technical assistance center focused solely on stalking, works to raise public awareness about stalking and helps communities across the country develop multidisciplinary responses to this insidious crime. Since its inception in 2000, the center has provided training to tens of thousands of victim service providers and criminal justice practitioners throughout the United States. In addition, the center's Teen Victim Initiative focuses on building the nation's capacity to support teenage victims of crime, one of the largest groups of underserved victims.

Through its Training Institute and national conferences, the National Center for Victims of Crime provides trainings and technical assistance to victim service providers, counselors, attorneys, and allied professionals serving victims of crime and publishes a wide array of resources, including *NETWORKS,* the National Center's flagship magazine.

Mary Gleason Rappaport

See also Rape/Sexual Assault; Stalking; Victimology; Victims' Rights Movement; Victim-Witness Advocacy Programs

Web Sites

National Center for Victims of Crime: http://www.ncvc.org

National Center on Child Abuse and Neglect

See Office on Child Abuse and Neglect

National Children's Alliance and Children's Advocacy Centers

National Children's Alliance (NCA) is a nationwide 501(c)3 nonprofit membership organization formed in 2000 from a network of children's advocacy centers.

NCA's mission is to promote and support communities in providing a coordinated response to victims of severe child abuse; it also provides services to children's advocacy centers, multidisciplinary teams, and professionals across the country.

In 1985, the first children's advocacy center opened in Huntsville, Alabama. This program was initiated by a prosecutor seeking a safe, competent, and reliable service for interviewing children suspected of having been sexually abused. The Huntsville organization soon expanded its services and was renamed the National Children's Advocacy Center. The Huntsville model became popular and gained national support from the U.S. Department of Justice, resulting in a national network of children's advocacy centers.

Children's Advocacy Centers (CACs) offer a comprehensive approach to services for abused children and their families, with programs designed by professionals and volunteers to meet the needs of their own communities. CACs emphasize coordination of investigation and intervention services by bringing together professionals from child protective services, law enforcement, and health and mental health services as a multidisciplinary team to create a child-focused approach to child abuse cases. The goal is to ensure that children are not revictimized by the systems designed to protect them.

What makes the CAC model so effective is the multidisciplinary community response to child abuse that enables law enforcement, prosecutors, child protective services, and the medical and mental health professionals to work together as a team to investigate and prosecute cases of child abuse. CAC programs strive to minimize trauma, break the cycle of abuse, and provide communities with increased rates of prosecution of perpetrators. In many cases, the child suspected of having been abused may be examined and interviewed only once with the interdisciplinary team members conducting or observing the process; this approach prevents the possible trauma of the victim being interviewed and examined several times by the various agencies and professionals concerned with the victimization.

The NCA is an umbrella organization that provides a standard setting, education, and accreditation for the CACs throughout the country. To be accredited, CACs must offer all forms of assessment services with the exception of perpetrator interviews and examinations, and they may also provide mental health facilities. CACs may be based in any number of community institutions such as hospitals, or they may be housed in their own buildings. Whatever the setting, CACs make every effort to provide a child-friendly environment and appropriate facilities for the multidisciplinary team to function effectively.

Many professionals in the field of child abuse believe that more than any other professional group, the NCA and the more than 400 component CACs are building a national model for coordinated and competent child abuse interventions and services—one that is fully committed to the multidisciplinary team approach that is essential for all competent professional work regarding child abuse.

C. Terry Hendrix

See also Child Protective Services; Court-Appointed Special Advocates; Ethical and Legal Issues, Interviewing Children Reported as Abused or Neglected; Family Preservation and Reunification Programs; Family Therapy and Family Violence; Investigative Interviewing of Child Sexual Abuse Victims; Legal System and Child Protection; Legislation, Child Maltreatment; Nonoffending Parents of Maltreated Children; Police, Response to Child Maltreatment; Secondary Victimization by Police and Courts

Web Sites

National Children's Alliance: http://www.nca-online.org/

National Child Traumatic Stress Network

The National Child Traumatic Stress Network (NCTSN) is a group of 70 treatment and research centers across the United States providing or developing services for traumatized children and their families. All 70 centers receive or have received grant funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. The NCTSN was created through the Donald J. Cohen National Child Traumatic Stress Initiative (NCTSI), passed by Congress in 2001, to recognize the devastating impact of trauma on children, youth, and their families. The mission of the initiative is "to raise the standard of care, and increase access to services for

traumatized children, families and communities throughout the United States." The initiative recognizes the pioneering work of Donald J. Cohen, a national leader in the field of child traumatic stress, Sterling Professor of Child Psychiatry, Psychology and Pediatrics at Yale University, and Director of the Yale Child Study Center until his death in 2001 at the age of 61.

The NCTSN aims to provide leadership and knowledge in the area of childhood traumatic stress through public information and awareness efforts, nationwide training, and the development, adaptation, and dissemination of evidence-based interventions for childhood traumatic stress. The NCTSN integrates cultural and developmental knowledge in developing and disseminating interventions toward the development of a comprehensive continuum of care for all traumatized children and their families. The NCTSI emphasizes collaboration between network centers, across multiple child-serving systems, and between providers and consumers of trauma-focused mental health services.

Centers in the NCTSN provide services for children traumatized by natural disasters, terrorism, community and intimate partner violence, homelessness, and related severe stressors. Across the United States, 45 centers are currently funded by the NCTSI, as Category 1, 2, or 3 grantees. The National Center for Childhood Traumatic Stress (NCCTS), the sole Category 1 grantee, is a collaboration of the University of California, Los Angeles, and Duke University. The NCCTS works closely with the Substance Abuse and Mental Health Services Administration to provide administrative leadership and coordination activities to the network, to deliver technical assistance to NCTSN grantees, to develop and provide national training and education on childhood traumatic stress, and to oversee resource development and dissemination efforts.

Treatment and Services Adaptation Centers (nine Category 2 grantees) provide national expertise in childhood traumatic stress by developing and evaluating interventions for specific types of traumatic stress across different populations and service systems. These centers provide support to 35 Community Treatment and Services Centers in adapting, implementing, and disseminating promising and model practices across a broad range of communities and service systems. Community Treatment and Services Centers provide direct services in community settings and child-serving systems to a broad range of children affected by traumatic events. Centers collaborate within and across network categories to advance knowledge of trauma-informed service provision and clinical, policy, training, and fiscal issues in relation to childhood traumatic stress.

Abigail Gewirtz

See also Child Exposure to Intimate Partner Violence; Child Exposure to Violence, in War Zones; Child Exposure to Violence, Role of Schools; Child Physical Abuse; Child Sexual Abuse; Community Violence, Effects on Children and Youth; Complex Trauma in Children and Adolescents

Further Readings

Gray, A., & Szekely, A. (2006, November). *Thinking broadly: Financing strategies for child traumatic stress initiatives.* Los Angeles: National Child Traumatic Stress Network. Retrieved from http://www.financeproject.org/publications/ThinkingBroadlyCTS.pdf

Martin, A. (2002). Donald J. Cohen, M.D. 1940–2001. *American Journal of Psychiatry, 159,* 1829. Retrieved from http://ajp.psychiatryonline.org/cgi/reprint/159/11/1829.pdf

United States Department of Health and Human Services. (2001). *HHS awards $10 million for Child Traumatic Stress Initiative* [Press release]. Retrieved from http://www.hhs.gov/news/press/2001pres/20011003a.html

Web Sites

National Child Traumatic Stress Network: http://www.nctsnet.org

National Clearinghouse for the Defense of Battered Women

The National Clearinghouse for the Defense of Battered Women was founded in 1987 to work for justice for battered women charged with crimes where a history of abuse is relevant to the woman's legal claim or defense. A nonprofit organization located in Philadelphia, Pennsylvania, the National Clearinghouse provides technical assistance and other resources to battered women defendants, defense attorneys, battered women's advocates, and expert witnesses across the nation. Most frequently, the organization assists battered women who have defended themselves

and/or their children against their batterer's violence and who have been charged with assault or homicide. The National Clearinghouse works with battered women who have been coerced into criminal activity, women charged with a crime for allegedly "failing to protect" their children from their batterer's violence, and women charged with kidnapping or custodial interference for fleeing to protect themselves and/or their children.

The first and only national organization to focus exclusively on battered women defendants, the National Clearinghouse maintains a comprehensive resource bank of information regarding battered women's legal defense issues, provides direct support to battered women in prison, coordinates a national network of advocates working with battered women defendants, and provides education and information regarding the unique experiences of battered women defendants to members of the criminal justice and advocacy communities and to the general public.

In all of its activities, the National Clearinghouse strives to change the attitudes and institutions that create and support the extreme levels of oppression battered women experience when they find themselves in conflict with the law. The organization's educational and policy efforts are designed to change beliefs and behaviors of individuals, increase positive outcomes in individual cases, and facilitate short- and long-term changes at the institutional level. Because these activities cannot be done by one organization alone, the National Clearinghouse has organized an ever-growing network of people and organizations committed to justice for battered women who end up in conflict with the law.

Recognized for its quality services and national leadership role, the National Clearinghouse was one of five organizations chosen in 1993 to receive funds from the U.S. Department of Health and Human Services (DHHS) as part of the Battered Women's Justice Project (BWJP). Through a number of continuation grants from DHHS, the National Clearinghouse continues to be an active partner in BWJP and in the Domestic Violence Resource Network, a coalition of the DHHS-funded special resource centers on domestic violence.

The National Clearinghouse remains committed to its organizational mission "to secure justice for battered women charged with crimes related to their battering and prevent further victimization of arrested, convicted, or incarcerated battered women." Since it opened its doors nearly 20 years ago, the National Clearinghouse has brought hope to hundreds of battered women and their families by providing them and their defense teams with direct assistance, information, and support; by helping their voices and stories be heard; and by advocating steadfastly on their behalf when they cannot take a seat at the table.

Sue Osthoff

See also Battered Women's Justice Project; Domestic Violence Resource Network

Further Readings

Dutton, M. A. (1996). Impact of evidence concerning battering and its effects in criminal trials involving battered women. In *The validity and use of evidence concerning battering and its effects in criminal trials* (section 1). Washington, DC: U.S. Department of Justice, National Institute of Justice, U.S. Department of Health and Human Services, & National Institute of Mental Health. Retrieved from http://www.ncjrs.org/pdffiles/batter.pdf

Maguigan, H. (1991). Battered women and self-defense: Myths and misconceptions in current reform proposals. *University of Pennsylvania Law Review, 140,* 379–486.

National Clearinghouse for the Defense of Battered Women. (2006). *Our mission*. Retrieved from http://www.ncdbw.org/mission.htm

Osthoff, S. (2001). When victims become defendants: Battered women charged with crimes. In C. M. Renzetti & L. Goodstein (Eds.), *Women, crime and criminal justice* (pp. 232–242). Los Angeles: Roxbury.

Osthoff, S., & Maguigan, H. (2004). Explaining without pathologizing: Testimony on battering and its effects. In D. R. Loseke, R. J. Gelles, & M. M. Cavanaugh (Eds.), *Current controversies on family violence* (2nd ed., pp. 225–240). Thousand Oaks, CA: Sage.

National Clearinghouse on Marital and Date Rape

The National Clearinghouse on Marital and Date Rape (NCMDR) was founded in 1980 as a project of the Women's History Research Center (WHRC) in order to document rape laws in the United States that entitled men to rape their wives and dates. It was a network of academic researchers; law interns; health, mental health, and religious professionals; prosecutors; defense attorneys; judges; and activists from the anti-rape and

battered women's movements and especially of victims or survivors. Laura X, the founder and director, as an individual, campaigned successfully for the repeal of date and marital rape exemptions from prosecution, which were in the laws of 45 states, in federal and military law, in laws of Guam, as well as in the laws of 20 other countries, from 1978 through June 1993 for the United States, and until 2004 elsewhere, when she retired and closed NCMDR.

When Laura X started collecting materials in 1968 for what would become in 1970 the Women's History Library of the WHRC, one goal was to create an activists-shared archive for materials growing out of the emerging women's liberation movement. Operating out of her Berkeley, California, home, the formerly battered woman and University of California, Berkeley, alumna, harbored battered women and rape survivors who were in desperate straits because there were still no community services available to them. From this refuge, Laura printed interviews with survivors in her own publication *SPAZM* (the only national women's liberation newsletter from April to December 1969) as well as printed "Anatomy of a Rape" on July 23 in the newspaper she copublished in 1970 (*It Ain't Me, Babe,* the first newspaper of the women's liberation movement). She published the first rape bibliography and an entire reel of microfilm on rape by 1974 as part of the WHRC Women and Law collection. This research was used for several subsequent best-selling books on rape.

In 1975, Laura X learned from prominent feminist Diana Russell that rape was still legal within marriage in most places in the United States. That same year, she worked to publicize the words of the judge who presided in the trial of Judy Hartwell, a battered woman who had killed her husband. The judge in the case validated Hartwell's right to say no and to defend herself, even though marital rape was not yet a crime.

In December 1978, Laura X assisted a rape crisis center involved in the trial of John Rideout in Salem, Oregon, which was the first time in the United States a husband was tried for raping his wife while they were living together. This electrified and polarized the country. Rideout was acquitted, a verdict which motivated Laura to lead the successful campaign to make marital rape a crime in California.

From 1980, 44 state-by-state campaigns included research; newspaper and magazine articles; well over 300 high school, college, and law school campuses; TV and radio appearances; and activist involvement in court cases. Articles appeared in *USA Today,* the *Wall Street Journal,* and the *New York Times.* Television appearances included *60 Minutes, Donahue, Sally Jessy Rafael, Geraldo, The Today Show,* and *Mark Wahlberg.* NCMDR also assisted the Montel Williams and Oprah shows.

Major court decisions that used NCMDR work include the following: *Smith* in Florida, 1981; *Morrison* in New Jersey, 1982; *Rider* in Florida, 1984; *Liberta* in New York, 1984; *Warren* in Georgia, 1985; and *Bobbitt* in Virginia, 1994. In the precedent-setting *Liberta* decision, by Judge Sol Wachtler of New York's highest court, the exemption for husbands from rape prosecution when they raped their wives was struck down as an unconstitutional denial of equal protection, privacy, and bodily integrity.

After helping the New York County Lawyers Association produce the first forum on marital rape in February of 1980, NCMDR provided seminars for the Academy of Criminal Justice Sciences, the National Coalition Against Domestic Violence, the National Coalition Against Sexual Assault, the National Conference of Women and the Law, the Association of Women in Psychology, and local agencies around the country and Canada. In 1983 and 1984, NCMDR coproduced the world's first conferences on marital rape in St. Louis, Missouri, and Des Moines, Iowa. Laura X served with Surgeon General C. Everett Koop on his 1985 National Task Force on Violence as a Public Health Issue.

NCMDR published on an ongoing basis the State Law Chart, a reference summary of marital rape exemptions for each state, and a prosecution statistics chart, as well as pamphlets on the Rideout trial and wives who were forced to kill their rapists in self-defense. This research was used by most law article and book authors on the topic.

NCMDR also expanded its activities to the international level with campaigns in Ireland, Puerto Rico, Costa Rica, Mexico, and China (the UN Women's Conference in Beijing in 1995), including a successful legislative reversal of a Mexico Supreme Court decision in 1997, which allowed marital rape as the "undue exercise of a right" upon a spouse.

NCMDR's highest reward came at the 1995 UN Women's Rights Conference in Beijing, when all voting delegates, many of them men, supported wives' rights to enjoy intimacy, only if by mutual consent.

Laura X

See also Date and Acquaintance Rape; Legal System, Advocacy Efforts to Affect, Intimate Partner Violence; Legal System, Civil and Criminal Court Remedies for Sexual Assault/Rape; Legislation, Intimate Partner Violence; Marital Rape/Wife Rape; Marital Rape/Wife Rape, Marital Exemptions in Rape Statutes; National Clearinghouse for the Defense of Battered Women; National Coalition Against Domestic Violence; Rape/Sexual Assault; United Nations Conventions and Declarations

Further Readings

Drucker, D. (1979, Spring). The common law does not support a marital exception for forcible rape. *Women's Rights Law Reporter, 5*(2–3), 181–200.

Faison, S. (1995, September 11). Women's meeting agrees on right to say no to sex: A spousal prerogative. *New York Times*, p. A1. Available at http://tiny.cc/SXE4A

Harmes, R. (1999). Marital rape: A selected bibliography. *Violence Against Women, 5*, 1082–1083. Retrieved from http://vaw.sagepub.com/content/vol5/issue9/

People v. Liberta. (1984). 64 N. Y. 2d 152, 474 N.E.2d 567, 485 N.Y.S.2d 207. Retrieved April 7, 2008, from http://bulk.resource.org/courts.gov/c/F2/839/839.F2d.77.87-2199.185.html

X, L. (1994). A brief series of anecdotes about the backlash experienced by those of us working on marital and date rape. *Journal of Sex Research, 31*(2), 151–153.

X, L. (1999). Accomplishing the impossible: An advocate's notes from the successful campaign to make marital and date rape a crime in all 50 U.S.states and other countries. *Violence Against Women, 5*, 1064–1081. Retrieved from http://vaw.sagepub.com/content/vol5/issue9/

X, L., & Peterson, E. (1995, December 10). When husbands rape: Cases of "'soul murder" [Opinion]. *New York Times*. Retrieved from http://query.nytimes.com/gst/fullpage.html?res=9C03E7DF1639F933A25751C1A963958260&scp=9&sq=%22soul+murder%22&st=nyt

Web Sites

National Clearinghouse on Marital and Date Rape: http://www.ncmdr.org

National Coalition Against Domestic Violence

The National Coalition Against Domestic Violence (NCADV) was formed in 1978 when over 100 battered women's advocates from all parts of the nation attended the U.S. Commission on Civil Rights hearing on wife battering in Washington, D.C. They came hoping to address common problems usually faced in isolation.

From its beginnings, the organization was led by survivors of domestic violence, women of color, and lesbians who were actively working in local communities to address this new and emerging issue. There was no such thing as a shelter for battered women in 1970. In the 30-plus years since that time, over 2,000 local programs have been established to end violence in the family and to make communities safer.

The women who were NCADV's first leaders came together to create an organization that would establish a national voice, create public awareness, provide technical assistance to developing programs, provide continuing education for advocates, and build a strong and active network to provide services in cities and towns across the United States. They were committed to developing an organization that acted on their belief that for women to be safe women had to be empowered and in leadership positions.

NCADV leadership also believed that major social change had to occur to end violence in the family. Domestic violence was not an individual issue, but a cultural one. NCADV leaders felt they had to address and end all forms of oppression, believing that oppressions are the root of violence. NCADV chose consensus, rather than Robert's Rules of Order, as its formal decision-making process, believing that in order for the best decision to be made all voices and life experiences at the table must be included and supported.

Caucuses were established to give an organizational place of power and voice to groups traditionally silenced by the majority. The caucuses that have been established are Battered/Formerly Battered Women; Women of Color; Jewish Women; Rural; Child and Youth Advocacy; Rainbow Pride; and Queer People of Color.

Beginning in 1980, NCADV has sponsored a biennial conference attended by 900–1,200 advocates from all over the United States, including some international participants. The NCADV conference continues to be a unique and critical learning experience for advocates working in the domestic violence movement.

As NCADV listened to battered women and learned from their experiences, its efforts have expanded to include working with the police, prosecutors, judges, health professionals, and child protective services. Men who are not abusive will be an important addition to allies in NCADV's goal to make every home a safe home.

NCADV programs based in the main office in Denver, Colorado, include Cosmetic and Reconstructive Surgery, Financial Education, Remember My Name, National Directory of Programs, and Information and Referral. Based in Washington, D.C., the NCADV Public Policy Office works to impact public policy and legislation.

Rita Smith

See also Advocacy; Battered Women

Web Sites

National Coalition Against Domestic Violence: http://www.ncadv.org

National Council of Juvenile and Family Court Judges

The National Council of Juvenile and Family Court Judges (NCJFCJ), the nation's oldest and largest judicial membership organization, originated in 1937 in Chicago, Illinois. It maintained its headquarters there until 1969, when it relocated to Reno, Nevada, and became part of the University of Nevada, Reno, community. NCJFCJ is a nonprofit, 501(C)(3) corporation, which relies on funding from federal and state grants, private foundations, and donations from members and others. Membership in the organization is open to all judges and judicial officers whose work involves juvenile and family justice, and associate membership is available to professionals working in related fields.

NCJFCJ pursues a mission to improve courts and systems practice and raise awareness of the core issues that touch the lives of many of our nation's families and children. A leader in continuing educational opportunities, research, and policy development in issues pertaining to juvenile and family justice, NCJFCJ provides practice-based resources to jurisdictions and communities nationwide. The organization seeks to improve the standards, practices, and effectiveness of the nation's juvenile and family courts while acknowledging and upholding victims' rights, the safety of all family members, and the safety of the community.

NCJFCJ accomplishes its work through four departments whose efforts support and extend its mission. The Family Violence Department and the Permanency Planning for Children Department focus on issues of domestic violence and child dependency. Both departments engage in numerous ongoing projects that explore and implement best practices and effective strategies for judges who hear cases on these matters and for other involved professionals. The Juvenile and Family Law Department presents educational opportunities on a wide range of topics, including child abuse and neglect, custody and visitation, juvenile delinquency, minority issues, victims' issues, substance abuse, and court management issues.

Each year, NCJFCJ educates more than 20,000 judges and juvenile justice, child welfare, and family law professionals. Judges and court professionals also rely on NCJFCJ's wide-ranging, in-depth technical assistance and numerous publications. In addition, NCJFCJ and the University of Nevada, Reno, work together to provide the nation's only advanced degrees in judicial studies.

In 1973, NCJFCJ established a research division, the National Center for Juvenile Justice (NCJJ), which is the country's only nonprofit research organization concentrating solely on the juvenile justice system and the prevention of juvenile delinquency child abuse and neglect. Located in Pittsburgh, Pennsylvania, NCJJ maintains the National Juvenile Court Data Archive, which contains more than 20 million automated delinquency and status offense case records from courts nationwide.

NCJFCJ's membership of nearly 1,700 judges, commissioners, court masters, and other juvenile and family law professionals represents all 50 states and several territories and foreign countries. Its reach, however, extends beyond its membership. Through the availability of educational opportunities and technical assistance for judges and other professionals around the country and the world, NCJFCJ continues to play a leadership role in improving both the practice of juvenile and family justice and outcomes for families using these court systems.

Billie Lee Dunford-Jackson

See also Adoption and Safe Families Act of 1997; Child Exposure to Intimate Partner Violence; Coordinated Community Response; Custody, Contact, and Visitation: Relationship to Domestic Violence; Full Faith and Credit Mandate

Further Readings

Family violence issue [Special issue]. (2003). *Juvenile and Family Court Journal*, *54*(4).

National Council of Juvenile and Family Court Judges. (1990). *Family violence: Improving court practice: Recommendations from the National Council of Juvenile*

and Family Court Judges: Family violence project. Reno, NV: Author. Available at http://www.ncjfcj.org

National Council of Juvenile and Family Court Judges. (1998). *Resource guidelines: Improving court practice in child abuse & neglect cases*. Reno, NV: Author. Available at http://www.ncjfcj.org

National Council of Juvenile and Family Court Judges. (2000). *Passport to safety: Full faith and credit, a judge's benchbook.* Reno, NV: Author. Available at http://www.ncjfcj.org

National Council of Juvenile and Family Court Judges. (2004). Building a better collaboration: Facilitating change in the court and child welfare system. *NCJFCJ Technical Assistance Bulletin*, *8*(2).

National Council of Juvenile and Family Court Judges. (2004). *Navigating custody & visitation evaluations in cases with domestic violence: A judge's guide*. Reno, NV: Author. Available at http://www.ncjfcj.org

National Council of Juvenile and Family Court Judges. (2005). *A guide for effective issuance and enforcement of protection orders*. Reno, NV: Author. Available at http://www.ncjfcj.org

Schechter, S., & Edleson, J. L. (1999). *Effective intervention in domestic violence & child maltreatment cases: Guidelines for policy and practice*. Available at http://www.thegreenbook.info

Web Sites

National Council of Juvenile and Family Court Judges: http://www.ncjfcj.org/

National Crime Prevention Council

The National Crime Prevention Council (NCPC) is arguably the best known and best funded private nonprofit organization devoted to the reduction of crime and the promotion of personal and community safety in the United States today. Through their publications, conferences, the McGruff campaign, and other activities, NCPC's impact extends worldwide, influencing mass media safety campaigns and crime prevention programs in thousands of communities in several dozen countries.

The roots of NCPC go back to the 1970s when there were a number of federal, state, and local initiatives to address issues of crime in a so-called proactive as opposed to reactive manner. Public concern about crime and safety had risen to alarming levels. Through funds available from the now-defunct Law Enforcement Assistance Administration, various local, state, and regional associations of crime prevention police officers had begun, and programs such as Neighborhood Watch were widely promoted.

In the late 1970s, a coalition of state and national organizations, both public and private, founded the National Citizens' Crime Prevention Campaign. They teamed up with the Advertising Council, which had a long history of developing information campaigns utilizing volunteer talent from private sector marketing and advertising firms on a variety of public service topics, including the World War II slogan, "Loose Lips Sink Ships," which is still in use today; the creation of Smokey the Bear, who reminds viewers that "Only You Can Prevent Forest Fires"; and the recent "I Am an American" campaign to promote awareness of America's race and ethnic diversity.

In support of crime prevention, the Advertising Council and an advertising firm based in New York City developed a public service announcement for television that featured a dog wearing a trench coat and encouraging viewers to "Take a Bite Out of Crime." In 1982, the dog was given the name McGruff, and he remains one of the most recognizable social marketing icons. That same year, the NCPC was officially founded. Nearly 3 decades later, it continues to promote safety and security in America's communities through partnerships with the Advertising Council, the U.S. Department of Justice, a network of local and national crime prevention groups known as the Crime Prevention Coalition of America, and numerous corporate and foundation supporters.

Over the years, NCPC has sponsored or cosponsored a number of important nationwide safety initiatives, including the designation of October as "National Crime Prevention Month," the National Night Out campaign, an annual national conference on crime prevention, and an incredible array of educational materials covering nearly every issue related to safety and security. NCPC continuously updates old materials and develops information on new safety issues, which recently have included involvement in the AMBER Alert campaign, identity theft, and homeland security. They have developed an extensive set of materials specifically focused on violence prevention, especially for teenagers. However, almost all their resources are either directly or indirectly relevant to issues of interpersonal violence. Through it all, McGruff the crime dog is the one constant woven into all of NCPC's initiatives and educational materials.

Joseph F. Donnermeyer

See also National AMBER Alert Program; Prevention Programs, Community Mobilization; Prevention Programs, Interpersonal Violence

Web Sites

National Crime Prevention Council: http://www.ncpc.org/

National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) represents an unofficial measure of crime in the United States that focuses on surveying individuals about their experience as crime victims. The NCVS attempts to measure the frequency, characteristics, and consequences of criminal victimization for persons ages 12 and older.

The first NCVS (previously known as the National Crime Survey) was undertaken in 1972. Currently conducted by the Bureau of the Census, the NCVS surveys a representative sample of about 42,000 U.S. households, representing about 76,000 persons, about their victimization experiences during the previous 6 months. Once added to the sample, a household is queried every 6 months for a 3-year period. If initial screening questions uncover potential crime victimization, the survey is then designed to record various aspects of the criminal events, including victim demographic information, victim–offender relationships, the impact of alcohol or weapon use, the extent of injury, whether the police were contacted, and, if not, reasons for not reporting.

The NCVS focuses on the crimes of assault, sexual assault, robbery, theft, residential burglary, motor vehicle theft, and vandalism. A major purpose of the NCVS is to provide a better understanding of unreported crime, which is often referred to as the "dark figure of crime." Thus, the NCVS serves as a significant tool in showing disparities between unreported crime and official statistics. The discrepancies are particularly high for crimes of violence, where the NCVS reports significantly higher incidences of interpersonal violence than official measures of crime (e.g., police reports or arrest records). Recent NCVS statistics show that 36% of rapes and sexual assaults are reported to police, while 45% of simple assaults are reported. Crimes of violence are often not reported to police because people feel the police will not do anything, they are embarrassed, or they fear retribution.

The results are particularly valuable in understanding the risk and impact of criminal victimization on various subpopulations, including women, the elderly, various racial and ethnic groups, the poor, and city-dwellers. The NCVS is also useful in offering information to understand trends in the crimes on which it reports over time.

Critics point to some more significant deficiencies in the NCVS as a method of calculating crime statistics. First, the NCVS does not report on a wide variety of crimes, including those involving businesses or the homeless or victimless crimes. A second criticism is that, as a survey method, the NCVS is subject to the common problems of surveys in criminal justice in which participants may have erroneous recollections about past events. A third issue is that the survey method tends to underestimate certain crimes where the victim knows the offender. To address these concerns, a redesign in 1997 was intended to improve the NCVS as a survey tool.

Melissa Hamilton

See also Incidence; National Family Violence Surveys; Uniform Crime Reports; Victimology

Further Readings

U.S. Department of Justice, Bureau of Justice Statistics. (2005). *Criminal victimization, 2004.* Washington, DC: Author.

National Domestic Violence Fatality Review Initiative

The National Domestic Violence Fatality Review Initiative (NDVFRI) is headquartered at Baylor University in Waco, Texas. The NDVFRI was created with a grant from the Office on Violence Against Women in the U.S. Department of Justice. It provides technical assistance, evaluative reviews, and serves as a clearinghouse for information and other resources for states that conduct domestic violence fatality reviews.

Domestic violence fatality review refers to the deliberative process of identification and review of deaths, both homicide and suicide, caused by domestic violence. Fatality reviews examine the systemic interventions into known incidents of domestic violence occurring in the family of the deceased prior to the

death for consideration of altered systemic response to avert future domestic violence deaths or for development of recommendations for coordinated community prevention and intervention initiatives to eradicate domestic violence. This deliberative process can be formal or informal and can provide basic demographic information or very detailed data on victims and perpetrators. The goals of domestic violence fatality review include prevention of future deaths and injuries due to domestic violence by examining deaths that have occurred through a lens of preventive accountability. Error recognition, responsibility, honesty, and systemic improvement should be the focus rather than denial, blame, and personalizing the review. By bringing diverse individuals to the table, fatality review teams are able to examine these deaths in much greater detail than one would otherwise expect.

A fatality review can offer more insight into the cause of death, leading to a solution to eliminate or decrease homicides, such as domestic violence deaths, elder abuse, and child abuse. The team, inclusive rather than exclusive, may comprise an attorney general or prosecutor, public defenders, media, researchers, child protective services, mental health workers, medical examiners, victim advocates, faith-based personnel, social workers, and any other interested community members.

A fatality review team, regardless of the focus, will examine all or some of the following reports: police department homicide logs; past investigation calls; newspaper reports; crime scene investigations; prior protective orders; civil court data; criminal histories; child protective agency data and prior abuse histories; psychological evaluations; medical examiners' reports; workplace information; medical histories; shelter data; school data; parole information; statements from neighbors, friends, family, and witnesses; and state statutes on domestic violence.

Fatality review team members will often incorporate what they have learned into their daily jobs, increasing awareness among those they encounter on a day-to-day basis. Multiagency cooperation also allows for a better understanding of the day-to-day case load and frustrations and celebrations each person encounters. The annual reports set forth by fatality review teams garner public attention and hopefully lead to increased reform.

Greater collaboration and understanding can lead to more funding, increased public awareness, and policy changes that reduce domestic violence–related deaths.

In addition to providing technical assistance to state fatality review teams, the NDVFRI also helps identify gaps in the delivery of services to domestic violence victims, perpetrators, and their families and assist agencies and service providers in rectifying these problems. The objectives of the NDVFRI are to prevent domestic violence and increase the safety of domestic violence victims.

Byron Johnson and Elizabeth Kelly

See also Child Death Review Teams; Danger Assessment Instrument; Domestic Violence Fatality Review; Femicide

Web Sites

National Domestic Violence Fatality Review Initiative: http://www.ndvfri.org/

National Domestic Violence Hotline

The National Domestic Violence Hotline (NDVH) was established in February 1996 from funding allocated in the Violence Against Women Act. NDVH is a national toll-free hotline that provides 24-hour crisis intervention and information and referral services. NDVH was developed and established as a program of the Texas Council on Family Violence, one of the largest and most established state coalitions in the country. NDVH operates on a budget with a combination of federal, state, and private funding sources. In 2006, NDVH fielded on average about 17,000 calls a month. In addition to providing callers with immediate crisis intervention and general information about domestic violence and the dynamics of abuse, the hotline maintains an extensive database of the available domestic violence services and other social services in communities across the nation.

Though many local domestic violence shelters maintain their own hotlines, NDVH with enhanced technical and financial resources is able to provide consistent, coordinated, and responsive services to callers throughout the country. As a result, NDVH has been successfully used to enhance national outreach campaigns, public service announcements, and media presentations about domestic violence. For example, the hotline's number has been published on the back of stamp packages, women's clothing labels, and during television shows that feature domestic violence content. In fact, NDVH's Web site provides a variety

of downloadable outreach materials that include numerous posters, information cards, and radio and TV public service announcements.

NDVH receives calls from survivors of domestic violence and from those who have not yet named their experiences as abuse. They receive many calls from friends and family members who are concerned that someone they care about is being abused and from professional helpers, such as police officers, physicians, nurses, and social workers, who are seeking information about how to respond to situations of domestic violence. They also receive calls from batterers and from batterer treatment providers. NDVH staff and volunteers answer calls in both English and Spanish, and interpreter services are utilized for over 140 languages. NDVH provides advocacy services to survivors of abuse in the deaf community through a TTY line and is currently implementing increased outreach to the persons who are deaf, deaf and blind, and hard of hearing using technology that is replacing TTY use. The deaf community is rapidly increasing in their use of personal handheld communication devices, which are widely available, well supported, portable, and require no special equipment, so in the fall of 2006, NDVH piloted interactions with the deaf community via instant messaging, live chats with an advocate on the NDVH Web site, and video conferencing to facilitate sign language interactivity.

Hotline advocates use active listening, safety planning, information sharing, and empowerment techniques to assist callers with their immediate concerns. NDVH is also using technology to better achieve its service mission. The hotline has recently upgraded computerized systems to improve its community resource database and allow for more sophisticated tracking of service requests and resource gaps. The NDVH Web site receives 30,000 (roughly 14,000 unique visitors) visits per month.

Shanti Kulkarni

See also Battered Women; Battered Women: Leaving Violent Intimate Relationships; Violence Against Women Act

Further Readings

Bell, H., & Kulkarni, S. (2005, October). *Assessing the service needs of survivors of intimate partner violence*. Austin, TX: Institute on Domestic Violence and Sexual Assault. Retrieved from http://www.utexas.edu/research/cswr/projects/pj0240rept.pdf

Web Sites

National Domestic Violence Hotline: http://www.ndvh.org/

National Family Violence Surveys

Social surveys are one source of data on family and intimate partner violence. There have been seven major national surveys that were designed and carried out with the specific purpose of assessing and examining the extent, correlates, causes, and consequences of family violence, intimate partner violence, and/or violence toward children. The majority of these surveys were one-time cross-sectional surveys. In addition, a number of surveys on topics such as youth violence or child and family well-being included one or more questions designed to measure the occurrence of family or intimate partner violence. For example, the National Survey of Families and Households (NSFH) included a single question that can be used to estimate partner violence. The question asked, "During the last year, how many fights with your partner resulted in (you/him/her) hitting, shoving, or throwing things at (you/him/her)?" The NSFH has been examined by some researchers interested in the extent and patterns of partner violence. Sharon Wofford and her colleagues administered the Conflict Tactics Scales during one wave of the National Youth Survey—a longitudinal study of a birth cohort in the United States. Terrie Moffitt and Avshalom Caspi administered a modified version of the Conflict Tactics Scales to a nationally representative birth cohort in Dunedin, New Zealand. The U.S. Department of Justice includes questions on intimate partner violence in the annual National Crime Victimization Survey (NCVS). The U.S. Department of Justice has published a number of reports on intimate violence based on the data collected by the NCVS.

This entry focuses exclusively on those national surveys designed and carried out with the goal of studying family violence, intimate partner violence, or violence toward children.

Family Violence Surveys

Murray Straus and Richard Gelles and their colleagues have carried out three national surveys of family violence: (1) in-person interviews with a

nationally representative sample of 2,143 respondents in 1976, (2) telephone interviews with a nationally representative sample of 6,002 respondents in 1985, and (3) telephone interviews with a nationally representative sample of 1,970 respondents in 1992.

Intimate Partner Violence

In terms of intimate partner violence, the rate of minor violence, violence that had a low probability of causing a physical injury, declined from 100 per 1,000 women in 1975 to about 80 per 1,000 in 1985 and then rose to 91 per 1,000 in 1992. More serious or severe acts of violence toward women (acts labeled *severe assaults* or *wife beating* by the investigators) declined from 38 per 1,000 in 1975 to 19 per 1,000 in 1992.

Violence Toward Children

Milder forms of violence, violence that most people think of as physical punishment, were the most common. However, even with the severe forms of violence, the rates were high. Abusive violence was defined as acts that had a high probability of injuring the child. These included kicking, biting, punching, hitting or trying to hit a child with an object, beating up a child, burning or scalding, and threatening to use or using a gun or a knife. Slightly more than two parents in 100 (2.3%) admitted to engaging in one act of abusive violence during the year prior to the 1985 survey. Seven children in 1,000 were hurt as a result of an act of violence directed at them by a parent in the previous year. Projecting the rate of abusive violence to all children under 18 years of age who live with one or both parents means that 1.5 million children experience acts of abusive physical violence each year and 450,000 children are injured each year as a result of parental violence.

National Surveys of Violence Toward Women

The Commonwealth Fund carried out a national survey of violence toward women in the early 1990s. A nationally representative sample of 1,324 was interviewed by telephone. The women's reported rate of victimization was 84 per 1,000 women, with 32 per 1,000 women reporting that they experienced at least one incident of severe violence in the previous year.

The National Violence Against Women Survey (NVAWS) involved telephone interviews with a nationally representative sample of 8,000 women and 8,000 men. The survey was conducted between November 1995 and May 1996. The NVAWS assessed lifetime prevalence and annual prevalence (violence experienced in the previous 12 months). The NVAWS used a modified version of the Conflict Tactics Scales to measure violence victimization. Nearly 52% of women surveyed (519 per 1,000—52,261,743 women) reported experiencing a physical assault as a child or adult. Nearly 56% of women surveyed (559 per 1,000—56,289,623 women) reported experiencing any form of violence, including stalking, rape, or physical assault. The rate of lifetime assault at the hands of an intimate partner was 221 per 1,000 for physical violence and 254 per 1,000 for any form of violence-victimization. The rates of forms of violence less likely to cause an injury, such as pushing, grabbing, shoving, or slapping, were the highest (between 160 and 181 per 1,000), while the rates of the most severe forms of violence (used a gun, used a knife, beat up) were the lowest (85 per 1,000 for beat up, 7 per 1,000 for used a gun).

The annual prevalence or incidence of violence was 19 per 1,000 for physical assault (1,913,243 women) and 30 per 1,000 for any form of violence victimization (3,020,910 women). The annual prevalence of women victimized by intimate partners was 13 per 1,000 for physical assault (1,309,061) and 18 per 1,000 (1,812,546 women) for all forms of victimization.

National Surveys of Violence Toward Children

Murray Straus and Julie Stewart carried out a national survey of physical punishment of children. A nationally representative sample of 900 adult parents was interviewed in a telephone survey. Straus and Stewart reported that 28.4% of parents of 2- to 4-year-olds and 28.5% of parents of 5- to 8-year-olds used an object to spank their child's bottom. Overall, the survey found that 74% of children less than 5 years old were hit or slapped by their parents.

David Finkelhor and his colleagues conducted a national survey of child victimization in 2002–2003. Interviews were carried with a nationally representative sample of 2,030 parents and children living in the contiguous states in the United States. The survey collected data on children ages 2 to 17 years. Slightly more than 1 in 7 children (138 per 1,000) experienced child maltreatment. Emotional abuse was the most frequent type of maltreatment. The rate of physical abuse (meaning that children experienced physical

harm) was 15 per 1,000, while the rate of neglect was 11 per 1,000. The overall projected extent of maltreatment was 8,755,000 child victims. The investigators also found that 35% of children experienced a physical assault at the hands of a sibling in the previous year. Boys and girls were nearly equally likely to be a victim of sibling violence. The rate of assault was highest for children 6 to 12 years of age.

Richard J. Gelles

See also Child Sexual Abuse; Conflict Tactics Scales; Incidence; Intimate Partner Violence; Measurement, Interpersonal Violence; National Crime Victimization Survey; National Institute of Justice; National Violence Against Women Survey; Sexual Abuse

Further Readings

Finkehor, D., Ormrod, R., Turner, H., & Hamby, S. H. (2005). The victimization of children and youth: A comprehensive national survey. *Child Maltreatment, 10*, 5–25.

Gallup Organization. (1995). *Disciplining children in America: A Gallup poll report.* Princeton, NJ: Author.

Gelles, R. J., & Straus, M. A. (1988). *Intimate violence.* New York: Simon & Schuster.

Rennison, C. (2003). *Intimate partner violence: 1993–2001.* Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence* (NCJ Publication No. 181867). Washington, DC: U.S. Department of Justice.

National Incident-Based Reporting System

The National Incident-Based Reporting System (NIBRS) is the U.S. Department of Justice's incident-based crime reporting system that collects information voluntarily submitted by city, county, and state law enforcement agencies. The NIBRS collects a variety of information or attributes about a crime incident after a participating police agency investigates the incident and finds that it involves at least one of 46 possible crime types. NIBRS grew out of the Federal Bureau of Investigation's (FBI's) Uniform Crime Reporting (UCR) Program, which the International Association of Chiefs of Police designed in 1929 to provide the United States with standardized crime statistics. The FBI implemented the program in 1930, and since its inception, it has remained virtually unchanged in terms of the summary data collected and format. In the late 1970s, the law enforcement community requested an evaluation of the UCR to understand whether the program could expand so that local police agencies might use it for crime analysis. In 1985, the FBI released the Blueprint for the Future of the Uniform Crime Reporting Program, which it used along with the help of law enforcement executives to formulate additional guidelines for the UCR program. The FBI then developed NIBRS to codify these guidelines and in 1989 began receiving incident-based data from the South Carolina Law Enforcement Division. The NIBRS is currently managed by the FBI's Criminal Justice Information Service Division, which in 1992 was established to serve as its central repository for criminal justice information.

Like its predecessor, the Offenses Known and Clearances by Arrest database, NIBRS contains data from thousands of police departments. But unlike its predecessor, the incident information is not summarized to the agency level. To replace or in concert with the summary information, police departments can submit up to 54 attributes for each incident to their state UCR program or directly to the FBI's UCR program. However, although its name implies a national scope, it is neither a census nor a representative sample of crime incidents known to U.S. law enforcement agencies. By 2004, 4,521 law enforcement agencies contributed records to the NIBRS, or about 27% of the agencies who submitted UCR summary data to the FBI. Nevertheless, this system still provides a substantial amount of standardized incident-level information extracted from police records systems for researchers to analyze at the incident, offense, victim, and offender levels.

For 10 years, the National Archive of Criminal Justice Data (NACJD) has released NIBRS to researchers for analysis. When combined across the first 10 years of usable data (1995–2004), the system has collected information on over 24 million crime incidents, 27 million offenses, and 26 million offenders and victims. For all 24 million incidents, the system contains detailed information about each offense, including type, weapon use, and bias motivation; the quantity and type of property loss, property description, property value, and drug type and quantity; offender information, such as age, sex, and race; arrestee information, such as arrest date and weapon use; and victim information, such as age, sex, ethnicity, and injuries. One of the key victim attributes is the nature of the

relationship between the victim and offender. Although not inclusive of all relationship types, this attribute does provide a police officer with a choice of picking one from a list of 25 victim–offender relationships. Among these 25 categories are several key interpersonal relationships, such as spouse, parent, child, boyfriend or girlfriend, and ex-spouse. Thus, NIBRS provides researchers with information to understand the nature and outcomes of interpersonal violence known to the police.

To facilitate analysis of these data, NACJD distributes them by year and organizes them into 13 linked databases. This format allows for a focus on a variety of aspects of a crime incident by the type of law enforcement agency, population size, or the date and time of the incident. Additional data added to the NIBRS by NACJD also facilitate time-series analysis within a selected jurisdiction, aggregated analysis within a geographical area (e.g., metropolitan or micropolitan statistical area), or evaluations of programs implemented in selected jurisdictions from different states.

Christopher D. Maxwell

See also Incidence; National Violence Against Women Survey; Police, Response to Domestic Violence; Prevalence; Prevalence, Measuring; Uniform Crime Reports

Further Readings

Federal Bureau of Investigation. (1999). *The structure of family violence: An analysis of selected incidents* (Report prepared using the National Incident-Based Reporting System to demonstrate utility of NIBRS No. 13). Retrieved from http://www.fbi.gov/ucr/nibrs/famvio21.pdf

Federal Bureau of Investigation. (2000, August). *National Incident-Based Reporting System:* Vol. 1. *Data collection guidelines.* Retrieved from http://www.fbi.gov/ucr/nibrs/manuals/v1all.pdf

National Incident-Based Reporting System resource guide. (n.d.). Retrieved September 1, 2006, from http://www.icpsr.umich.edu/NACJD/NIBRS

Overview of CJIS. (n.d.). Retrieved September 1, 2006, from http://www.fbi.gov/hq/cjisd/about.htm

National Institute of Justice

The National Institute of Justice (NIJ) is the research, development, and evaluation agency of the U.S. Department of Justice and is dedicated to researching crime control and justice issues. The NIJ was created by the Omnibus Crime Control and Safe Streets Act of 1968. Its principal authorities are derived from this act as amended (42 USC § 3721–3723) and Title II of the Homeland Security Act of 2002.

NIJ's mission is to advance scientific research, development, and evaluation to enhance law enforcement and the administration of justice and to promote public safety. It provides independent, evidence-based knowledge and tools to meet the challenges of crime and justice, particularly at the state and local levels. NIJ's six primary objectives are (1) research, (2) development, (3) evaluation, (4) testing, (5) technical assistance, and (6) dissemination. These objectives are guided by the priorities of the U.S. Department of Justice and the needs of the criminal justice field.

NIJ makes grants and cooperative agreements and enters into contracts with public agencies, institutions of higher education, or private organizations to conduct research, evaluation, or demonstration projects. It also develops new or improved approaches, techniques, systems, equipment, and devices to improve and strengthen the administration of justice. NIJ implements programs of social and behavioral research designed to provide information on the causes of crime and the effectiveness of criminal justice programs designed to prevent or reduce crime. It also provides instructional assistance through its various research fellowship programs. NIJ collects and disseminates data and information obtained by the institute or other federal and public agencies, institutions of higher education, or private organizations engaged in projects supported by the agency. In addition, NIJ makes recommendations for action that can be taken by federal, state, and local governments and by private persons and organizations to improve and strengthen criminal justice.

NIJ accomplishes its objectives through three offices that support and fulfill its mission. The Office of Research and Evaluation (ORE) develops, conducts, directs, and supervises social and behavioral research and evaluation activities. This process occurs through extramural research that involves outside researchers who often collaborate with criminal justice practitioners and intramural research conducted by ORE staff. The ORE consists of the Crime Control and Prevention Research Division, the Evaluation Division, the Justice Systems Research Division, the International Center, and the Violence and Victimization Research Division.

The Crime Control and Prevention Research Division is dedicated to improving law enforcement's response to crime. It supports applied research and evaluation of crime prevention programs. The major

program areas for the Crime Control and Prevention Research Division include police, firearms and violence, juvenile delinquency, terrorism (preparedness and response), identity theft, and crime mapping and analysis.

The Evaluation Division was developed in 2003 to oversee NIJ evaluations of other agencies' programs. The goal is to improve the utility of evaluation results for policy, practice, and program development. The Evaluation Division enables NIJ to develop its capacity to conduct cost-effectiveness evaluations of criminal justice programs and enhance the overall quality of its evaluations.

The Justice Systems Research Division is designed to enhance justice systems' responses to crime. The primary program areas of the Division are prosecution, including community prosecution, specialized courts, corrections (institutional and community), the Prison Rape Elimination Act, probation and parole, sex offenders, the Serious/Violent Offender Reentry Initiative, and restorative justice. Through research and evaluation in these program areas, the division helps NIJ achieve its goal of improving the administration of justice in the United States.

NIJ's International Center examines transnational crime and its impact both domestically and globally. A major focus of the International Center is to facilitate the exchange of ideas among criminal justice researchers and practitioners throughout the world. Program areas of the center include terrorism, human trafficking, organized crime and corruption, and emerging issues such as illegal logging and international gang-crime connections.

The Violence and Victimization Research Division seeks to increase the effectiveness and efficiency of justice systems' (criminal and civil) responses to violence, victimization, and victims of crime. The division also promotes the safety of women, children, and families. The major program areas for the division include violence against women (intimate partner violence, sexual violence, and stalking), elder abuse and neglect, victim compensation and assistance, and crime and justice in Indian Country.

The Office of Science and Technology (OST) manages technology research and development, development of technical standards, equipment testing, and forensic sciences capacity building programs. The OST also provides technology assistance to federal, state, and local criminal justice and public safety agencies. It consists of the Research and Technology Development Division, the Investigative and Forensic Sciences Division, and the Technology Assistance Division.

The Research and Technology Development Division develops tools and knowledge to address the technology needs of the criminal justice practitioner community except in the area of forensic science. Its major programs include body armor, cyber crime, explosive detection and remediation, biometrics, sensors and surveillance, pursuit management, and less lethal technology. The Investigative and Forensics Sciences Division develops tools and knowledge to address the technology needs of the forensic science community. The main programs of this division include DNA research and development, cold-case and backlog reduction grants, the Coverdell Forensic Science Improvement Grant Program, and the Forensic Resource Network. The Technology Assistance Division is responsible for NIJ's compliance testing and standards programs. Its two major programs are the Body Armor Initiative and the National Law Enforcement and Corrections Technology Center System.

The Office of the Director sets policy for the institute, identifies priorities, develops strategic plans, allocates budgetary and human resources, oversees management activities, fosters collaboration with other federal agencies, and coordinates the institute's communications with external reviewers and stakeholders. It develops and disseminates all NIJ communication products and activities, including print publications, conference and outreach materials, and electronic products (such as Web materials and CD-ROMs). NIJ conducts these activities through its Planning and Management and Communication Divisions. NIJ is the only federal agency solely dedicated to improving criminal justice policy and practice throughout the country and the world.

Angela Moore Parmley

See also Office on Violence Against Women

Web Sites

National Institute of Justice: http://www.ojp.usdoj.gov/nij

National Latino Alliance for the Elimination of Domestic Violence

The National Latino Alliance for the Elimination of Domestic Violence (Alianza) is part of a national effort to address the domestic violence needs and concerns of underserved populations. It represents a

growing network of Latina and Latino survivors, advocates, practitioners, researchers, and community activists. As noted on Alianza's Web site, its mission is to "promote understanding, initiate and sustain dialogue, and generate solutions that move toward the elimination of domestic violence affecting Latino communities, with an understanding of the sacredness of all relations and communities."

The Administration for Children and Families of the U.S. Department of Health and Human Services (DHHS) has supported the development of a national network of organizations to support work on domestic violence in specific communities. In addition to Alianza, these include the Institute on Domestic Violence in the African American Community, Asian and Pacific Islander Institute on Domestic Violence, and Sacred Circle National Resource Center to End Domestic Violence Against Native Women.

Alianza evolved from a national steering committee that was established in January 1997 and composed of Latinas and Latinos with a history of national leadership on the issue domestic violence. The steering committee then organized a *National Symposium on La Violencia Doméstica: An Emerging Dialogue Among Latinos* in the fall of 1997. The symposium proceedings, published in 1999, generated a national dialogue on domestic violence in Latino communities. At the symposium, the creation of a national organization was suggested, and in March 1999, the Alianza was formed. The next year, Alianza received funding from DHHS enabling it to hire core staff and to establish an office in New York City. By 2004, Alianza had moved into its own offices and received tax-exempt status as an independent nonprofit organization.

Programs and Projects

Alianza enhances the knowledge and skills of Latino/a service providers, advocates, and survivors and develops culturally and linguistically relevant resource materials. It raises awareness about the devastating effects of domestic violence on Latino families and communities and provides information about existing laws, options, resources, and services.

Alianza supports culturally competent research that informs the development of policies and programs sensitive to the needs of Latino communities. It assists researchers in conducting focus groups and community assessments and supports the mentoring of students and other Latino/a researchers. Alianza advocates for and helps to formulate policies that help prevent and end domestic violence in Latino communities and advocates for the allocation of adequate resources.

Ricardo Antonio Carrillo and Adelita M. Medina

See also Asian & Pacific Islander Institute on Domestic Violence; Institute on Domestic Violence in the African American Community; Sacred Circle National Resource Center to End Violence Against Native Women

Web Sites

Alianza: http://www.devalianza.org

National Network to End Domestic Violence

The mission of National Network to End Domestic Violence (NNEDV) is to create a social, political, and economic environment in which domestic violence no longer exists. NNEDV was formed in 1990 by state domestic violence coalitions who initiated early discussions about federal domestic violence policy. NNEDV is a 501(c)(4) membership and advocacy organization that works on behalf of 53 state and U.S. territory domestic violence coalitions, which represent more than 2,500 local domestic violence programs and millions of domestic violence victims.

NNEDV has created a public policy voice for victims of domestic violence, secured increases in federal funding for domestic violence organizations, protected victims from unfair eviction and denial of subsidized housing, argued for recognition of private and privileged communications for victims of domestic violence, and worked to keep firearms out of the hands of abusers. In 1994, NNEDV spearheaded the passage of the Violence Against Women Act (VAWA) and played a leading role in reauthorizing VAWA in 2000 and 2005. NNEDV works with other national organizations and committees working to end domestic violence, such as the Campaign for Funding to End Domestic and Sexual Violence and the committee to reauthorize the Family Violence Prevention and Services Act, and to protect the Victims of Crime Act Fund. NNEDV also acts as a leader in the appropriations process, working with congressional staff to

provide funding for programs included in legislation that has been passed by Congress and chairs the National Task Force to End Sexual and Domestic Violence.

In 1995, NNEDV established its sister organization, the NNEDV Fund. The NNEDV Fund is a 501(c)(3) organization that provides training and technical assistance for state and territory domestic violence coalitions and works to increase public awareness of domestic violence issues. The NNEDV Fund's work supports victims by generating support for local domestic violence programs by offering direct financial assistance for victims and by helping victims enhance their safety through technological awareness. The NNEDV Fund also works with coalitions and local programs to change systems by providing training for law enforcement agencies, court officials, judges, prosecutors, state agencies, and housing authorities to ensure that the unique needs of victims are being met and that abusers are being held accountable for their crimes. Additionally, the NNEDV Fund strives to engage communities in the fight to end domestic violence by raising public awareness in communities across the country, training advocates, and changing public attitudes about domestic violence.

NNEDV and the NNEDV Fund bring coalitions together through innovative programming to develop solutions to critical and emerging issues, both locally and nationwide. Key initiatives include economic empowerment and self-sufficiency; emergency financial assistance for domestic violence victims; safe and strategic technology awareness and addressing technology misuse; transitional and long-term housing development; women of color leadership; VAWA implementation and legislative issues; voter education, engagement, and confidentiality; and training and technical assistance planning. Within these initiatives, NNEDV and the NNEDV Fund's work focuses on uniting local, statewide, and national advocates to keep domestic violence at the forefront of national debate.

Sue Else and Allison Randall

See also Family Violence Prevention and Services Act; High-Tech Violence Against Women; Victims of Crime Act; Violence Against Women Act

Web Sites

National Network to End Domestic Violence: http://www.nnedv.org/

National Organization for Women

The National Organization for Women (NOW) was founded on June 30, 1966, by 28 women and men in attendance at the Third National Conference of the Commission on the Status of Women. This conference is the successor to the Presidential Commission on the Status of Women, and although the group made findings of widespread discrimination based on sex, the administration prohibited the delegates from passing resolutions or making any formal recommendations during the 1966 conference. Frustrated by this lack of power, a group of delegates decided to form an independent feminist organization.

The original purpose of the organization, as written by founders Betty Friedan and Pauli Murray, was "to take action to bring women into full participation in the mainstream of American society now, exercising all privileges and responsibilities thereof in truly equal partnership with men." The purpose remains largely unchanged, with the current Statement of Purpose reading: "Our purpose is to take action to bring women into full participation in society—sharing equal rights, responsibilities, and opportunities with men, while living free from discrimination."

Current membership includes 500,000 individuals and 550 chapters around the United States. The entire general membership meets annually in conference and is the supreme governing body of the organization. Four elected officers lead the national level of the organization along with a national board of directors and a national issues committee. Betty Friedan, founder and author of *The Feminine Mystique,* served as the organization's first president. The National Board of Directors governs the organization according to the direction set at the conference. Members are elected to the board by nine regional divisions. Local chapters are located in all 50 states and the District of Columbia and carry out local activism and programming. State organizations work to develop chapters and coordinate activities across the state.

Identification of NOW as a radical feminist organization has its roots in a split in the organization's leadership. The adoption of lesbian, abortion, and contraceptive rights split the leadership of NOW, causing its more conservative leaders to form alternative organizations and shifting the balance of power at NOW. Their platform and legislative and social

actions are consistently viewed in light of the political alliances of its leaders.

NOW and Interpersonal Violence

Calling itself "one of the few multi-issue progressive organizations in the United States," NOW works to connect the various forms of oppression, recognizing that racism, homophobia, and classism are intimately connected to sexism. Rather than fighting against other oppressed and marginalized groups, NOW seeks to unite with other people and organizations.

The top six current priorities for NOW are reproductive freedom, diversity and ending racism, ending violence against women, rights for lesbian women, constitutional equality for women, and economic justice.

Interpersonal violence is addressed by NOW as one of several interrelated issues of violence against women. NOW believes that intimate partner violence, like sexual assault, domestic violence, sexual harassment, and gender bias hate crimes, is the result of long-standing patriarchal views on women as subservient to men.

NOW furthers its priorities through education, protest, lobbying, registering voters, and endorsing feminist candidates for office, bringing lawsuits, demanding fair judiciaries, and working in coalition with other progressive organizations. One such priority has been the Violence Against Women Act (VAWA) passed in 1994 and reauthorized in 2000 and 2005. NOW is currently lobbying for adequate federal funding for VAWA programs.

NOW also works to change laws affecting intimate partner violence at the state level. NOW operatives seek to enact more stringent laws recognizing and punishing intimate partner violence. Proposed legislation would include efforts to improve mandatory arrest and report policies and to increase funding for shelters and hotlines. NOW has proposed laws recognizing and punishing crimes like marital rape and stalking. NOW also advocates classification of intimate partner violence as a felony rather than as a misdemeanor offense, a classification that would mandate greater judicial consideration of intimate partner violence in custody and divorce proceedings.

NOW also works to ensure that victims of violent crimes are treated with respect and dignity. NOW pressed legislatures to provide victims of rape with adequate health care, including providing rape victims the morning-after pill to prevent pregnancy. NOW further works with service providers and the media to prevent revictimization of women, endeavoring to ensure that victims are neither treated unfairly nor portrayed as perpetrators.

NOW's legislative initiatives reflect the organization's belief that change must be achieved through both legal and social action. NOW is currently pursuing a public education campaign to better inform society about violence against women and to make it socially unacceptable. Myths surrounding victims of violence are pervasive in society. Victims of rape are often met with preconceived notions about false accusations or moral culpability. Victims of intimate partner violence are similarly faced with assumptions that the violence is just a marital spat in which both parties are responsible. Public education is considered a means of dispelling myths about the perpetrators and victims of violence. NOW is a frequent sponsor of national and local Take Back the Night marches.

NOW is also dedicated to ending violence against women at an international level. NOW has campaigned extensively to protect the women of Ciudad Juarez, Mexico, where hundreds of women disappear under mysterious circumstances, many of whom are discovered to be victims of brutal rape and murder. NOW pressured both American and Mexican officials to investigate and prosecute those responsible, and with the efforts of NOW and its sister organizations, significant progress was made in protecting the women of Juarez.

Juley Fulcher, Jill Fertel, and Sarah K. Brown

See also Feminist Movements to End Violence Against Women; Feminist Theories of Interpersonal Violence; Take Back the Night; Violence Against Women Act

Further Readings

Friedan, B. (1963). *The feminine mystique.* New York: Norton.

Friedan, B. (n.d.). *National Organization for Women's 1966 statement of purpose*. Retrieved from http://www.now.org/history/purpos66.html

National Organization for Women. (n.d.). *About NOW: We want it all*. Retrieved from http://www.now.org/about.html

Web Sites

National Organization of Women: http://www.now.org

National Resource Center on Domestic Violence

The primary focus of the National Resource Center on Domestic Violence (NRCDV) is to inform, coordinate, and strengthen public and private efforts to end domestic violence. Through technical assistance and training and the development of resource materials and special projects, the NRCDV supports and enhances the domestic violence intervention and prevention efforts of communities and institutions. The Pennsylvania Coalition Against Domestic Violence has received core funding to operate the NRCDV since 1993 from the U.S. Department of Health and Human Services (DHHS), with supplemental funds from the Centers for Disease Control and Prevention (CDC) to support VAWnet, its national online resource center.

The NRCDV employs a diverse and multidisciplinary staff supported by a team of nationally recognized consultants and advisors. The technical assistance and training provided by the NRCDV is both reactive and proactive, not only responding to requests from the field, but also anticipating needs for information and guidance around emerging policy and practice issues. The NRCDV's mandate is broad, and training and technical assistance is provided on such diverse topics as teen dating violence, media advocacy, working with the faith community, economic empowerment strategies, culturally competent program design, effective program management strategies, and the building and sustaining of multidisciplinary collaborations, among others. Complementary and closely linked to the provision of technical assistance and training is the NRCDV's development of fact sheets, curricula, policy and practice briefs and manuals, applied research papers, funding alerts, annotated publications lists, information packets, and other materials widely disseminated through VAWnet, the NRCDV's national online resource center, and through other organization Web sites, mailings, and trainings.

The NRCDV has developed a number of special projects designed to focus more deeply on an emerging issue, provide specialized and comprehensive assistance to a particular constituent group, or address a pressing unmet need. In 2006, these projects included the following:

The Domestic Violence Awareness Project—supporting the community awareness and education efforts of domestic violence programs;

Document Our Work—designing tools to capture the scope, value, and impact of local and state domestic violence programs;

The Women of Color Network—promoting and supporting the leadership of women of color activists;

Building Comprehensive Solutions to Domestic Violence—promoting more holistic program and policy responses to domestic violence; and

VAWnet: The National Online Resource Center on Violence Against Women—NRCDV's CDC-funded Web site initiative.

Two toll-free telephone lines (800-537-2238 and TTY 800-553-2508) and a Web site (www.nrcdv.org) enable a caller to access NRCDV's training, technical assistance, and resource materials. The NRCDV is a key member of the Domestic Violence Resource Network to coordinate policy development, training and program planning, and built strong and mutually supportive relationships with the three DHHS-funded culturally specific Institutes and recently funded National Training and TA Center on Domestic Violence, Mental Health and Trauma.

Anne Menard

See also Domestic Violence Resource Network; Women of Color Network

Web Sites

National Resource Center on Domestic Violence: http://www.nrcdv.org
VAWnet: The National Online Resource Center on Violence Against Women: http://www.vawnet.org
Women of Color Network: http://womenofcolornetwork.org/

National Sexual Violence Resource Center

The National Sexual Violence Resource Center (NSVRC), with funding from the Centers for Disease Control and Prevention, developed as the nation's principal information and resource center regarding all aspects of sexual violence. Founded in 2000 by the Pennsylvania Coalition Against Rape, the NSVRC continues to provide leadership in all aspects of

antisexual violence work. It collects and disseminates a wide range of resources on sexual violence, including statistics, research, statutes, training curricula, prevention initiatives, and program information.

The NSVRC assists coalitions, local programs, and others working to end and prevent sexual violence. Allied organizations, government agencies, and the general public also turn to the NSVRC for information and resources. The NSVRC provides national leadership by generating and facilitating the development and flow of information on sexual violence intervention and prevention strategies. It has become a critical resource to the nation, providing technical assistance and professional consultation to sexual violence prevention programs and allied professionals.

The NSVRC develops a variety of resources such as booklets, toolkits, and directories in addition to annual national Sexual Assault Awareness Month campaign materials and its bi-annual news publication, *The Resource.* These and other useful listings, including funding announcements, job opportunities, and scheduled trainings around the country, appear on its Web site. The NSVRC also maintains an extensive online library.

Over the years, the NSVRC has increased its support with additional funding from other organizations, foundations, and governmental agencies as it expanded its involvement in special projects and initiatives. These efforts have led to the production of additional resources, collaborative relationships, and greater national impact.

The NSVRC has become known for its strong emphasis on the prevention of sexual violence. At the same time, it maintains a commitment to supporting the field in its advocacy and intervention work. Throughout its existence, the NSVRC has embraced projects that focus attention on and increase resources for underserved or marginalized communities and culture; these efforts have extended into the U.S. territories and various global issues of sexual violence and trafficking.

Susan Lewis

See also Rape Crisis Centers; Rape/Sexual Assault; Sexual Abuse; Sexual Assault Nurse Examiner; Sexual Assault Response Team

Web Sites

National Sexual Violence Resource Center: http://www.nsvrc.org

National Violence Against Women Survey

In an effort to increase knowledge regarding violence against women, the National Institute of Justice and the National Centers for Disease Control and Prevention cosponsored the National Violence Against Women Survey (NVAWS). Using a screener and incident format, principal investigators Patricia Tjaden and Nancy Thoennes estimated lifetime and annual prevalence and annual incidence rates of violence.

Background

The NVAWS, fielded late 1995 through mid-1996, used random digit-dialing and computer-assisted telephone interview to gather victimization data from 8,000 women and 8,005 men, age 18 or older. Participation rates were 72% for females and 69% for males.

Respondents were questioned about their overall fear of violence, about how they managed these fears, and about information on power, control, and emotional abuse sustained from current and former marital and cohabiting partners. Data on forcible rape, stalking, physical assaults perpetrated by adult caretakers when the respondents were children, physical assaults perpetrated by any offender as an adult, and threatened violence were obtained. In addition, respondents' and their current spouse and/or partner's demographic information were collected.

Investigators concluded that the NVAWS sample was similar to the population after a comparison with the U.S. Census Bureau's 1995 Current Population Survey. A lack of representation is noted, as the sample underrepresents older people, those less than 30, less-educated people, African Americans, and Hispanic males.

Estimates

NVAWS findings show that 51.9% of females and 66.4% of males were physically assaulted during their life and that 1.9% of women and 3.4% of men were physically assaulted during the previous year. An estimated 17.6% of females and 3.0% of males sustained a completed or attempted rape during their lifetime, while 0.3% of females and 0.1% of males were victims of the same during the previous year. NVAWS revealed that 8.1% of females and 2.2% of males were

stalked during their life, while 1.0% of women and 0.4% of men were stalked in the prior year. Although published estimates are nominally higher than other estimates, many are not statistically different.

Advantages and Disadvantages

The principal investigators state that the NVAWS has advantages over other victim surveys. State-of-the-art techniques were utilized to protect the confidentiality of the data and to minimize risk of additional trauma to respondents. The survey allowed for both prevalence and incidence estimates. And multiple, behaviorally specific screen questions were utilized to increase clarity of the information desired.

One limitation of the NVAWS is the small number of victims from which estimates are calculated. Though 8,000 males and 8,000 females completed interviews, few were victims. Among females, NVAWS annual incidence estimates are based on 24 rape, 80 stalking, 152 physical assault, and 168 rape and/or physical assault victims. In total, estimates come from 240 female victims. Similarly, annual incidence estimates for males come from 312 individuals.

Although lifetime estimates are based on a greater number of victims, sample size problems are evident when comparing subgroups. For example, lifetime estimates of completed or attempted rapes are based on 146 African American, 9 Asian/Pacific Islander, and 30 American Indian/Alaska Native female victims. Lifetime estimates of stalking are based on 51 African American, 6 Asian/Pacific Islander, and 15 American Indian/Alaska Native female victims.

Callie Marie Rennison

See also Assault; Intimate Partner Violence; Rape/Sexual Assault; Stalking; Victimology

Further Readings

Bachman, R. (2000). A comparison of annual incidence rates and contextual characteristics of intimate partner violence against women from the National Crime Victimization Survey (NCVS) and the National Violence Against Women Survey (NVAWS). *Violence Against Women, 6*, 839–867.

Rand, M., & Rennison, C. (2005). Bigger is not necessarily better: An analysis of violence against women estimate from the National Crime Victimization Survey and the National Violence Against Women Survey. *Journal of Quantitative Criminology*, *21*(3), 267–291.

Tjaden, P., & Thoennes, N. (2000, November). Full report of the prevalence, incidence and consequences of violence against women: Findings from the National Violence Against Women Survey (Report No. NCJ 183781). Washington, DC: National Institute of Justice and Centers for Disease Control and Prevention. Retrieved from http://www.ncjrs.gov/pdffiles1/nij/183781.pdf

Neuropsychological Factors in Impulsive Aggression and Violent Behavior

Episodically aggressive offenders, both impulsive and predatory, constitute one of the most pressing problems for law enforcement, courts, and corrections, not to mention the general public. This subgroup of offenders is largely responsible for the following: (a) a disproportionate amount of aggressive crimes against persons, (b) high recidivism rates, (c) a significant number of institutional rule violations, (d) high rates of substance abuse, and (e) intractability and poor treatment outcomes. Repetitively aggressive offenders are often diagnosed with antisocial personality disorder (ASPD), and a subset of these as psychopathic. Their personal histories are typified by childhood aggression, insensitivity to punishment, emotional dysregulation, risk taking, and sensation seeking. These inmates are recommitted more often than other inmates, a majority of them recidivate with aggressive offenses, and they are likely to develop an early and more severe course of drug abuse. Yet few community, private, or correctional programs are available to treat these offenders or, more importantly, to prevent the development of these behaviors before they stabilize. There are clear public safety benefits to being able to accurately identify and characterize these offenders in terms of conditions that may underlie or contribute to their dysregulated behavior in order to direct more effectively treatment and prevention resources.

Recent research on underlying mechanisms in aggression may be applicable to this problem and has implications for more effective interventions. Various neuropathological conditions (attenuated frontal P300 amplitude, reduced prefrontal glucose metabolism, subdued physiological responses to alcohol, neuropsychological deficits, differences in neurotransmitter metabolism and activity levels, and heightened stress dampening) have been associated with these

dysregulated behaviors, suggesting that neurobiological processes may underlie risky behaviors. In particular, studies have consistently found that deficits in certain neuropsychological functions correlate with and predict aggression, impulsivity, violence, and other forms of persistent misconduct in both children and adults. What is emerging from these studies is that although many offenders may function adequately in terms of basic cognitive skills such as memory, intelligence, and learning ability, those who repeatedly engage in very risky behaviors may have deficits in what is called *executive cognitive functions* (ECFs), higher-order neuropsychological skills. ECFs include a subset of higher-order neuropsychological abilities and their measurement has become more refined, noninvasive, and reliable, making it more amenable to conducting these studies with offenders.

ECF abilities include social skills, impulse control, assessment of and sensitivity to consequences, motivation, attention, and emotional perception and regulation. Deficits in these abilities have been implicated in aggression and are thought to be responsible for a number of traits often seen in aggressive offenders, such as poor social skills and decision-making ability, insensitivity to punishment, impulsivity, inattention, impaired problem solving, cognitive inflexibility, and lack of goal-directed behaviors. And because ECFs regulate and, in most cases, inhibit emotional responses, ECF deficits are also associated with poor emotional regulation and inaccurate perceptions of emotion in others. In essence, impaired ECF may compromise the ability to interpret social cues during interpersonal interactions, which may lead to misperceptions of threat or hostility. As a result, difficulties arise in generating socially adaptive behaviors and in executing responses to avoid aggressive or stressful interactions. Also, compromised cognitive control over behavior may permit hostility, negative affective states, and other maladaptive responses to dominate.

Neural regulatory mechanisms in cognitive impairments that may specifically subserve dysregulated behaviors involve the prefrontal cortex (PFC) and its circuitry to areas of the limbic system. Certain regions of the PFC play a role in neuropsychological functions that support forethought, behavioral inhibition, and capacity to learn from experience. The PFC also plays a role in the regulatory system, controlling emotional perceptions, regulation of emotional responses, and moods. Populations with damage to this circuitry show increased extroversion, impulsivity, irritability, aggressiveness, and various antisocial behaviors, as well as impairments in ability to make rational decisions and difficulties in processing emotion.

There is evidence that a disconnect between the PFC and structures in the limbic system (an emotional center) may be responsible for these dysregulated behaviors via neuropsychological impairments. Sources of damage to this circuitry that may disrupt ability to assess consequences and regulate impulses include head injury, adversity, prenatal drug exposure, neurotoxins, childhood deprivation, child abuse, and chronic drug use. Many of these factors are environmental, suggesting that the PFC is sensitive to external physical and social influences. Psychosocial stress can alter PFC function and contribute to ECF impairment. The volume and function of particular brain structures, including the PFC and limbic system, are associated with social stress and adversity. Perhaps not coincidentally, the incidence of adverse social (e.g., child abuse) and physical (e.g., head injury) experiences is high in offender populations. Those with brain dysfunction are significantly more likely to have been indicted for violent crimes.

Of particular interest is the connection between neuropsychological impairment and psychopathy. Psychopaths with aggressive behavior have been distinguished from nonpsychopaths on the basis of neuropsychological functioning of the PFC. Prefrontal lobe damage has been reported in a significantly greater percentage of subjects with a history of violent crimes than those with no such damage. Neuroimaging studies report diminished brain activity in the PFC in individuals with persistent violent behavior.

In summary, the prevalence of neuropsychological dysfunction is significantly greater in violent offenders than in nonaggressive offenders and in the general population. This evidence suggests that treatments designed to enhance functionality and connectivity between neural systems may be effective behavioral modifiers.

Diana Fishbein

See also Biochemical Factors in Predicting Violence; Psychophysiological Factors in Predicting Violence

Further Readings

Barratt, E. S., Stanford, M. S., Kent, T. A., & Felthous, A. R. (1997). Neuropsychological and cognitive psychophysiological substrates of impulsive aggression. *Biological Psychiatry, 41*, 1045–1061.

Davidson, R. J., Putnam, K. M., & Larson, C. L. (2000). Dysfunction in the neural circuitry of emotion regulation—A possible prelude to violence. *Science, 289,* 591–594.

Elliott, F. A. (1992). Violence: The neurologic contribution: An overview. *Archives of Neurology, 49,* 595–603.

Fishbein, D. H. (Ed.). (2000). *The science, treatment and prevention of antisocial behaviors: Applications to the criminal justice system.* Kingston, NJ: Civic Research Institute.

Fishbein, D. H. (Ed.). (2004). *The science, treatment and prevention of antisocial behaviors* (Vol. 2). Kingston, NJ: Civic Research Institute.

Kandel, E., & Freed, D. (1989). Frontal-lobe dysfunction and antisocial behavior: A review. *Journal of Clinical Psychology, 45,* 404–413.

Mirsky, A. F., & Siegel, A. (1994). The neurobiology of violence and aggression. In A. J. Reiss, Jr., K. A. Miczek, & J. A. Roth (Eds.), *Violence: Biobehavioral influences* (Vol. 2, pp. 59–172). Washington, DC: National Academy Press.

Raine, A. (1993). *The psychopathology of crime: Criminal behavior as a clinical disorder.* New York: Academic Press.

Raine, A., Buchsbaum, M., & LaCasse, L. (1997). Brain abnormalities in murderers indicated by positron emission tomography. *Biological Psychiatry, 42,* 495–508.

Volavka, J. (1995). *The neurobiology of violence.* Washington, DC: American Psychiatric Press.

No-Drop Prosecution

Prosecutors are said to drop charges when they decline to prosecute, or *nolle prosequi,* a previously filed case, prior to trial. By extension, it is commonly said that victims of intimate partner violence drop charges when they cause criminal charges against abusers to be dismissed, either by a request to the prosecutor or by their unwillingness to participate in criminal proceedings. A no-drop prosecution policy prohibits prosecutors from dismissing charges and thereby denies victims the opportunity to drop charges.

No-drop prosecution has been advocated for cases of domestic violence as a means of ensuring that criminal justice runs its course from arrest through judicial processing. Taken literally, the policy limits the discretion of prosecutors to dispose of cases without holding a defendant accountable. It may be held out as part of a prosecutor's public stance favoring mandatory prosecution or as a commitment to ensuring that cases of domestic violence get their day in court. In practice, the policy is less a mandate for prosecutors than a tool for ensuring that victims are afforded the protection of criminal justice. It is meant to demonstrate that the crime is a crime against the state, that prosecutors have a duty to pursue charges, and that it will do no good for a defendant to coerce his or her victim into dropping charges, as the victim has no control over the case.

There are jurisdictions in the United States where prosecutors are so committed to this policy that they will coerce victim participation in the prosecution of a case by threatening the victim with possible arrest should he or she fail to appear in court when subpoenaed. Such a *hard* no-drop policy may have the effect of serving to deter prospective batterers from abusing their partners for fear that they will find themselves in a system dedicated to prosecution, irrespective of victim wishes. In reality, however, many prosecutors understand that victims could be endangered if coerced to participate in the prosecution, and so they are allowed to drop charges.

A *soft* no-drop policy is one under which a prosecutor publicly proclaims that, once filed, charges will not be dropped, but the prosecutor then takes into account each victim's special circumstances in determining how best to respond to the victim's request to drop charges. A soft no-drop policy acknowledges that prosecution may jeopardize the victim or the victim's family. Thus, it respects each victim's understanding of her or his own safety, even as it supports the potential for general deterrence, because the no-drop public stance serves to notify abusers of the prosecutor's resolve to pursue domestic violence as a serious crime.

No-drop prosecution is a particularly contentious issue. It seems to pit prosecutors' representation of state interests in justice and accountability against victim expectations for personal justice and protection. Prosecutors act as attorneys for the state with a responsibility to seek justice on behalf of its citizens. It may be that no-drop prosecution is a general deterrent to domestic violence, but extant research challenges the assumption that no-drop prosecution will protect a specific victim from continuing violence. Further research is needed to explore the full range of impacts that no-drop prosecution has in protecting both victims who seek safety through prosecution and those who expect the criminal justice system to reduce the risk of intimate partner violence in the population at large.

David A. Ford

See also Legal System, Criminal Justice System Responses to Intimate Partner Violence; Mandatory Arrest/Pro-Arrest Statutes; Prosecutorial Practices, Intimate Partner Violence

Further Readings

Ford, D. A. (2003). Coercing victim participation in domestic violence prosecutions. *Journal of Interpersonal Violence, 18,* 669–684.

Wills, D. (1997). Domestic violence: The case for aggressive prosecution. *UCLA Women's Law Journal, 7,* 173–182.

Nonoffending Parents of Maltreated Children

Nonoffending parents of maltreated children are those parents who do not actually commit the abuse against the child, but who are responsible for protecting the child after the abuse. For example, when a child is physically abused by a mother, the father is the nonoffending parent. The majority of literature on nonoffending parents is written about parents of sexually abused children. Sexual abuse is different from other types of child maltreatment in that the vast majority of offenders are male and nonoffending parents are female.

Because of the disproportionate representation of the poor in child welfare, there is also an overrepresentation of poor single mothers. This overrepresentation and the historical bias of considering the mother primarily responsible for the child also contribute to the emphasis by child welfare on nonoffending mothers rather than on nonoffending fathers. Thus, when a child is sexually abused, regardless of whether a mother or father figure is available, the mother is typically assumed to be responsible for the ongoing care, protection, and support of the child.

Nonoffending Mothers and the Early Literature

The historical understanding of the nonoffending mothers' responses to their children's sexual abuse was profoundly influenced by Freudian psychoanalytic theory. To understand how this theory conceptualized mothers, it is helpful to understand how it conceptualized the victim, assumed to be the daughter. Psychoanalytic theory assumed that the daughter seduced her father and then actively participated in the ongoing abuse. Not coincidentally, the mother was assumed to set up the dynamics for the abuse, know about the ongoing abuse, and even allow it to continue. Again, the rationale for this belief system was that the abuse occurred more than one time. Clinicians simply could not understand how the abuse could happen more than one time without the active participation of the child and the active or passive encouragement of the mother.

As theories of human behavior moved away from an intrapsychic (psychoanalytic) perspective in the last half of the 20th century, incest began to be framed within a family systems framework, with the mother being considered the center around which a dysfunctional family system evolved. Again, she was purported not only to set up the dynamics for the abuse but also to contribute to its continuation because of its purported gain for her. Of course, today it is understood that this belief is not the case, but the historic bias against nonoffending mothers of sexually abused children lingers in some areas.

Possible Effects of Early Literature

How much this literature contributed to the belief system of Child Protective Services workers is not known, but what is known is that during this same period of time, child welfare workers appeared to maintain a belief system that the mother was as much to blame for the abuse as the father or perpetrator and that she knew about the ongoing abuse. This belief system may continue, as approximately half of sexually abused children are removed from their homes by Child Protective Services within the first year following the abuse disclosure, and approximately two thirds to three fourths are removed by the end of the second year. For these children to be removed, the nonoffending parents would have to be considered incapable of providing appropriate support and protection to their children. Indeed, in just less than half of all cases of substantiated sexual abuse, mother figures are categorized by Child Protective Services as sexual offenders. In cases of parental incest, over half of mothers are categorized as sex offenders. In comparison, in the more accurate random prevalence studies of child sexual abuse, less than 1% of all sexual abuse is committed by mothers. The inevitable conclusion is that Child Protective Services is categorizing extraordinarily more mothers as being involved in the sexual abuse than actually occurs.

Recent Understanding of Nonoffending Parents

A more holistic understanding of nonoffending parents has emerged in recent years. Many researchers and clinicians recognize the contexts within which the nonoffending parent and victim reside and the complex systems with which they interface. Not only are multiple dynamics occurring within the family, but also families are responding to a Child Protective Services system that is making increased demands upon the family. Nonoffending parents may experience Child Protective Services, as well as other systems designed to support the welfare of the abused child, as hostile to them and to the structure of their family. Further, nonoffending parents may be experiencing their own traumatic responses after finding out that their child was sexually abused.

Even in this enormously difficult environment, most nonoffending parents respond with partial or full support of their children after disclosure. This important finding suggests that most nonoffending parents are capable of and motivated to support their children. Other important studies have found that parental support is amenable even to brief treatment and education. Finally, there is emerging evidence that working with both the child and nonoffending parent in treatment is associated with important reductions in symptoms in children and parents and is also associated with increased parental support.

These emerging findings suggest that Child Protective Services may be able to work more closely and flexibly with nonoffending parents with the hope that eventually more sexually abused children may remain safely in their homes with their nonoffending parents. Doing so is important for helping these children to maintain their very critical attachments with their nonoffending parents while averting the enormous trauma of the rupture of these attachments. Thus, it is hoped that emerging trends in the literature will provide a more holistic understanding of responses of nonoffending parents while also providing enhanced support for the parents and their children.

Rebecca M. Bolen

See also Attachment Disorder; Child Protective Services; Child Sexual Abuse; Failure to Protect; Parental Alienation Syndrome

Further Readings

Bolen, R. M. (2001). *Child sexual abuse: Its scope and our failure.* New York: Kluwer Academic/Plenum Press.

Elliott, A. N., & Carnes, C. N. (2001). Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment, 6*(4), 314–331.

NOW Legal Defense and Education Fund

See Legal Momentum

ENCYCLOPEDIA OF
Interpersonal VIOLENCE
VOLUME 2

Edited by
Claire M. Renzetti
University of Dayton

Jeffrey L. Edleson
University of Minnesota

SAGE
Los Angeles • London • New Delhi • Singapore

A SAGE Reference Publication

O

Office for Victims of Crime

The Office for Victims of Crime (OVC) is a federal agency within the U.S. Department of Justice. It was established by Congress in 1988 through an amendment to the 1984 Victims of Crime Act to provide guidance and funding on behalf of crime victims. The mission of OVC is to enhance the nation's capacity to assist crime victims and to provide leadership in changing attitudes, policies, and practices to promote justice and healing for all victims.

OVC provides federal funds to support victim compensation and assistance programs across the nation. The agency also provides training for a variety of professionals who work with victims, develops and disseminates publications, supports projects to enhance victims' rights and services, and attempts to educate the public about victim issues. Funding for OVC's programs comes from the Crime Victims Fund, which was established by the Victims of Crime Act to support victim services and training for advocates and professionals. Crime Victims Fund dollars come from criminal fines, forfeited bail bonds, penalties, and special assessments collected by federal courts, U.S. Attorneys' Offices, and the Federal Bureau of Prisons. Private gifts, bequests, or donations may also be deposited into the Crime Victims Fund.

OVC accomplishes its mission through five divisions that manage specific program areas: Federal Assistance, Program Development and Dissemination, State Compensation and Assistance, Training and Information Dissemination, and Terrorism and International Victim Assistance Services.

The Federal Assistance Division (FAD) includes American Indian and Alaska Native initiatives. The division distributes funds to nonprofit organizations, federal and military criminal justice agencies, and American Indian and Alaska Natives to support training for service providers and direct services for victims, including crisis counseling, temporary shelter, and travel expenses for going to court. FAD sponsors programs to improve the investigation and prosecution of child abuse in Indian Country, including establishing and training multidisciplinary teams to handle child sexual abuse cases.

The Program Development and Dissemination Division (PDD) develops training and technical assistance, demonstration programs, and initiatives to respond to emerging issues in the victim assistance field. The division is responsible for coordinating public outreach and awareness, and it also provides information and assistance on highly technical victims' issues, including services for trafficking victims, victims with disabilities, and victims of mentally ill offenders. In addition, PDD works with nongovernmental, community-based, and other organizations to identify promising practices in serving crime victims; it monitors grants to such organizations, provides training and technical assistance to grantee organizations, and prepares reports regarding program development, implementation, evaluation, and impact.

The State Compensation and Assistance Division (SCAD) administers two major formula grants for state crime victim compensation and state-administered local assistance programs. The state victim compensation programs reimburse victims for crime-related expenses such as medical costs, mental health counseling, funeral

and burial costs, and lost wages or support. Victim assistance grants are made to domestic violence shelters, rape crisis centers, child abuse programs, and victim service units in law enforcement agencies, prosecutors' offices, hospitals, and social service agencies. SCAD monitors the grants it awards and proactively develops and revises guidelines and policies regarding the implementation of Victims of Crime Act victim assistance and compensation grant programs.

The Training and Information Dissemination Division (TID) coordinates the dissemination of training and technical assistance efforts with the OVC divisions, manages the OVC professional development program, and manages educational and training initiatives such as the National Victim Assistance Academy and the State Victim Assistance Academies. TID also manages the OVC Training and Technical Assistance Center, the OVC Resource Center, education and outreach initiatives, and the publication and dissemination of OVC materials and grant products.

The Terrorism and International Victim Assistance Division develops programs to respond to victims of terrorism, mass violence, commercial exploitation, international trafficking of women and children, and other crimes involving U.S. and foreign nationals both in the United States and abroad.

C. Terry Hendrix

See also Crime Victims Compensation Program; Professional Journals on Victimization; Victimology; Victims of Crime Act; Victims' Rights Movement

Web Sites

Office for Victims of Crime: http://www.ovc.gov

Office of Juvenile Justice and Delinquency Prevention

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is part of the Department of Justice's Office of Justice Programs. It represents a major commitment by the U.S. government to address crime issues affecting children and teenagers. The office's mission statement on its Web site states that it does the following:

> Provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization. OJJDP supports states and communities in their efforts to develop and implement effective and coordinated prevention and intervention programs and to improve the juvenile justice system so that it protects public safety, holds offenders accountable, and provides treatment and rehabilitative services tailored to the needs of juveniles and their families.

The office is roughly divided into policy and program sections, with subsections focused on public policy, child protection, demonstration projects, and assistance to state governments. OJJDP's many initiatives in child protection focus on child abuse and neglect, Internet crimes against children, missing children, and the safety and well-being of children. For example, within the area of missing children OJJDP supports a variety of service and research programs including the National Center for Missing and Exploited Children, the Crimes Against Children Research Center at the University of New Hampshire, and other community-oriented organizations helping families with missing children.

OJJDP supports major initiatives focused on both offenders and victims of crime. For example, in the area of offenders, OJJDP supports a comprehensive national antigang initiative that includes a focus on prevention, law enforcement, and prisoner reentry. It also supports the National Youth Gang Center that provides technical assistance to communities receiving funding under OJJDP's Gang-Free Schools and Communities Program and the Gang Reduction Program. Its work in the area of victims of crime has led to the establishment of the national Safe-Start Initiative and demonstrations of this concept in many communities around the United States. Safe-Start focuses on children exposed to many forms of violence in their communities and develops community-based partnerships to help reduce the impact of family and community violence on children and their families. It is modeled after an original Child Development Community Policing project that brought New Haven, Connecticut, police together in teams with child development specialists from Yale University's Child Study Center to respond to child needs when police were called to violent crime scenes.

OJJDP's other initiatives fall into many categories, including courts, schools, corrections, delinquency prevention, health, law enforcement, disparities, statistical data, and support to state agencies.

Jeffrey L. Edleson

See also Child Exposure to Intimate Partner Violence; Child Exposure to Violence, in War Zones; Child Neglect; Child Physical Abuse; Community Policing; Delinquency and Violence; Prison Violence and Prison Gangs

Web Sites

Office of Juvenile Justice and Delinquency Prevention: http://ojjdp.ncjrs.gov/

Office on Child Abuse and Neglect

The Office on Child Abuse and Neglect (OCAN) is part of the Children's Bureau, which is headed by an associate commissioner and which advises the commissioner of the Administration on Children, Youth and Families (ACYF) on matters related to child welfare, including child abuse and neglect, child protective services, family preservation and support, adoption, foster care, and independent living. The Children's Bureau recommends legislative and budgetary proposals; operational planning, system objectives, and initiatives; and project and issue areas for evaluation, research, and demonstration activities. It represents ACYF in initiating and implementing projects affecting children and families and provides leadership and coordination for the programs, activities, and subordinate components of the Children's Bureau, including the OCAN.

In December 1998, an agency reorganization consolidated the functions of the National Center on Child Abuse and Neglect with those of the Children's Bureau. This action was taken pursuant to the Child Abuse Prevention and Treatment Act (CAPTA), 1996, as amended. At that time, OCAN was created within the Children's Bureau to provide national leadership and maintain a national focus on this critical issue. All aspects of CAPTA, as amended in the Keeping Children and Families Safe Act of 2003, are being implemented by OCAN or are integrated into the functions of other divisions across the Children's Bureau.

OCAN provides leadership and direction on the issues of child abuse and neglect, including child sexual abuse and exploitation, and on the prevention of abuse and neglect under CAPTA. OCAN is the focal point for interagency collaborative efforts, national conferences, and special initiatives related to child abuse and neglect and for coordination of activities related to the prevention of abuse and neglect and the protection of children at risk.

OCAN supports activities to enhance community-based, prevention-focused programs and activities designed to strengthen and support families and prevent child abuse and neglect through Title II of CAPTA, the Community-Based Grants for the Prevention of Child Abuse or Neglect Program. Formula grants are provided to states to develop and implement or to expand and enhance a comprehensive statewide system of community-based child abuse prevention services and activities. To receive these funds, the state chief executive officer must designate an agency to implement the program. Federal, state, and private funds are blended and made available to community agencies for child abuse and neglect prevention activities and family resource programs.

The Children's Justice Act provides funds to support the 50 states, the District of Columbia, Puerto Rico, and the territories to improve the systems that handle child abuse and neglect cases, particularly child sexual abuse cases, and to improve the processes of investigation and prosecution. Funds are also available to support the analysis of child fatalities involving suspected abuse.

For more information, the Child Welfare Information Gateway, formerly called the National Clearinghouse on Child Abuse and Neglect Information, offers up-to-date information and publications on all aspects of child abuse and neglect and child welfare, including prevention, protection, investigation, family support and preservation, foster care, adoption, and independent living programs. The Child Welfare Information Gateway answers queries from public and private agency personnel, professionals working in related fields, and the general public.

Catherine Nolan

See also Child Abuse Prevention; Child Abuse Prevention and Treatment Act; Child Neglect; Child Physical Abuse; Child Sexual Abuse

Web Sites

Children's Bureau, U.S. Department of Health and Human Services, Administration for Children & Families: http://www.acf.dhhs.gov/programs/cb
Child Welfare Information Gateway: http://www.childwelfare.gov

Office on Violence Against Women

The Office on Violence Against Women (OVW) is part of the U.S. Department of Justice and states on its Web site that its mission is "to provide federal leadership to reduce violence against women, and to administer justice for and strengthen services to all victims of domestic violence, dating violence, sexual assault, and stalking." OVW achieves this mission through a variety of activities that enhance the ability of states, local, and tribal governments and other community-based organizations in responding to the varying forms of violence against women.

OVW was established in 1995 after the passage of the Violence Against Women Act (VAWA). One of OVW's major responsibilities is to manage the distribution of federal funds appropriated through VAWA. To date, OVW has distributed over $2 billion of VAWA funds through 12 different grant programs.

One major grant program provides block grants to the states under the STOP Violence Against Women Formula Grant Program. Funds are provided for strengthening law enforcement, prosecution, courts, and victim services. Other programs focus on encouraging the arrest of perpetrators of violence against women, strengthening responses by rural communities, and providing legal assistance to victims or survivors. Additional grant programs focus on supporting higher education campus-based efforts to stop violence against women, programs for older women and women with disabilities, supervised visitation centers, and transitional housing facilities. Finally, grant programs also focus on strengthening state and tribal sexual assault and domestic violence coalitions of service providers and Indian tribal governments. OVW also supports national technical assistance for each of these grant programs.

Occasionally, OVW also creates special initiatives. For example, in 2004 President George W. Bush allocated $20 million to support the President's Family Justice Center Initiative (PFJCI). The PFJCI was an effort to replicate the success of family justice centers such as San Diego's in 15 other communities around the United States. Other special initiatives include the Judicial Oversight Demonstration Initiative; the Greenbook Initiative focused on child welfare, domestic violence agency, and court coordination; the Safe Havens supervised visitation demonstration projects; the Safety for Indian Women initiative; the VAWA Measuring Effectiveness initiative; a DNA technology project; and efforts in faith-based organizations and among men.

Each time the VAWA is reauthorized, most recently in 2005, there are changes to OVW's grant programs and the allocation of funding to each such program.

Jeffrey L. Edleson

See also Office for Victims of Crime; Office of Juvenile Justice and Delinquency Prevention; STOP Violence Against Women Formula Grant Program; Violence Against Women Act

Web Sites

Greenbook Initiative: http://www.thegreenbook.info/
Office on Violence Against Women: http://www.usdoj.gov/ovw/
San Diego Family Justice Center: http://sandiegofamilyjusticecenter.org/

"One Strike" Public Housing Policy

The "One Strike and You're Out" initiative is a federal policy to fight crime in public housing, signed into law by former President Bill Clinton in March 1996, as part of the Housing Opportunity Program Extension Act of 1996. The statutory provisions of the measure allow Public Housing Authorities (PHAs) to screen applicants for public housing more carefully with regard to their current or prior criminal history and to evict tenants whose behavior, on or off public housing premises, threatens the safety or well-being of other public housing residents. Arrest and conviction are not necessary for PHAs to deny applications for admission or to implement evictions, and the offending party

need not be the individual whose name appears on the application or lease. Instead, One Strike holds the entire household responsible for the behavior of each individual member along with the behavior of that member's guests. One Strike imposes on lessees the obligation to ensure that neither they themselves, nor anyone living with them in the household, nor any of their guests or household members' guests, nor any other person "under their control" will engage in illegal drug-related activities or other criminal behavior. Although the primary targets of the One Strike initiative are gangs, drug dealers, and other violent offenders, the law has had unintended harmful outcomes for battered women living in public housing.

Two provisions of the One Strike law in particular are problematic for women public housing residents currently or formerly involved in abusive intimate relationships: (1) the requirement that the lessee, 75% of whom are women, assume an affirmative responsibility for the law-abiding behavior of everyone in her household, including guests and others under her control, and (2) the provision allowing PHAs to deny admission to or evict individuals who have engaged in criminal activity, especially drug-related criminal activity, on or off public housing premises, regardless of whether or not they have arrest or conviction records for these activities. For example, a woman may take up residence in public housing with her children in order to escape an abusive intimate partner. Even though she may do nothing illegal or even disruptive, if one of her children commits a crime (e.g., sells drugs, participates in gang activity), she faces eviction and potential homelessness under the One Strike statute as it was written. Similarly, under One Strike an abusive partner could cause a woman to be evicted from public housing if that partner uses illegal drugs or abuses alcohol on the premises or in any way interferes with the health and safety of other residents, even if the partner is only visiting and does not reside with the woman. Given the coercive control in which abusers engage, it is conceivable, too, that some who are aware of these One Strike provisions could deliberately engage in wrongful behavior in order to get the women evicted. Some abuse victims are coerced into committing crimes (e.g., selling drugs, prostituting themselves, passing bad checks) by their abusers and end up with criminal records as a result. Such a woman who later tries to escape the abusive partner could find that her application for public housing was denied because One Strike mandates that the criminal records maintained by police departments, other law enforcement agencies, and the National Crime Information Center be made available to PHAs as they review applications.

In light of these problems, domestic violence advocates sought revisions to public housing laws, and specifically, the One Strike provisions. Consequently, in the 2005 reauthorization of the Violence Against Women Act, Congress included several provisions to protect intimate partner violence victims from discrimination in public housing. For instance, PHAs may not deny the applications of victims of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for housing or housing assistance. In addition, incidents of actual or threatened domestic violence, dating violence, or stalking can no longer be considered a violation of a victim's lease and cannot be used as grounds for termination of the victim's lease. Although significant, these amendments address only some of the problems posed by One Strike for abuse victims.

Claire M. Renzetti

See also Transitional Housing Programs; Violence Against Women Act

Further Readings

DeKeseredy, W. S., Alvi, S., Schwartz, M. D., & Perry, B. (1999). Violence against and the harassment of women in Canadian public housing: An exploratory study. *Canadian Review of Sociology and Anthropology, 36,* 499–516.

Renzetti, C. M. (2001). "One strike and you're out": Implications of a federal crime control policy for battered women. *Violence Against Women, 7,* 685–698.

Renzetti, C. M., & Maier, S. L. (2002). "Private" crime in public housing: Violent victimization, fear of crime, and social isolation among women public housing residents. *Women's Health and Urban Life, 1,* 46–65.

Oppression and Violence

Oppression names a social reality that is intertwined with violence to provide the grounding for the threat and use of violence to maintain the victim of violence in a subjugated status without equal access to protection and

just compensation for injuries and loss related to the experienced violence. As Marilyn Frye described it in 1983 in a classic essay using the analogy of the birdcage, the concept of oppression points to social forces that tend to press on people to prevent their access to well-being and choices. As Frye describes it, the experience of oppressed people is that of living one's life confined and shaped by barriers that are not accidental and are systematically related to each other in such a way as to restrict motion in any direction.

Oppression is related to the existence of certain groups in any society that are privileged over others. Although reasons for this privileging may vary widely, the oppression that characterizes contemporary societies is most forcefully reproduced when those victimized by violence and subjugated by oppression accept their social status as natural, necessary, or inevitable. Oppression has many faces so that focusing on one strand, such as gender oppression, at the expense of others, such as class or race, disregards the intersectionality of oppression that Patricia Hill Collins refers to as the matrix of domination. Each particular form of privilege is part of a much larger system of oppressive strands of domination. Categories that define privilege and its flip side oppression exist all at once and in relation to one another. An individual experiences the totality of the multiple social categories with which he or she is identified.

In addition, social policies are implicated in the reproduction of systems of class, race, and gender oppression. Social policies may open access on the basis of some categories (e.g., race and gender), but at the same time foreclose access to others on the basis of other attributes (e.g., sexual orientation, perceived or actual disability, religion).

The pervasiveness of damage to oppressed individuals appears in people's external and internal lives. Externally, it appears in unequal distributions of income, wealth, and power. It appears in unequal treatment and lack of access to opportunities in education, work, health care, and political representation. It appears in the unequal and disproportionate representation of oppressed people under control by the criminal justice system. Internally, oppression is manifested through a gradual erosion of belief in self and a wearing away of resistance to the dominant discourses that further reinforce the status of individuals of oppressed groups as not measuring up or making the right choices to eliminate their own oppression. It subjects members of these oppressed groups, such as women, gay and lesbian people, and people of color, to the threat and reality of violence at home, at work, and on the street.

Violence refers to acts of aggression and abuse that cause or intend to cause injury or harm to persons. Violence can be used for intentional purposes in criminal behaviors, in retaliatory efforts, and globally in acts of terrorism and war. On some level, violence is always used as a means to gain control to oppress others. In an interpersonal context, violence is used specifically as a strategy to gain or maintain power and control over a relationally known victim. In this respect, modes of abuse tend to be gendered, females using more psychological or emotional forms and males using more physical forms of violence. The consequences of these forms differ markedly as well.

The use of power and control is integral to the Duluth Domestic Abuse Intervention Project or the Duluth model, which theorizes a wheel of typical and interlocking forms of gendered violence that reinforce the power and control that is at the center of the asymmetrical interaction between victim and perpetrator. These forms of violence include coercion and threats; intimidation; emotional abuse; isolation; minimizing, denying, and blaming; using children; economic abuse; and male privilege.

The Duluth model attempts to address abuse by challenging the misuse of power by the perpetrator and by using a system based on reeducation and criminal sanctions to assist perpetrators to learn alternative ways to communicate with their intimate partners. It is provided within a patriarchal context of male violence against women. Critics have argued that the model fails to examine system factors within relations, account for same-sex use of violence in interpersonal relationships, or examine the ways in which male perpetrators also belong to social categories in which they are also oppressed, sometimes by the systems established to protect their victims.

Violence and the threat of violence are extended by the social factors of discrimination and inequality that can deplete emotional and concrete resources, creating additional stress. Conversely, favorable social environments and conditions may remediate the additional harms that the victim may suffer due to unjust social policies. Favorable social environments may also provide a context for resistance to violence and oppression. Any act through which a person attempts to expose, repel, stop, prevent, strive against, impede,

refuse to comply with, or oppose a form of violence or oppression or the conditions that make such acts possible may be understood as an act of resistance to the larger context of social conditions that perpetuate oppression and violence. Furthermore, any effort to establish a life based on respect and equality on behalf of one's self or others and including any attempt to redress the harm caused by violence or any other form of oppression represents a de facto form of resistance upon which larger projects of community and social acts of resistance may be built.

Patricia O'Brien

See also Civil Rights/Discrimination; Duluth Model; Power and Control Wheel; Sex Discrimination

Further Readings

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness and the politics of empowerment.* New York: Routledge.

Frye, M. (1983). *The politics of reality.* Trumansburg, NY: Crossing Press.

Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model.* New York: Springer.

P

Paraphilia

A paraphilia is a disorder usually involving extreme or unusual sexual practices wherein individuals derive intense or exclusive sexual gratification. Both sexual objects and sexual acts may be part of a paraphilia domain. Most individuals experience some form of innocuous sexual fetishes throughout their lives. The explosion of pornography in media infers a willing market of consumers. Sexual fetishes become paraphilic when they have the element of psychological dependence and become the sole element for sexual gratification.

Typology

Clinicians have grouped paraphilias into major categories based on their distinct behavior as well as the need for specific intervention in therapies. A partial listing of the more common forms of paraphilia follows:

Fetishism. Refers to the fixation on an object or body part that otherwise is nonsexual in nature. Individuals incorporate the fetish into their sexual activity, may become obsessed with collecting objects, or may compulsively focus on a particular body part.

Transvestism. Most often seen in heterosexual males where they have the need to wear women's clothing to achieve sexual gratification. This need is not analogous to men wearing women's clothing for effect (drag queens) or to individuals experiencing gender disorders.

Pedophilia. Individuals who have sexual desires for children. Most often seen in heterosexual males whose victims are prepubescent boys and girls. There are some documented cases of women perpetrators.

Voyeurism. The act of watching people without them knowing, and having sexual gratification from the experience. Most often voyeurs masturbate, usually becoming more excited as the risk of being discovered increases.

Exhibitionism. The act of exposing the genitals to unsuspecting individuals. Exhibitionists derive pleasure from the visible reaction of their victims. These individuals are exclusively male, and like voyeurism, risk of discovery is correlated with intensity of pleasure.

Sadomasochism. Intentionally inflicting pain and control on others (sadism) as well as receiving pain and control from others (masochism) for the purpose of sexual pleasure. These acts may range from the benign to the extreme. Individuals engaging in these acts usually have codified rules for safety.

Frotteurism. The act of rubbing or having full body contact with an individual who is usually nonconsenting. The contact results in sexual pleasure.

Bestiality. Engaging in sexual acts with animals. Specific preference for sexual acts with animals that result in exclusive, repeated events are termed *Zoophilia.*

Rare Forms of Paraphilia. *Apotemnophilia* (Acrotomophilia) refers to sexual pleasure involving amputees. *Telephone Scatalogia* is sexual pleasure from obscene phone calls. *Coprophilia* is sexual pleasure from contact with feces, and *Urophilia* is sexual pleasure from contact with urine. *Necrophilia* involves sexual gratification from viewing or having sex with a corpse.

Etiology

There is no clear understanding of the causation of paraphilic conditions. Behavioral therapists believe a possible causation is the association of objects, acts, or trauma to young children while they experience some form of sexual excitement or gratification. For example, there are case studies of men who have a female shoe fetish. When hypnotized, the majority of these individuals relate a story of being purposely sexual aroused by an adult female using her feet to rub their genitals when they were children. This approach seems to explain some of the fetishes in individuals; however, other forms of paraphilia appear to have deeper issues of control, trauma, and isolation.

Lifestyle Issues

Clinicians become aware of individuals with a paraphilia due to the obsessive nature of the condition. Either individuals are experiencing profound issues affecting their daily functioning or their behaviors have become publicly inappropriate and they experience legal intervention. Paraphilia may result in an individual's inability to sustain intimate relationships with others. This result could be because of their sexual preferences being so outside the norm that most people would find their acts offensive. What is more common is individuals with a paraphilia having spent their developing years hiding their desires from others and in their adulthood creating a sexual universe of one, themselves. Many individuals with paraphilias connect with others who have the same sexual desires. The recent advent of the Internet has made this connection much easier as well as international in focus. Law enforcement is confronting these issues with the international trafficking of child pornography by pedophiles.

Clinical Interventions

Occasionally individuals will seek therapy interventions for their paraphilia because of the problems it has created in their lives. Individuals with fetishes who have never shared their desires may get caught by family or friends and pressured into intervention. Sometimes isolation drives individuals to seek help. The trained clinician must help individuals explore the direction of their therapy. In the majority of cases with adults, the paraphilic desires will not be eliminated. Therefore, therapy may be most helpful by getting individuals to accept their paraphilic desires and restructure their lives accordingly. There is some documented success with interventions with children prior to puberty onset, who are displaying possible paraphilic tendencies. There is probably a neurobiological component to the condition in the developing brain involving the creation of neuropathways. This theory is reinforced by the recent success of neuropharmacology. Most research on paraphilia interventions have been done with pedophiles and sexually deviant individuals who run afoul of the law. Traditionally, pharmacological interventions involved decreasing the sex drive and therefore limiting the sexual obsession. Within the last decade, selective serotonin reuptake inhibitors (SSRIs) have achieved some success in helping individuals be relieved of the sexual obsessions. The current strategy for successful intervention involves SSRI's combined with cognitive behavioral therapy.

Timothy Brett Zuel

See also Acrotomophilia; Bestiality; Castration; Internet, Pornography; National Sexual Violence Resource Center; Pedophilia

Further Readings

Colmen, E., & Miner, M. (2000). Sexual offender treatment: Biopsychosocial perspectives [Special issue]. *Journal of Psychology and Human Sexuality*, *11*(3).

Discovery Health. (2007). *Paraphilia*. Retrieved January 2, 2007, from http://health.discovery.com/centers/sex/sexpedia/paraphilia.html

Freund, K., & Kuban, M. (1993). Toward a testable developmental model of pedophilia: The development of erotic age preference. *Child Abuse & Neglect*, *17*, 315–324.

Parfitt, A. (2007). Fetishism, transgenderism and the concept of "castration." *Psychoanalytic Psychotherapy*, *21*, 61–89.

Parental Alienation Syndrome

The late Richard Gardner developed the theory of parental alienation syndrome (PAS) after claiming that one parent alienated the children from the other parent in 90% of his divorcing patients. Though claiming that the "disorder" was not sex specific, he used it almost exclusively against mothers, maintaining that mothers falsely raise domestic violence and incest during custody disputes for tactical gain. Even Gardner admitted PAS was not an actual syndrome; some call it parental alienation (PA), but the concept is identical.

Acceptance

Gardner claimed to have testified in 400 custody cases in 25 states. Although no state has codified PAS, at least 31 states have adopted Gardner's friendly parent concept (FPC) in which courts are encouraged to give custody to the parent who will foster a better relationship between the children and the other parent. Even where not codified, many judges and custody evaluators base decisions or recommendations on PAS, PA, or the FPC.

Problems

There are problems associated with PAS, PA, and the FPC. They may deflect investigation from the validity of abuse accusations to the protective parent's behavior. In addition, PAS, PA, and the FPC may deflect courts from noticing that men's alienation allegations may themselves be alienating behaviors raised for tactical gain.

False Premises

Gardner incorrectly assumed that women need a tactical ploy to not lose custody under the best interest of the child standard. Gardner evidently was unaware that once a child passed its tender years, roughly at age 7, fathers were presumptively entitled to reclaim custody, and that most mothers still win custody under the best interest of the child standard.

Gardner also wrongfully assumed that women often make false incest accusations in custody cases and that they gain advantage from doing so. Incest is raised in only about 6% of custody cases, and only a very small fraction (2%–3%) of this 6% are false. Investigated incest allegations are substantiated as often during custody disputes as at other times, but many child protection agencies do not investigate when a case is in court. Men have been found to make 16 times as many false incest allegations as women (21% vs. 1.3%).

Gardner's Motivations

Gardner, who had no hospital admitting privileges for his last 25 years and fraudulently claimed to be a clinical professor of child psychiatry, derived his theories to discredit mothers who complained that their partners were abusing them or their children. Gardner, who often testified on behalf of pedophiles, admitted that probably over 95% of all sex abuse allegations are legitimate, but claimed incest and many other deviant sexual practices are normal and not harmful.

Gender Biased and Punitive

PAS, PA, and the FPC may discourage battered women and mothers in incest cases from complaining. Gardner advocated removing custody and if the behaviors continue, denying visitation to the alienating parent. These concepts may not be in the best interest of children as they generally deprive them of their protective parents and place them in the custody of abusive parents. They also may prevent protective parents and children from realizing the wrongfulness of the abuse or from venting their anger, thus exacerbating their pain and inhibiting healing.

These concepts can be considered gender biased since their definitions exclude alienating behaviors most commonly committed by fathers: domestic violence, nonpayment of child support, and raising alienation allegations. They can be used only against custodial parents and impose no penalty on alienating noncustodial parents. An attempt to rename PAS as malicious mother syndrome confirms the bias.

Inadmissible Evidence

Gardner promoted PAS in self-published books. PAS has never been subjected to peer review or been recognized by any professional associations, including the American Psychiatric Association. The Report of the American Psychological Association Presidential Task Force on Violence and the Family characterizes PAS and PA as having no validity. With no validity within the scientific community, neither PAS nor PA is considered admissible in evidence.

Joan Zorza

See also Custody, Contact, and Visitation: Relationship to Domestic Violence

Further Readings

Bruch, C. (2001). Parental alienation syndrome and parental alienation: Getting it wrong in child custody cases. *Family Law Quarterly*, *35*(3), 527–552.

Dallam, S. J. (1998). Dr. Richard Gardner: A review of his theories and opinions on atypical sexuality, pedophilia, and treatment issues. *Treating Abuse Today*, *8*(1), 15–22.

Dore, M. K. (2004). The "friendly parent" concept: A flawed factor for child custody. *Loyola Journal of Public Interest Law*, *6*(1), 41–56.

Smith, R., & Coukos, P. (1997). Fairness and accuracy in evaluations of domestic violence and child abuse in custody determinations. *The Judges' Journal*, *36*(4), 38–42, 54–56.

Parent–Child Interaction Therapy

Parent–child interaction therapy (PCIT) is a short-term form of parent training that focuses on teaching parents specific child management skills so as to alter negative interactions between them and their children for the better. PCIT has been widely tested and is considered an empirically supported intervention. Little research has been conducted specifically with children exposed to domestic violence and their parents.

PCIT is generally provided in clinical settings to individual parent–child dyads with young children, most often between 2 and 6 or 7 years of age. Changes in parent–child interactions are expected to create change in child behavior. Chaffin and his colleagues have recently reported a study that provided PCIT to physically abusive parents and their children. According to Chaffin and his colleagues, PCIT is most often delivered in two phases: work on strengthening child directed interactions followed by strengthening parent directed interactions. Each of the two phases starts with a didactic session followed by five or six parent–child dyadic sessions in the presence of a therapist acting as a coach. In the child directed phase, emphasis is on promoting positive child–parent interactions. In the parent directed phase, emphasis is on parent management of child conduct.

Chaffin and his colleagues have added several components to the standard PCIT model. First, all parents attend a motivation enhancement module before beginning PCIT and participate in a third phase consisting of a four-session group program that helps parents implement what they learn earlier in PCIT. Finally, some parents receive enhanced individualized services focused on parental substance abuse, depression, and family problems including domestic violence. Enhanced individualized services include home visits.

In their study of 110 physically abusive parents, Chaffin and his colleagues found that 19% of the parent–child dyads receiving PCIT had subsequent reports of physical abuse compared to 49% among a comparison group randomly assigned to receive standard services. Those randomly assigned to receive PCIT plus enhanced services showed no additional gains over the traditional PCIT approach.

Jeffrey L. Edleson

See also Parenting Practices and Violence, Child Maltreatment; Parenting Practices and Violence, Domestic Violence; Parenting Practices and Violence, Youth Violence

Further Readings

Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., et al. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology*, *72*, 500–510.

Herschell, A., Calzada, E., Eyberg, S. M., & McNeil, C. B. (2002). Parent-child interaction therapy: New directions in research. *Cognitive and Behavioral Practice*, *9*, 9–16. Available at http://www.pcit.org

Web Sites

University of Florida Parent-Child Interaction Therapy: http://www.pcit.org

Parent–Child Trauma Therapy

Several hospitals around the country have developed specialized clinics that provide trauma therapy for parent–child dyads to work through the impact of domestic violence on the children. These programs, often called Child Witness to Violence (CWV) projects, work primarily with battered mothers and their

children within an adult or child medical center. The best known are the Child Witness to Violence Project at the Boston Medical Center and the Child Trauma Research Project at San Francisco General Hospital.

CWV projects focus their intervention on parent–child pairs, usually involving a battered mother with her child but sometimes working with father–child dyads. These interventions focus on helping the parent interact with his or her child regarding the violence experienced in their lives and to work through a healing process regarding the trauma. Extensive assessments are performed with both the child and parent. The therapy usually involves parent–child meetings where violence and safety in the family's life are openly discussed. This structure speaks to several key goals that Groves outlines in her book titled *Children Who See Too Much*. These goals include the following: (a) the importance of supporting a safe and caring relationship between the child and an adult in his or her life, (b) giving children permission to talk about their experiences with violence, and (c) helping families find a safe environment. The work usually begins after the child's mother has had an opportunity to work through her own healing and to stabilize her family's life in the aftermath of violence. In San Francisco, mothers and children meet weekly with a therapist for up to a year. Meetings take place at the clinic or in homes.

More recently, these programs have begun to experiment in working with men who batter and their children. Men are included only when it is deemed advantageous to the child's progress and both mother and child agree. Boston's project is particularly well coordinated with local battered women's services.

These projects provide a much needed resource in the voluntary services sector that provides in-depth assessments and trauma therapy. Child welfare, law enforcement, and other public and private agencies often welcome this added resource when it is available.

Jeffrey L. Edleson

See also Child Exposure to Intimate Partner Violence; Community Policing; Complex Trauma in Children and Adolescents; Parent–Child Interaction Therapy; Trauma-Focused Therapy; Vicarious Traumatization

Further Readings

Groves, B. M. (1999). Mental health services for children who witness domestic violence. *Future of Children*, *9*, 122–132. Available at http://www.futureofchildren.org

Lieberman, A. F., & Van Horn, P. (2005). *Don't hit my mommy! A manual for child-parent psychotherapy with young witnesses of family violence*. Washington, DC: Zero to Three Press.

Web Sites

Child Witness to Violence Project, Boston Medical Center: http://www.childwitnesstoviolence.org/

Parenting Practices and Violence, Child Maltreatment

Parenting practices are central to understanding child maltreatment and to intervening to improve the care and safety of children. Child maltreatment is inherently affected by parenting practices, either as a behavior of commission of violence (physical abuse and sexual abuse) or omission of proper care (child neglect). Child maltreatment occurs when parenting practices are distorted or destructive. Most child maltreatment intervention programs focus on improving parenting practices.

Parenting practices are influenced by many factors, including social support, economic resources, community social resources, and attachment history and capacity. Positive parenting is associated with long-term positive child outcomes. These outcomes include cognitive ability and school success, emotional stability and self-control, ability to manage emotions, and interpersonal skills including the capacity for appropriate attachments.

This entry summarizes research on parenting behaviors associated with child maltreatment and violence. It describes positive parenting practices and provides a review of parenting skills and programs that have been shown to reduce violence in families.

Parenting Behaviors Associated With Child Maltreatment

Child maltreatment is associated with particular patterns of parenting behavior and family interaction. Abusive and neglectful families interact differently from nonmaltreating families. They verbally interact less than typical nonmaltreating families. They have a higher proportion of negative, coercive, or conflictual verbal interactions. They have a lower proportion of positive family interactions.

Wahler, Patterson, and others have developed a conceptualization of the cycle of coercion that can lead to violence in families. The cycle begins with the low frequency and negative interaction patterns defined above. When the parent attempts to direct or control the child's behavior and the child does not comply, the parent experiences anger at the child's noncompliance and interprets it as a personal power threat. The parent responds alternatively with inaction and a sense of defeat or with accompanying anger and increasingly aggressive threats and actions, sometimes violent. The child, in turn, escalates defiance and noncompliance over time as this cycle repeats itself. Repetitions of this cycle lead to hostility between parent and child, can escalate to violence, and serve as a powerful tool to teach the child violent behavior patterns and aggression as a solution to human conflict. Families prone to the cycle of coercion are socially isolated, with few positive or constructive social relationships with neighbors or family members.

Other research supports an ecological view of parenting practices. Parenting practices are influenced by social factors such as cultural practices, economic resources or deprivation, and neighborhoods with limited social capital, that is, limited opportunities for enrichment and prosocial activities and high levels of stress due to crime and violence. Child factors include challenges such as special emotional, cognitive, or physical health conditions or behavior problems due to earlier exposure to violent and coercive parenting practices. Parental factors include isolation, marital conflict and violence, mental illness, and lack of social support. With the proper ecological supports, parents can learn prosocial, constructive, and nurturing parenting practices.

Positive Parenting Model

Baumrind's model of parenting style has been widely influential and describes parenting practices as associated with positive child outcomes from infancy through adolescence. Baumrind argues (a) that parental environmental influences as well as the child's genetic endowment are critical determinants of well socialized and -adapted children, (b) that parental discipline as well as attachment are necessary to produce well adapted and socialized offspring, and (c) that parenting styles can be successfully described on a two-dimensional, four-quadrant model of parenting. The Baumrind model describes two key parenting practices: support and demandingness. Support or nurturance includes parenting practices that produce strong parent–child attachment. These practices include empathy and sensitivity toward the child and consistent, supportive attention to the child. Demandingness includes effective limit setting and behavior controls for children at age-appropriate levels. Parental demands, when coexisting with strong support for the child, provide an environment for the child that encourages adaptation and socialization. Criticism of this model centers on whether demandingness is a positive or negative parental behavior and more recently, on the relevance of the model for families of diverse cultures.

The dimensions of support and demand lead to a four-quadrant typology of parenting styles. The styles are identified as authoritative (high support and highly demanding), permissive (high support and low demands), laissez faire (low support and low demands), and authoritarian (low support and high demands). Authoritative parenting has been shown to produce the best child adaptation outcomes in different aged children. The laissez faire style is typical for neglectful families who fail to provide adequate nurturance or supervision for children. Authoritarian parents may become violent if they do not possess self-control and age-appropriate child discipline skills.

Parenting Education and Support Programs

There are many effective parenting education programs that focus on parental warmth and nurturance and child-age appropriate demandingness skills. Programs that focus on warmth include Bavolek's Nurturing Program, and Cicchetti's Child–Parent Psychotherapy. Programs that balance nurturing and discipline skills include Common Sense Parenting and The Incredible Years.

Key elements of these programs include the following: (a) group intervention that increases social supports, (b) parent skills training, (c) modeling appropriate parenting practices, (d) role-playing, (e) empathy and warmth-building skills, and (f) weekly homework assignments that include positive experiences in addition to constructive discipline practices. Interventions for maltreating or violent families are typically preceded by family assessment and succeeded by a follow-up program. Content typically includes training on empathy, tuning in to the child, and creating positive parent–child interaction.

Programs also focus on clear and specific communication, choosing and implementing consequences, giving effective praise, staying calm, and corrective teaching and problem solving.

Child maltreatment laws require children to be removed from their families when violence or neglect poses imminent harm to the child. Parenting education can be implemented during child and family separation and can be used in supervised visitation settings. They can be powerful tools for reuniting families and keeping children safe and well cared for.

Lynn Videka

See also Child Neglect; Child Physical Abuse; Child Sexual Abuse; Prevention Programs, Child Maltreatment

Further Readings

Baumrind, D. (1996). The discipline controversy revisited. *Family Relations*, *45*, 405–411.

Bavolek, S. (2007). *Nurturing parenting programs*. Retrieved September 17, 2007, from http://www.nurturingparenting.com/evidence_based.php

Girls and Boys Town, Inc. (2007). *Common sense parenting*. Retrieved September 17, 2007, from http://www.girlsandboystown.org/pros/training/child_welfare/CSP_trainers.asp

Patterson, G. R. (1982). *Coercive family process*. Eugene, OR: Castalia.

Toth, S. L., Maughan, A., Manly, J. O., Spagnola, M., & Cicchetti, D. (2002). The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory. *Development and Psychopathology*, *14*, 877–908.

Web Sites

The Incredible Years: http://www.incredibleyears.com/

Parenting Practices and Violence, Domestic Violence

The existing social science literature on the parenting behaviors of both perpetrators and victims of domestic violence is growing but limited. This entry discusses such literature, the assessment of the impact and the risk of domestic violence on children, and interventions.

Parenting by Perpetrators and Victims

The literature on parenting by perpetrators of domestic violence indicates that they often continue their abuse of the adult victim and make targets of children in their homes. This behavior may negatively affect the development of children in a number of ways. Children may also continue to hold positive views of both parents despite the violence, but they more often assign negative qualities to the perpetrator.

The literature on parenting by adult victims—usually mothers—indicates they are many times under greater stress than other mothers, but that even in this hostile environment, they tend to parent adequately. Battered mothers may, however, be more likely than other mothers to use physical aggression against their children, but they are less likely to do so when they are safe. Adult victims repeatedly indicate that perpetrators interfere with their parenting and that the victims often make decisions to stay with or leave the perpetrator based on their sense of the best interests of their children. These protective strategies are often underestimated or overlooked in custody and visitation recommendations and decisions.

Ironically there are more data available on battered mothers and their caregiving than on the male perpetrators and theirs. This imbalance in the published literature is probably a result of the greater availability of battered mothers to researchers collecting data in social service and shelter systems. At times the overreliance on data collected from and about battered mothers may lead to partial or inaccurate conclusions. For example, it may be that the perpetrator's behavior is the key to predicting the emotional health of a child. However, a number of studies measure only battered mothers' difficulties resulting from perpetrators' violence and then associate these maternal difficulties with negative child outcomes. By not collecting data about the perpetrators, researchers may incorrectly conclude it is the mothers' problems and not the perpetrators' violent behavior that is creating negative outcomes for children. Thus, the results of some studies discussed in the literature may provide only a partial picture of the events that impact the victim's parenting and a child's emotional health.

Impact and Risk Assessment

Assessing the impact of violence on children and the parenting behaviors of both perpetrators and victims is a complex process for which few guidelines or

protocols currently exist. It is known that the impact on children is likely to vary along a continuum of relevant factors that require thorough assessment when making safe custody and visitation arrangements for the child. Another ingredient is the careful assessment of parents, especially the perpetrator.

A major factor in custody and visitation decision making is to ascertain the level of continued risk a child may face. Risk assessment has been the focus of some areas of the social science literature for decades, but research into risk assessment is virtually nonexistent in the domain of children exposed to domestic violence. Guidelines drawn from extensive practice experience are, however, being published.

Interventions

Interventions for children exposed to adult domestic violence have existed for over 25 years in shelters and in community-based programs for battered women. It is only recently, however, that these programs have expanded and that other, nonshelter services have become available. Interventions with children exposed to domestic violence are most often provided in the form of individual treatment for trauma, group support and education programs, and child witness to violence programs that work with children and their mothers. Although many programs offer groups for battered mothers and separate groups for their children, other programs may work with individual parent–child dyads. Initial evaluations of these various child-focused programs reveal that children who participated were able to reduce their use of aggressive behaviors, lessen anxious and depressive behaviors, and improve both their mental health and social relationships with peers.

The growing awareness of the impact of adult domestic violence on children has also led to increasing efforts to intervene with parents after domestic violence has occurred. Recently, a number of authors have published descriptions of their work with battered mothers alone or with parent–child dyads. One of the most common approaches is providing a parenting support group that runs concurrently with a children's program. Others have described direct work with battered mothers through weekly in-home sessions over a number of months following shelter residence. Still another approach is to work with mother–child dyads in providing parenting support. Initial data on parenting group programs, in-home services, and dyadic counseling show positive outcomes for children and their participating parents. These programs have been developed by practitioners with a deep understanding of domestic violence.

The published literature contains few descriptions of programs for perpetrators who are parents. This scarcity is perhaps due to a focus in the field on adult-to-adult violence. Most batterer programs have not included significant content on parenting, but there are several examples of emerging programs specifically designed for training adult assailants to parent without violence. These programs include information and activities focused on (a) a father's role in the family, (b) defining violence in parenting, (c) using discipline versus punishment, (d) nonviolent means for changing children's behaviors, (e) information on child development, (f) the effects of child exposure to domestic violence, (g) how to use logical and natural consequences, and (h) communication skills, assertiveness, and expressing feelings appropriately. However, to date there are few published evaluations of these programs that would help to understand their effectiveness or to refine existing efforts.

In addition, this growing literature reveals little about class or cultural differences in parenting within the context of domestic violence and offers scant guidance on how to respond uniquely to these families.

Supervised visitation programs are also increasingly being used for families in which domestic violence is occurring. Some perpetrators use visitation exchanges as an opportunity to abuse the other parent. The National Council of Juvenile and Family Court Judges has repeatedly recommended that supervised visitation be provided only when safety and security measures are taken and visitation center staff are well trained in the unique dangers posed by domestic violence perpetrators. Suggested security measures include closer supervision of domestic violence–related visitations by trained staff, staggered arrival and departure times and separate entrances for mothers and fathers, escorts to cars, and center access to police protection through direct electronic connections. Although some data on the impact of supervised visitation centers on children and their parents do exist, none focuses on the impact of these programs on families experiencing domestic violence.

Overall, there is a steadily growing interest in the impact of domestic violence on children, and very recently this interest has moved to include a focus on

how the parenting of both perpetrators and victims may be better assessed and improved through education and support efforts.

Jeffrey L. Edleson

See also Custody, Contact, and Visitation: Relationship to Domestic Violence; Nonoffending Parents of Maltreated Children; Parent–Child Interaction Therapy; Parent–Child Trauma Therapy; Parenting Practices and Violence, Child Maltreatment; Parenting Practices and Violence, Youth Violence

Further Readings

Bancroft, L., & Silverman, J. G. (2002). *The batterer as parent*. Thousand Oaks, CA: Sage.

Edleson, J. L., Mbilinyi, L. F., & Shetty, S. (2003). *Parenting in the context of domestic violence*. San Francisco: Judicial Council of California. Retrieved from http://www.courtinfo.ca.gov/programs/cfcc

Edleson, J. L., & Williams, O. J. (Eds.). (2007). *Parenting by men who batter women: New directions for assessment and intervention*. New York: Oxford University Press.

Family Violence Prevention Fund. (Producer). (n.d.). *Breaking the cycle: Fathering after violence: Curriculum guidelines and tools for batterer intervention programs* [Videos and exercises on parenting for batterer intervention programs]. San Francisco: Author. Available at http://www.endabuse.org

Hester, M., & Radford, L. (2001). Overcoming mother blaming: Future directions for theory and research on mothering and domestic violence. In S. A. Graham-Bermann & J. L. Edleson (Eds.), *Domestic violence in the lives of children: The future of research, intervention and social policy* (pp. 135–156). Washington, DC: American Psychological Association.

Scott, K., & Root, J. (2006). *Responsible fathering: Intervention at the intersection of woman abuse and child maltreatment* [Three-part online learning module on working with men who batter as parents]. Available at http://www.globalvp.umn.edu

Parenting Practices and Violence, Youth Violence

Parenting practices refer to the methods and styles of parenting used to control and socialize children, including discipline tactics, as well as supervision and monitoring of the child. In addition, parent–child interactions can also be evaluated in terms of the quality of the relationship. A consistent finding in the research literature is that certain parenting practices and parent–child relationships can increase the likelihood of youth violence and that the influence of these factors is particularly salient for younger children. Because one of the strongest predictors of youth violence is early childhood aggression, it is important to address family factors related to the learning of aggression in childhood to effectively prevent youth violence.

Quality of the Parent–Child Relationship

Children who experience rejection, neglect, or indifference from parents are more likely to display aggressive behavior. Neglectful or disengaged parents are unresponsive to the needs of children and demand little of them. Some evidence has found that neglected children actually show higher levels of subsequent violent behavior than physically abused children. One reason these children may engage in violence is to gain attention from their parents. In contrast, parents who are warm, supportive, and responsive have children who are less aggressive. The quality of the parent–child relationship also influences child aggression and violence by modifying the impact of parenting practices.

Discipline Practices

Consistent discipline practices have been linked to lower levels of aggression and violence. In contrast, problematic discipline practices and erratic expressions of anger promote aggression in children. Children become less inhibited about displaying aggression when discipline is inconsistent. In addition to learning theory accounts of this effect, another explanation is suggested by social control theory. Parents' use of harsh punishment is thought to prevent the internalization of moral standards by damaging the parent–child bond. Children who do not feel attached to their parents fail to internalize the parents' values and those of the society, resulting in poor self-control. Individuals with low self-control ignore potential long-term costs of aggressive behavior.

Corporal Punishment

The use of corporal punishment has been associated with increased aggression in children, especially

among European Americans. Corporal punishment increases child aggression in various ways. First, when parents resort to physical means of controlling and punishing their children, they send a message that aggression is a normative, acceptable, and effective way to gain compliance. When corporal punishment is used in response to children's aggression, in essence, parents are punishing children with the very behavior they are trying to eliminate. This behavior, in turn, communicates to the child that it is acceptable to hit others when they behave in ways they do not like. Second, the use of this disciplinary tactic leads to avoidance of the disciplinary figure, reducing parental opportunities to direct and influence their child. Third, corporal punishment also promotes hostile attributions that, in turn, predict violent behavior. The way in which a child responds to a situation is a function of how the child interprets social information. Experience with harsh treatment from parents results in children who are hypervigilant to hostile cues, attribute hostile intent to others, access more aggression potential responses, and view aggression as a way to attain social benefits.

One of the goals of parenting is to teach children to behave independently in morally and socially acceptable ways. Attributing compliance to internal rather than external sources is an integral part of this process, and corporal punishment has been found to interfere with this process by promoting external attributions. Physical force by the parent provides external controls to which children can attribute their compliance and therefore can propel children to avoid misbehaviors to avoid future punishment, but physical force does not teach children the responsibility to behave independently in morally and socially acceptable ways. Thus, the child may never learn socially acceptable ways of handling situations and instead views violence as a reasonable option for solving social conflicts.

Parental Monitoring

High parental monitoring is associated with lower levels of aggression, violence, and delinquency among children and adolescents. Monitoring refers to parents knowing where their children are, with whom they are associating, and what they are doing. Good supervision allows parents to respond appropriately to antisocial and delinquent behaviors and minimizes the adolescents' contact with risky circumstances and activities and deviant peers.

Cultural Considerations

The cultural context of parenting plays a role in determining the impact various parenting practices have on children. Among African American families, corporal punishment is more common and is less likely to be associated with child aggressive outcomes. This outcome is due to the message the parents send their children during the discipline event. Among African American families, corporal punishment seems to be relatively accepted, parents believe that it is effective, and the message sent is that the parent cares about the child. Among European American families, corporal punishment generally is viewed less favorably and may send the message that the parent is rejecting the child. Thus, these different messages sent to the child can result in a qualitatively different experience for the child. Parental warmth is also expressed differently in different cultures. Therefore, how messages are communicated to the child may differ according to the cultural context in which the child is reared.

Prevention of Youth Violence

Teaching parents effective methods of parenting has been found to reduce child and adolescent delinquency and aggression. Teaching parents to use consistent discipline and to monitor their children reduces behavior problems in children. A more responsive, warm style of parenting has also been associated with lower levels of aggression in children. Preventive efforts in early childhood are generally more effective than later timed interventions in reducing aggression.

Melinda S. Leidy and Nancy G. Guerra

See also Caregivers and Violence; Child Exposure to Intimate Partner Violence; Child Neglect; Divorce and Relation to Youth Violence; Family Therapy and Family Violence

Further Readings

Gorman-Smith, D., Tolan, H., Zelli, A., & Huesmann, L. R. (1996). The relation of family functioning to violence among inner-city minority youth. *Journal of Family Psychology*, *10*, 115–129.

Parricide

See Family Homicides

Patriarchal Terrorism

See Intimate Terrorism; Expressive Violence; Instrumental Violence; Situational Couple Violence; Violent Resistance

Patriarchy

Patriarchy is a system of social organization that institutionalizes male power over women and puts male interests and values at the center of social life. Rather than a single factor, patriarchy is made up of a number of interrelated institutions and ideologies that have a pervasive effect at multiple levels of social organization. Since patriarchy is a social system, all men do not participate in or experience patriarchy in the same way. Although patriarchy is one of the most fundamental realities of contemporary social life, it is so pervasive that it is naturalized and often invisible. The concept of patriarchy has three primary meanings. First, patriarchy is a form of social organization in which the father is the head of the family. Second, patriarchy describes the cultures and social institutions that are organized around male leadership. Third, patriarchy also refers to the principles and philosophies upon which male power is based.

Patriarchy is relevant to interpersonal violence because it influences a variety of factors from the motives for violence to cultural and individual responses to it. Patriarchy is a multilayered, multifaceted social structure that extends across all levels of the social ecology, from personal beliefs and behavior to interpersonal relationships, family organization, community norms, and cultural ideals. Patriarchy takes different forms over time and in different locations. These changes have implications for shifting patterns of violence within individual relationships and communities.

Patriarchy in the Family

Familial patriarchy is perhaps the most well known. Patriarchal families are organized around a male head of household. In patriarchal families, men have more power and authority than women. Their influence may include control over decisions made within the family, the allocation of resources, household duties, and marriage and childrearing practices. Although patriarchy refers literally to the rule of the father, patriarchal authority extends to other males in the household.

Patriarchal families are often patrilineal, meaning that the family line descends through the man's side. In patrilineal families, money, class status, property, and wives and children may be passed from male relative to male relative, with women and girls excluded from inheritance rights or allowed to inherit only in the absence of male heirs. Patrilinearity is also visible in the custom of women taking their husband's name upon marriage. The family name descends through the men, while the women are incorporated under the husband's family identity. Even when women retain their own names upon marriage, the children often assume the father's last name.

The multiple forms of social organization linked to patriarchy institutionalize male power over women and contribute to women's oppression. Familial patriarchy has been linked to men's abuse of women in research on violence in married, unmarried, divorced, and separated couples. Patriarchy in the family is also related to violence by male relatives against female relatives, such as in acid attacks, dowry related violence, and so-called honor killings. These forms of violence use women to negotiate men's status relative to one another. In this sense, women are instrumental to men's relationships with one another rather than valued as distinct entities with the same rights and freedoms as men.

Patriarchy in Society

Familial patriarchy both provides a model for and reflects broader patriarchal structures. In societies organized around patriarchal families, it may seem natural that social institutions and organizations are also headed by men. Likewise, in a culture where social institutions such as religion, education, government,

and business are run by men, it may seem natural for men to run the household. The pervasiveness of patriarchy contributes to the appearance of its immutability and naturalness.

Social institutions like the law, courts, government, and media are dominated by men in most places throughout the world. This domination has multiple implications for interpersonal violence. Some forms of violence are not considered illegal because of the presumption of men's patriarchal authority over women in the family. For example, wife battering and marital rape have not always been illegal in the United States and are still condoned in many countries. Even where these forms of violence are considered crimes, they are often not as aggressively prosecuted as other crimes. Men's crimes against women they know may be subject to higher standards of proof and scrutiny compared with other offenses. The male prerogative to control what happens in the family often extends to child sexual and physical abuse as well. Historically, violence by men in the family was considered a private issue that was not subject to outside intervention due to the man's position as guardian of the wife and children. Therefore, men's violence against family members was seen as appropriate or necessary to his role as leader and disciplinarian of the family. In that context, a man's violence against his own family was not considered a crime or even violence.

The patriarchal organization of society exists on the most abstract levels of culture as well as in the most intimate and internalized aspects of individual behavior and identity. Patriarchy is linked to polarized gender roles that mandate very different and distinct behavior for women and men. Rigid gender roles are enforced in a number of ways in patriarchal cultures, including by the use of violence and the threat of violence. Women are not the only ones at risk for this violence. Patriarchal gender norms contribute to hate crimes such as gay bashing and violence against men by males who feel that their masculinity has been called into question, just as they contribute to rape and femicide. Men perform their gender to demonstrate their place in patriarchal hierarchies that rank men relative to one another as well as in relation to women.

Not all men experience patriarchy in the same way. Racism, class discrimination, and homophobia all shape men's status and experiences within particular patriarchal cultures. These intersecting oppressions affect the privileges men are able to gain from patriarchy in a particular time and place. Expectations for the performance of gender vary over time as well as from culture to culture. However, research has identified men's desire to perform masculinity and defend it against threats of inadequacy as a significant factor contributing to male violence in a variety of contexts. Patriarchy can create conflict among men as well as between men and women. As men jockey for position at the top of patriarchal hierarchies, some men use violence to offset the shame they feel at not being in a dominant position. Although patriarchy literally refers to the rule of the father, it also applies to men's interactions with other men who are not family members.

Theories of Patriarchy

Theories of patriarchy explain why and how families and other social institutions are organized around male supremacy. There are theories that justify this arrangement, theories that challenge it, and theories that attempt to clarify how patriarchy came to exist. Each of these theories applies to multiple layers of social interaction: personal beliefs and ways of understanding the world, expectations for interactions with others, ways of behaving in interpersonal relationships, and ways of thinking about these things in relation to the larger society.

Patriarchy has both psychological and material components. For example, patriarchy shapes the distribution of resources through concepts like the family wage that guarantees men higher wages for work than women, since it is presumed that they are supporting a family. Patriarchy also shapes the way we think about ourselves and others through factors such as conventions of language use, observation of the media, and our personal experiences. The combination of psychological and material aspects of patriarchy contributes to its tenacity. Changes in material culture and social institutions may be resisted because patriarchal values and beliefs are internalized by women and men. At the same time, material concerns may outweigh psychological factors when it comes to people's individual decisions about how to act.

Influence

As an organizing principle behind gendered identity and institutions, patriarchy is a key concept for thinking about human behavior. An understanding of the concept of patriarchy is essential to the study of interpersonal violence because, along with other factors, it

shapes human behavior, including violence at all levels of the social ecology. This understanding should include awareness that patriarchy is not a single factor; rather, it is a principle of social organization that has a pervasive influence on human violence over time and in multiple geographic locations. This influence is present in the most personal internalized identities and gender performance to the most impersonal and structured institutions that organize social life.

Molly Dragiewicz

See also Battered Women's Movement; Feminist Movements to End Violence Against Women; Misogyny; Sex Discrimination

Further Readings

Brownmiller, S. (1975). *Against our will: Men, women and rape*. New York: Bantam Books.

Frye, M. (1983). *The politics of reality: Essays in feminist theory*. Berkeley, CA: Crossing Press.

Gilligan, J. (2001). *Preventing violence*. New York: Thames and Hudson.

Johnson, A. G. (1997). *The gender knot: Unraveling our patriarchal legacy*. Philadelphia: Temple University Press.

Schwartz, M. D., & DeKeseredy, W. S. (1997). *Sexual assault on the college campus: The role of male peer support*. Thousand Oaks, CA: Sage.

Walby, S. (1990). *Theorizing patriarchy*. Oxford, UK: Basil Blackwell.

Websdale, N. (1998). *Rural woman battering and the justice system: An ethnography*. Thousand Oaks, CA: Sage.

Patricide

See Family Homicides

Peacemaking Circles

The purpose of peacemaking circles is to create a safe, nonjudgmental place to engage in a sharing of authentic personal reactions and feelings that are owned by each individual and acknowledged by others, related to a conflict, crisis, issue, or even to a reaction to a speaker or film. The circle process allows the opportunity for each person to speak, without interruptions from others.

Peacemaking circles, talking circles, or healing circles are deeply rooted in the traditional practices of the indigenous people of North America, as well as from other parts of the world. They are widely used among the First Nation people of Canada and the hundreds of tribes of Native Americans in the United States. The circle process establishes a very different style of communication than most from European traditions are familiar with. Rather than aggressive debate and challenging each other, often involving only a few more assertive individuals, the circle process establishes a safe nonhierarchical place in which all present have the opportunity to speak without interruptions. Rather than active verbal facilitation, communication is regulated through the circle keeper or facilitator by passing a talking piece (usually an object of special meaning or symbolism to the group). The talking piece fosters respectful listening and reflection in a safe setting. It prevents one-to-one debating or attacking or even one person dominating the conversation. After welcoming the participants, all of whom are sitting in a circle, the circle keeper will begin by having each person introduce him- or herself, followed by brief opening comments by the circle keeper about the purpose of the circle and the talking piece. Guidelines for communication are discussed and agreed upon. Typical guidelines include listen with respect, speak from the heart, give each person a chance to talk, allow one person to talk at a time when he or she has the talking piece, speak for yourself and not as the representative of any group, realize that it is okay to disagree, and no name-calling or attacking.

The circle keeper will begin the process by posing a question to reflect on, followed by other related questions. After each question, the talking piece is passed to the person on the left, clockwise. Only the person with the talking piece can speak. If others jump in with comments, the circle keeper reminds them of the ground rules and refocuses on the person with the talking piece. Participants are not required to speak: this requirement would create an unsafe, pressured tone to the circle. If someone feels unable to speak, he or she can simply pass the talking piece to the next person.

The circle process has been brought into European culture by many over the years, including community activists in the restorative justice movement and activists in the feminist movement, most notably Baldwin, author of *Calling the Circle, The First and*

Future Culture, and Pranis, Stuart, and Wedge, authors of *Peacemaking Circles: From Crime to Community*. Peacemaking circles are increasingly being used to address conflicts in families, schools, workplaces, and communities. They are also used to address issues of violence, including both common assault and more severe violence.

Mark S. Umbreit

See also Restorative Justice

Further Readings

Baldwin, C. (1998). *Calling the circle: The first and future culture*. New York: Bantam Doubleday Dell.

Pranis, K. (2005). *The little book of circle process*. Intercourse, PA: Good Books.

Pranis, K., Stuart, B., & Wedge, M. (2003). *Peacemaking circles: From crime to community*. St. Paul, MN: Living Justice Press.

Pedophilia

Pedophilia has been defined differently in several research studies and diagnostic manuals. The most common diagnostic features include a sexual interest in prepubescent children as evidenced by self-reported thoughts, fantasies, urges, or sexual arousal; sexual behavior with prepubescent children; or a combination of these features. These diagnostic features allow for one to be classified as a pedophile based on interest alone, irrespective of any sexual activity with a child or children. There is also a subset of sexual offenders who have sexually offended against a child, but would not be appropriately classified as pedophilic. Thus, some pedophiles are not sexual offenders, and not all sexual offenders are pedophiles.

Information about pedophilia is limited due to diagnostic and definitional differences in the research. Typically, research has employed self-report surveys by university undergraduates or convicted sexual offenders. Research on university students indicates that both males and females self-report sexual interest in children (reports range from 3% to 10%) though males are incarcerated for sexual offenses against children at a much higher rate than females (over 90% of pedophiles reported in the literature are male). Researchers have also reported that of the 4% of college-age women who had reported having sexual contact with a minor (defined as at least 5 years younger than them), 18% reported having a sexual attraction or sexual fantasies about children. Most recent estimates place the upper-bound prevalence estimate of 5% of males having a sexual interest in children, with even fewer qualifying for a diagnosis.

Psychopathology

Pedophilic males have been found to be different from nonpedophilic men in several domains. Pedophilic men often have comorbid concerns such as anxiety, depression, personality disorders, paraphilia, or a combination of all of these concerns.

Pedophilia does not appear to be an exclusively learned or conditioned response. Although several pedophilic offenders report having been sexually abused as children at a higher rate than nonpedophilic offenders, the majority of people who were sexually assaulted or abused as children do not go on to sexually offend as adults.

Neurodevelopmental data suggest that physiology and neuroanatomy may play a part in the etiology of pedophilia. In a recent meta-analysis, sex offenders typically had lower IQ scores than their non–sex-offending counterparts, and sex offenders who offended against children had lower scores than sex offenders with adult victims. Researchers have also reported brain structure as well as white matter differences in pedophilic men in comparison to nonpedophilic men. Structural neuroimaging, head injury history, and cognitive ability together are indicative of a neurodevelopmental process; however, the causal relationships between these variables and pedophilia are unclear.

Theory

A current theory in the etiology of pedophilia likens pedophilia to heterosexuality, bisexuality, and homosexuality. In this line of theory, as one develops one's sexual identity, the sexual interest develops along two continua: biological sex and age. Notably, these continua are not exclusive, in that many pedophiles are married and have concurrent sexual interest in their spouse while maintaining a sexual interest in children. The intensity of the interest and preference in children

may vary somewhat, though current theory suggests that pedophilic interests are relatively stable over the lifetime.

Alternatively, some have argued that sexual interest differences represent different groups entirely, that those who develop an interest in infants are etiologically different from those with a preference for prepubescent children, pubescent children, adults, or the elderly. The field is lacking clear data on the developmental and taxonomic nature of pedophilia.

Assessment

In addition to self-report, researchers and clinicians have developed several methods of assessing adults' level of sexual interest in or arousal to children. One of the most common and controversial methods is the assessment of penile tumescence via penile plethysmography while the participant or sex offender is shown slides of clothed or nude children or presented audio-recorded stories involving sexual events involving children, with some assessments involving auditory and visual stimuli. Current standards of ethical practice prohibit the use of actual children and instead use computer-generated images. Viewing time has also been used to infer the person's level of interest in the presented visual stimuli; the more time spent viewing the stimulus, the more inferred interest. Researchers have also developed card sorts and scales to identify sexual preference, and in combination with other data (e.g., penile plethysmography), the card sorts and scales have proven to be clinically useful. Lastly, behavioral data can be used to assess pedophilic interests and behaviors; arrests, convictions, and possession of child pornography can all be used to infer sexual interest in children.

Treatment

There are limited data indicating that providing sexual offender specific treatments leads to a reduction in later recidivism; however, a recent and well-controlled study indicated that no statistically significant differences were found in groups of treated and untreated sexual offenders.

Efforts at modifying pedophilic sexual interest have found limited success. The successes reported appear to be as durable so far as the treatment and intervention efforts are maintained.

Taken together, there does not appear to be an effective and efficient manner for treating pedophilia. Researchers in the area have reported successful efforts in the prevention of child victimization and the management of risk in pedophiles.

Risk Assessment

Several measures have been designed to actuarially assess a convicted sexual offender's level of sexual reoffense risk. These measures have been shown to have predictive accuracy, though to date there is not a measure designed for the pedophilic offender exclusively. Several of the more popular measures include ratings for variables more frequently found in pedophilic offenses, such as the victim's age, the victim's biological sex, and indications of deviant sexual arousal.

Taken together, the current data on pedophilia indicate that researchers generally know what it is, though they do not know where it comes from, why some people have it and some do not, and how to treat it. There appears to be some consensus that pedophilia is likely to remain a challenging problem for psychologists, mental health service providers, legislators and policymakers, and the victims of those who act upon pedophilic interests and urges. Future research is needed to better understand the developmental etiology of pedophilia, research which may in turn lead to alternative avenues for intervention and risk management.

Kirk A. B. Newring and Stephanie L. Bruhn

See also Child Sexual Abuse; Sex Offenders

Further Readings

Camilleri, J. A., & Quinsey, V. L. (2008). Pedophilia: Assessment and treatment. In D. R. Laws & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment and treatment* (2nd ed., chap. 11). New York: Guilford Press.

Quinsey, V. L. (2003). The etiology of anomalous sexual preferences in men. *Annals of the New York Academy of Sciences*, *989*, 105–117.

Quinsey, V. L., & Lalumiere, M. L. (2001). *Assessment of sexual offenders against children* (2nd ed.). Thousand Oaks, CA: Sage.

Seto, M. C. (2007). *Understanding pedophilia and sexual offending against children: Theory, assessment, and*

intervention. Washington, DC: American Psychological Association.

Seto, M. C. (2008). Pedophilia: Psychopathology and theory. In D. R. Laws & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment and treatment* (2nd ed., chap. 10). New York: Guilford Press.

Peer Influences on Youth Violence

Violent crimes committed by young people have heightened concern about youth violence in this country. Although the overall number of arrests for serious violent offenses has declined, rates of youth violence remain high. Youth are not only more likely to be perpetrators of violence, but also more prone to be victims of violence. For the purpose of this entry, violence will be defined as any conscious act intended to cause injury to another, either physically or psychologically.

Peer influences remain a major predictor of youth violence. Youth who have low-quality social connections with peers are at an increased risk of participating in violent behaviors, as are youth who associate with delinquent or antisocial peers. Involvement with deviant peers is one of the most powerful influences in the onset of delinquent, violent behavior. Participation in violent activities may be a tool for gaining group membership, obtaining the respect and attention of peers, or as a way to establish independence from the adult world.

As youth develop, different risk factors for violence assume importance. The influence of the family begins to lessen as peer-related risk factors increase. In fact, communities and peers may be more influential than family in determining youth attitudes and behaviors toward violence. Further, the context of communities, neighborhoods, and schools all make important contributions to youth violence.

Community-Related Influences

The strength of the association between community violence and delinquency is influenced by relationships with peers. Within a community or neighborhood, there is a push to identify with a particular group. Affiliation with a group of peers who encourage negative behaviors is a major influence on violence in the community.

Peer-Group Affiliation

The peer group plays a major role in the development of its members' self-identities. Youth form their attitudes, opinions, priorities, and goals in conjunction with their peers. Risky behaviors such as violence and delinquency also develop in the context of peer groups and are maintained through reinforcement from peers.

Children who develop friendships with antisocial peers in elementary school are at higher risk for violent behavior. Negative peer influences affect behavior most powerfully when bonds to prosocial individuals are weak. Youth who are rejected by typical peers may find acceptance only in delinquent or antisocial peer groups. Even more, youth who lack academic and social skills are likely to join deviant groups that teach and reward antisocial behaviors.

Gangs

Gangs have been identified as a group of individuals who promote violent acts by their peers. Gangs present a growing challenge to safety and violence prevention. Once a problem only in the largest inner cities, youth gangs have branched out to smaller cities and suburban communities across the country.

Researchers examining the causes of why youth join gangs have found that the risk factors for gang membership are similar to the risk factors for those for participating in violence. Youth who are more vulnerable to the lure of gangs may feel disenfranchised or threatened, have poor school connection, have troubled family relationships, have siblings or friends who are in gangs, or be looking for fun and excitement. These youth typically join gangs to feel accepted, attain status, and increase their self-esteem. Once a member of a gang, youth are more likely to be involved in criminal activities; have academic difficulties; drop out of school; be suspended, expelled, or arrested; and become victims of violence.

Membership in a gang increases the risk of violent behavior above and beyond the risk of having delinquent or antisocial peers. Unlike individual troubled students and sporadic fights, gangs are organized, predatory, and usually directed by older youth or adults outside of school. Most seek to expand their power and wealth through illegal activities, intimidation, and recruitment. Frequently, more than one gang is involved, operating either within or between schools and in the community.

It is difficult to separate community problems from the school, as gang activity is nothing short of community activity that spills onto the campus. Certain factors can facilitate a gang presence in a community or school, including an impersonal, alienating environment; a prevalence of bullying; a lack of trust between adults and students; an absence of supervision by parents and adults in the community; and no coordination between local law enforcement and community service organizations.

School-Related Influences

Research on youth violence in schools reflects that a culture of violence has arisen in some schools. Schools located in high crime, disorganized neighborhoods report higher rates of youth violence than schools in lower crime neighborhoods. Previous studies on the influence of school peer groups on youth violence reveal that schools typically have dominant peer groups with value systems that influence decisions about student participation in violence. Regardless of students' personal views about violence, the risk of students becoming involved in violent acts varies depending on the dominant peer culture in the school.

Schools with low levels of violent behavior among students are typically characterized by a positive, respectful school climate in which inclusiveness and a sense of community are evident. An effective schoolwide discipline plan and staffing ratios that allow for effective student supervision can actively prevent and decrease violence among students. Active teaching of prosocial skills and activities focusing on relationship building also support the development of a peaceful, empathic student culture.

Bullying

A particular common and damaging form of peer violence among students is bullying. Bullying is broadly defined as negative acts or hurtful behaviors committed against an individual or group repeatedly over time. Bullying may consist of overt acts that are verbal (e.g., teasing, name calling, harassment) or physical (e.g., hitting, kicking, pushing). However, bullying may also involve more covert behaviors such as gossip, spreading rumors, and exclusion. Implicit in any definition of bullying is an imbalance of power between the bully and victim.

Peers also play a significant role in the development and maintenance of bullying behavior. Acts of bullying are fueled by the observations, attention, and approval of peer bystanders. Additionally, peer behaviors are often learned through modeling and reinforcement. Therefore, bullying interventions should target peers as well as victims and perpetrators of bullying.

The topic of bullying deserves increased attention by educators, parents, and children concerned with violence prevention. Historically, the frequency of bullying and the psychological harm that it causes have been significantly underestimated. Research supports that victims of bullying experience a host of negative outcomes including increased physical illness and psychological problems such as depressive symptoms and decreased self-esteem. Other studies have suggested that participating in bullying behavior may be associated with future involvement with delinquency and violence.

Schools must adopt comprehensive programs to prevent bullying and violence in schools. These programs can reduce violent acts, improve behaviors, change attitudes, encourage empathy, and increase teacher interventions in bullying behaviors. Further, many schools have implemented peer mediation and student conflict-resolution programs. Most peer violence prevention programs focus on building protective factors and developing student skills in cooperation, perspective taking, problem solving, and empathy. These programs have many positive effects in schools, including the promotion of a positive school climate, a reduction in discipline problems, and decreased levels of school violence.

Concluding Remarks

Peers have a powerful influence on youth violence. As youth grow older, different risk factors for violence assume significance in their lives. Poor social connections to typical peers, delinquent friends, and participation in a gang are all considered significant risk factors for participation in youth violence. The culture of communities and schools also makes important contributions to youth participation in violence. Programs focusing on the development of prosocial relations, school and community violence prevention, and peer mediation–conflict mediation all help to reduce peer influences on youth violence.

Jennifer Hall-Lande, Maura Doyle Tanabe, and Leo Bulger

See also Bullying; Child Exposure to Violence, Role of Schools; Community Violence, Effects on Children and Youth; Delinquency and Violence; Gang Violence; Office of Juvenile Justice and Delinquency Prevention; Parenting Practices and Violence, Youth Violence; Professional Journals on Youth Violence; Risk Assessment Instruments, Youth Violence; School-Based Violence Prevention Programs; School Violence; Youth Violence

Further Readings

Coloroso, B. (2003). *The bully, the bullied, and the bystander from pre-school to high school: How parents and teachers can help break the cycle of violence*. New York: Harper Resource.

Department of Health and Human Services. (2001, November/December). *Youth violence: A report by the surgeon general*. Retrieved October 20, 2006, from http://www.surgeongeneral.gov/library/youthviolence/default.htm

Gladwell, M. (2002). *The tipping point: How little things can make a big difference*. New York: Little, Brown.

Pesce, R. C., & Wilczynski, J. D. (2005). Gang prevention. *Principal Leadership*, *6*, 11–15.

Peterson, R. L., & Skiba, R. (2000). Creating school climates that prevent school violence. *Preventing School Failure*, *44*(3), 1–11.

Sussman, S., Unger, J. B., & Dent, C. W. (2004). Peer group self-identification among alternative high school youth: A predictor of their psychosocial functioning five years later. *International Journal of Clinical and Health Psychology*, *4*, 9–25.

Vigil, J. D. (2003). Urban violence and street gangs. *Annual Review of Anthropology*, *32*, 225–242.

Peer Mediation Programs

One of the most popular violence prevention programs in schools today is peer mediation. Peer mediation occurs when one student serves as a neutral third party (or mediator) to negotiate conflicts and resolve disagreements among students. These programs empower students to look beyond conflict to more constructive solutions and to provide students options other than violence. The first response to conflict is listening and discussion. Further, peer mediation strategies prevent minor school disagreements from escalating into more serious, violent conflicts. The goal of peer mediation is twofold: to reduce student conflict and violence while at the same time to provide students with tools for constructive, peaceful problem solving.

Even in schools with low levels of violence, students often try to solve disputes with destructive strategies. These strategies often escalate a conflict and may increase the potential for student violence. Peer mediation programs provide schools a constructive alternative to traditional discipline procedures. Rather than consequences and punishment, peer mediation programs reduce the severity and intensity of student conflict, de-escalate potentially violent situations, and help students to feel safe in their school environment.

Because the solution in peer mediation is mutually negotiated, the parties each feel empowered to take responsibility for their actions and to deal constructively with the issue. The situations that are most conducive to peer mediation approaches are minor disagreements such as friendship disputes, teasing, cheating, vandalism, rumors, and gossip. More violent conflicts such as physical assault or other criminal activities are not referred for peer mediation.

Peer Mediation Program Models

Peer mediation programs have different program model approaches. Some programs educate all students in peer mediation skills; other programs train a select group or cadre of peer mediators. An entire class model provides peer mediation skill training to all students in a classroom. When a dispute arises between students, other classmates assist by facilitating the mediation between the conflicting parties. This model is based on the assumption that wide-scale training develops a culture of violence prevention and direct intervention in conflict situations.

In a cadre program, a select group of students is chosen to participate in training. Cadre training can range from a one-day, intense workshop to ongoing classes throughout the school year. The cadre approach to peer mediation is based on the assumption that a group of highly trained students can prevent and mediate conflicts among classmates. Proponents of cadre program models believe that the presence of a group of peer mediators supports a more democratic approach to conflict resolution.

Types of Peer Mediation Sessions

Peer mediation sessions can take place in a variety of ways. In formal mediation sessions, a peer mediator

or peer mediation team meets with the disputants at a predetermined time and place. Session times are contingent upon the severity and nature of the conflict and can vary from 15 minutes for small conflicts to several days for more serious issues. Mediation sessions may take place during actual class time, or they may take place during nonclass times such as lunch, recess, or after school. All parties are given an opportunity to share their viewpoint. The group then discusses possible solutions and alternatives, and a mutually agreed upon solution is reached. The mediator typically follows up with the parties involved to see if the agreement has been successful.

Peer mediation sessions can also be more informal in nature. For example, peer mediators are often classmates who are integrated into normal school settings and readily available to assist in any conflict situation. If a disagreement happens on the playground, hallway, or lunchroom, peer mediators may engage in more immediate and informal mediation procedures. Mediators are typically identified by some characteristic such as a jacket, badge, or arm bands. When any type of conflict occurs, students are instructed to find a peer mediator to help the students work toward a solution.

Peer Mediators

Peer mediators are students who receive extensive training in effective communication and mediation skills. Teachers can refer specific students to be peer mediators, other students may nominate or elect peer mediators, or students may simply refer themselves. Trained peer mediators create an environment in which all involved parties feel safe. Peer mediators do not make decisions for participants; rather, peer mediators facilitate the process of resolving the conflict.

Benefits of Peer Mediation

Advocates of peer mediation programs state myriad positive benefits, including reduced disciplinary issues, improved student self-confidence, increased academic achievement, improved problem-solving skills, fewer fights, and a more positive school climate. Both mediators and disputants learn effective communication skills and nonviolent strategies for resolving conflict, and these concepts are integrated into every aspect of school culture. Further, these skills extend beyond the classroom into the students' daily interactions at home and in the community.

Concluding Remarks

Peer mediation programs have the potential to transform the culture of a school. The process of peer mediation alters the way students perceive conflict. The school climate is changed to one in which violence is not seen as a viable alternative for solving problems.

The benefits of peer mediation programs extend well beyond peer mediators to the entire school and community. Students involved in peer mediation programs use these problem-solving skills at home and with friends outside of school. This use extends the influence beyond students to parents, neighbors, and community members. As a result, there is less violence and more constructive problem solving in our schools, neighborhoods, and communities.

Jennifer Hall-Lande

See also Anger Management; Assault; Bullying; Child Exposure to Violence, Role of Schools; Peer Influences on Youth Violence; School-Based Violence Prevention Programs; School Violence; Youth Violence

Further Readings

Johnson, D. W., & Johnson, R. T. (1996). Conflict resolution and peer mediation programs in elementary and secondary schools: A review of the research. *Review of Educational Research*, *66*, 459–506.

Johnson, D. W., Johnson, R. T., Dudley, B., & Magnuson, D. (1995). Training elementary students to manage conflict. *Journal of Social Psychology*, *135*(6), 673–686.

Peterson, R. L., & Skiba, R. (2000). Creating school climates that prevent school violence. *Preventing School Failure*, *44*(3), 1–11.

Pimping

Pimps are persons who financially benefit from the earnings of women and girls involved in prostitution or in the sex trade industry. They may be the intimate partner of the individual in prostitution, or they may serve in the more professional capacity as agent or manager. Because research shows that the majority of pimps control women and girls through violence and intimidation, many women and girls are trapped in prostitution because they are unable to leave safely.

It has long been thought that women and girls in prostitution, especially those on the streets, turn to

pimps for protection, but many women become involved in prostitution only because pimps recruited, encouraged, or coerced them in the first place. For example, many needy girls, often those who have left early from dysfunctional and harmful homes, undertake activities in the sex trade at the behest of a male who has taken them in and provided them with shelter and gifts.

In the 1990s, it was common to read that North American prostitution was less controlled by pimps than in the past. Why this belief was considered to be the case is unclear; recent research has consistently shown that 40% to 50% of all women and girls in prostitution are controlled by pimps, whether on the streets or in indoor locations such as brothels and escort services. All the women in legal brothels in Nevada, for example, were found by one researcher to have pimps. Because the women were off the unsafe streets, they did not need protection, but only by means of pimps or agents could the Nevada brothel industry assure itself a steady supply of women.

The large presence of pimping serves to point out that prostitution is a well-organized and profitable industry, relying on agents and middlemen to supply girls and women to meet demand. Pimps are directly related to traffickers who obtain girls and women for the sex trade industry through kidnapping or deceptive practices; they arrange for the girls' and women's transportation to another country, and their tactics can be similar to traffickers'.

Women and girls in prostitution are subject to violence from their customers, and research indicates that they are often controlled by their pimps and managers by means of violence, making escape difficult. Three quarters of women and girls with pimps state that they could not leave prostitution without suffering grievous bodily injury. Like battered women, they will need a safety plan that includes safe and secure housing.

Jody Raphael

See also Abolitionist Approach to Prostitution; Adult Survivors of Childhood Abuse; Decriminalization of Sex Work; Trafficking, Human

Further Readings

Albert, A. (2001). *Brothel: Mustang Ranch and its women*. New York: Random House.

Raphael, J. (2004). *Listening to Olivia: Violence, poverty, and prostitution*. Boston: Northeastern University Press.

Police, Response to Child Maltreatment

During 2001, there were 168,278 substantiated child victims of physical abuse in the United States, but the true number of child maltreatment cases was likely much higher since child abuse often goes unreported. Law enforcement's role in child abuse cases primarily centers on judging whether the law has been broken, and if it has, then its role is to find the individual and arrest him or her. All 50 states have specific codes regarding child abuse, and all have one basic similarity: It is the duty of each citizen to report definite or suspected child abuse, and a failure to do so could result in incarceration.

Generally, law enforcement becomes involved in one of two ways: by a referral from a professional organization or individual such as a school, a social services agency or a physician and/or by a direct call for intervention from a parent, child, neighbor, family friend, or so on. Police officers need to be specially trained in how to handle child maltreatment since the rules are different when children are victims.

Police should receive training in the following: (a) how to interview children as well as the suspected offenders, (b) the policies and procedures concerning child maltreatment cases, (c) the specific laws that have possibly been broken, and (d) how to conduct a professional investigation without psychologically harming the victim. Once police officers have received a referral, their first job is to prepare a preliminary report, which should contain the dates of the alleged crime, who was involved, and the child's statements concerning the abuse. In addition, a multidisciplinary team needs to be formed quickly, with individuals from myriad fields including the police, physicians, social workers, and psychologists—all should be highly knowledgeable regarding child maltreatment.

The police should immediately determine whether the scene is a crime scene or social problem site. The police should determine whether the victim needs medical attention as well as should surmise which examinations are needed for collection of evidence. Then police must determine if an offense has occurred, and if so, must determine the precise date and time the crime took place. If social services have not been contacted, the police should call and explain the situation. Most important, police need to remember that if a

sexual assault has occurred within the preceding 72 hours, a physician should administer a complete medical examination to recover evidence like semen, saliva, and blood. Although the evidence decreases if the assault occurred more than 72 hours before, the police should still have a physician examine the child as soon as possible.

Police officers receive calls for domestic disturbances on a daily basis, usually because of spousal arguments. On the other hand, children often receive the brunt of a parent's anger; hence, police should ask the adults if they have any children and if so, where they are. It is considered prudent that two officers arrive at a domestic disturbance scene. This number allows a better measure of safety for the police, but also if children are present, one of the officers may talk with them to ascertain their feelings on what transpired in their home. Once everyone has calmed down, most parents will allow an officer to talk with their children and might even appreciate the offer to soothe an upset child who might be worried that his or her parents are going to jail.

If possible, an officer should speak directly with the children. These conversations help the authorities gain information about the situation as well as allow the officer to gauge whether the child is or is not in need of protection. Officers should focus their attention on any physical signs that may indicate the child has been physically abused. On the other hand, a prudent officer will realize that the child might be afraid of everything that is happening; thus, if the child appears unwilling to answer questions, one should not automatically assume that hesitancy is tantamount to an admission of abuse.

Police officers who become involved in child abuse cases through social services should carefully consider all the facts that have been provided to them. Based on these facts, officers should ask a singularly important question: "If we leave to obtain a court order to remove this child from his or her parents, what are the odds the child will be injured before we return with the warrant?" How the question is answered helps determine if a child is immediately removed. Although police officers have the power of the state readily available, their power is nonetheless limited. All removal actions should be in accordance with state guidelines and departmental policy and procedure. Depending upon the specific jurisdiction, officers may be obligated to remove the child if direct evidence of physical and/or sexual abuse is made, if such abuse is alleged by the child to have occurred, or if evidence of an abusive incident is present.

Throughout the United States, most jurisdictions allow an officer the leeway to remove a child based on the information gleaned from an interview as well as from direct observation of the child. In many scenarios, an officer has the right to remove a child if he or she feels that the child might suffer further physical or emotional harm or trauma or if he or she feels that the child might be abducted or hidden before a court order can be produced. In some jurisdictions, child protective services may request to investigate allegations of physical, sexual, or emotional abuse of a child to officially place a child in emergency protective custody or to assist with such placement. To avoid civil litigation, officers must be aware of the laws in their respective states. If an officer does not comprehend his or her role within the law, a civil suit is possible.

Cary Stacy Smith and Li-Ching Hung

See also Child Physical Abuse; Legal System, Advocacy Efforts to Affect, Child Maltreatment; Legislation, Child Maltreatment; Mandatory Reporting Laws of Child Maltreatment; Prosecutorial Practices, Child Maltreatment

Further Readings

Fontes, L. A. (2005). *Child abuse and culture: Working with diverse families.* New York: Guilford Press.

Geffner, R., Sorensen, S. B., & Lundberg-Love, P. K. (1999). *Violence and sexual abuse at home: Current issues, interventions and research in spouse and child maltreatment*. New York: Haworth.

Hall, D. (1993). *Survey of criminal law*. Albany, NY: Delmar.

Police, Response to Domestic Violence

Domestic violence was long thought to be a personal issue—one in which the police should not get involved. However, changes in many states' laws have guaranteed that police will take official action when arriving at the scene of a domestic incident. Even with

changes in domestic violence law, police officers continue to have much discretion over whom and when to make arrests for domestic violence. There is evidence that even today police officers are less likely to arrest an intimate partner than a stranger for minor assault. The unfortunate consequence of this failure to act may result in the continued abuse and victimization of women in intimate relationships.

History

Researchers sometimes refer to the criminalization of domestic assault following the women's movement of the 1970s. However, assault has always been illegal—although police and prosecutors have historically been unwilling to enforce the law in cases of domestic assault. Prior to the women's movement (and prior to increased recognition that domestic violence should be treated seriously by the criminal justice system), officers called to the scene of a domestic assault were trained to mediate the situation and were not inclined to arrest the aggressor in the incident.

Feminists have argued these attitudes exist because women have traditionally been viewed as men's property; therefore, violence against them was justifiable (or at least, able to be ignored). Others claim that domestic incidents can be too difficult for the police to sort out, with many incidents ending up as "he said, she said" affairs, with little evidence in either direction. Handling cases of domestic violence may also be viewed as not serious police work. Under a traditional crime-control viewpoint, police officers do not deal with domestic violence—a problem best left to social workers.

An important event governing the actions of the criminal justice system with regard to domestic violence was the Violence Against Women Act, signed into law by President William Clinton in 1994. The act was renewed in 2000 and again in 2005 (by President George W. Bush), with additional provisions added for the protection of battered women.

The widespread use of community policing has also changed officer attitudes regarding domestic violence. Community policing places a strong emphasis on problem solving; thus, police actions and reactions to crime are less likely to be rooted in traditional law enforcement (i.e., making arrests). Instead, officers are encouraged to find novel solutions to problems in their jurisdictions—including domestic violence.

Mandatory Arrests

Several states passed mandatory arrest laws after research findings were published in the mid-1980s indicating that arrests deterred domestic violence. The purpose of these laws was to deter violence—to scare batterers into nonviolent behavior due to the fear of incarceration. However, additional research on this topic indicated that mandatory arrest does not deter everyone. Although mandatory arrest is most useful for people who are employed and married (i.e., people who have something to lose by incarceration), it may actually increase violence among other types of people. Those offenders who are unemployed may not change their behavior upon arrest because they have little to lose if incarcerated.

It has been assumed that arresting a suspect for committing a domestic assault will deter that person from future battering. However, in some cases the arrest of a suspect will only increase violence, as batterers may retaliate against the victim. Recent research has suggested that the mere act of reporting domestic violence may deter future violence, but that arrest itself does not have much of a deterrent effect.

Dual Arrests

With the increasing use of mandatory arrests for domestic violence, some police departments developed dual arrest policies. Because it is often difficult for police officers to determine who the victim is and who the offender is, arresting both citizens provides an easier solution for police officers. However, this practice of arresting both parties and letting the courts sort it all out can be damaging to victims and their families. Victims who are arrested are not likely to call the police for help in the future, fearing they will be arrested again. When the victim and offender have children in common, the victim may lose custody of minor children even if only for a short period. Immigrants are also harmed by the practice of dual arrest, as they might face deportation following the incident.

In many cases, women are violent toward men who are abusing them. Under dual arrest policies, a victim can be arrested if she physically defends herself against an attack. If convicted of assault, these victims can face difficulties in finding employment and housing. Some researchers have referred to this as the double victimization of victims—they are first victimized by their abusers and then victimized again by the criminal

justice system. Dual arrest policies have since been discouraged in the Violence Against Women Act and by many police jurisdictions.

The ultimate goal of the police is to reduce crime; however, domestic violence has not always been thought of as a crime. The efforts of the women's movement, legislative changes such as the Violence Against Women Act, and changing attitudes and strategies by police have brought increased focus to the issue of police response to domestic violence.

Christina DeJong

See also Battered Women; Battered Women's Movement; Intimate Partner Violence; Mandatory Arrest/Pro-Arrest Statutes; Violence Against Women Act

Further Readings

Buzawa, E. S., & Buzawa, C. G. (2002). *Domestic violence: The criminal justice response*. Thousand Oaks, CA: Sage.

Felson, R. B., & Ackerman, J. A. (2001). Arrest for domestic and other assaults. *Criminology*, *39*, 655–75.

Felson, R. B., Ackerman, J. A., & Gallagher, C. A. (2005). Police intervention and the repeat of domestic assault. *Criminology*, *43*, 563–88.

Finn, M. A., Blackwell, B. S., Stalans, L. J., Studdard, S., & Dugan, L. (2004). Dual arrest decisions in domestic violence cases: The influence of departmental policies. *Crime & Delinquency*, *50*, 565–589.

Miller, S. L. (2001). The paradox of women arrested for domestic violence. *Violence Against Women*, *17*, 1339–1376.

Sherman, L. W. (1992). *Policing domestic violence*. New York: Free Press.

Police, Suicide by Cop

Suicide by cop is a term coined by law enforcement to describe an event when a subject intentionally provokes a police officer (i.e., a cop) to use deadly force for the purpose of causing the subject's own death. In other words, suicide by cop involves a person whose method of choice for suicide is the officer's use of deadly force.

Recent studies have shown that between 10% and 50% of police shootings appear to be suicide by cop. The range in estimates may reflect the lack of uniformity in defining suicide by cop, as well as differences in measurement. Suicide by cop is predominantly accomplished by men.

By law, police officers may use deadly force against persons to protect themselves or others from attacks that pose an imminent threat of death or serious injury and to make an arrest of violent felony suspects who attempt to flee apprehension. It is common knowledge that the police carry firearms and are trained and ready to use them to cause death if justified. Thus, a suicidal individual may see a police officer as representing an opportunity to die, if only the officer is sufficiently provoked to use deadly force. Further, police officers are relatively accessible as they are expected to respond to citizen calls.

In suicide by cop, then, a subject intentionally places him- or herself in a situation in which the police officer feels justified in using deadly force. The officer may not be aware that the subject's intention is suicide. The subject may threaten the officer or others without admitting that he or she desires his or her own death. Because of this, a death resulting from an officer shooting may be classified as suicide by cop only after a retrospective review of the events and of the subject's actions. In other cases, the person may be clear on his or her suicidal intent. The subject may openly invite or demand that the officer shoot him or her, often accompanied by physical provoking actions such as waving around what appears to be a weapon or pointing an apparent weapon directly at the officer or another person. Holding someone hostage or barricading oneself while claiming to have a weapon are also methods of trying to attract police gunfire in suicide by cop.

As with many suicides, suicide by cop may be premeditated, or it may be an impulsive action. A suicidal subject may spontaneously take action when confronted by police, often when the police are called to a domestic disturbance or a fight and the subject is already under heightened stress. Incidents of suicide by cop are also related to drug and alcohol abuse and to mental health issues.

Melissa Hamilton

See also Assisted Suicide; Police, Use of Violence/Excessive Force; Prevalence

Further Readings

Kennedy, D. B., Homant, R. J., & Hupp, R. T. (1998, August). Suicide by cop. *FBI Law Enforcement Bulletin*, *67*(8), 21–27. Retrieved from http://www.fbi.gov/homepage.htm

Klinger, D. A. (2001). Suicidal intent in victim-precipitated homicide: Insights from the study of "suicide by cop." *Homicide Studies*, *5*, 206–226.

Parent, R. B., & Verdun-Jones, S. (1998). Victim precipitated homicide: Police use of deadly force in British Columbia. *Policing: An International Journal of Police Strategies & Management*, *21*, 432–448.

Police, Use of Violence/ Excessive Force

Police brutality in the United States has garnered international scrutiny. Cases of police violence regularly appear in the media and attract the attention of international human rights organizations. Research finds that the victims of police violence are disproportionately people of color, low-income, and transgendered. Attention to police brutality often peaks during periods of national crisis, such as urban uprisings, leading researchers to look for both the causes and solutions to police violence.

Cases of Police Violence

In the late 1990s, Human Rights Watch studied the excessive use of force in 14 major cities, including New York, Indianapolis, and Los Angeles. Human Rights Watch found police brutality to be a systematic part of police departments across the country. Several cases of police brutality have attracted national attention in the media. In 1997, Abner Louima, a Haitian immigrant, was arrested by New York City police and taken into custody. At the precinct, he was ushered by officers into a bathroom where he was sodomized with a wooden stick. He was left bleeding in a cell for 3 hours before he was taken to the hospital where he stayed for 2 months recovering from massive internal injuries. In the same year, Oliverio Martinez was riding his bike to work in the agricultural fields of Oxnard, California. Police suspected he was involved in drug activity and stopped him for questioning. After a brief scuffle, police found a knife. Martinez was shot 5 times. He survived, but he is now blind and paralyzed from the waist down. He was never charged with a crime. In 2003, according to Amnesty International, a Native American transgendered woman was allegedly stopped by two police officers and taken to an alleyway where she was raped.

The Victims of Police Violence

As the above cases illustrate, the victims of police brutality most likely come from socially marginalized communities. African American, Native American, Latino, transgendered, and low-income individuals bear the brunt of police brutality in the United States. Experiences with the police are often shaped by race, economic status, and sexuality. Therefore, there are widely different perceptions of police conduct in the United States. Sociologists Ronald Weitzer and Steven Tuch studied how race affects perceptions of police activity. They found that communities that experience increased police brutality are more likely to view police brutality as a systematic problem within the United States rather than the result of a few "bad apple" police officers.

Police Violence and the History of Urban Uprisings

Police violence has historically provided a major catalyst for urban uprisings. The history of urban uprisings in the United States is inextricably bound to the excessive use of force. The 1965 Watts uprising ignited after a routine stop of Marquette Frye led to police beatings of onlookers in the low-income community of Watts, California. In 1969, police raided a gay bar frequented by men of color in Greenwich Village, New York. The raid led to the Stonewall uprising that lasted for 2 days. In 1980, Liberty City, Florida, residents rioted after four White police officers were acquitted for the beating death of Arthur McDuffie, an African American. The 1992 Los Angeles revolt was sparked after four White police officers were acquitted for the videotaped beating of Rodney King. In 2001, Cincinnati residents took to the streets after Timothy Thomas, a 19-year-old African American, was shot and killed by a White police officer. Thomas was unarmed.

Causes and Solutions to Police Violence

The prevalence of police brutality along with the history of urban rebellions have led to a great deal of research on the causes of police violence. Human rights organizations, such as Human Rights Watch and Amnesty International, find that a lack of police accountability leads to an increase in excessive use of force, as police who use excessive force often go

unpunished. Many jurisdictions have responded to the lack of police accountability by forming civilian review boards. As of 2004, there are over 100 civilian review boards in the United States.

Although civilian review boards are an important step toward increasing police accountability, some criminologists argue that the problems of police violence are more complicated than the lack of police accountability. Jerome Skolnick and James Fyfe explain that policing has undergone significant structural changes since the 1960s. The increasing paramilitarization of police departments, they argue, produces police violence. The use of war metaphors to describe police activities—the war on crime, war on drugs, and war on gangs—gives birth to an antagonistic relationship between the police and the communities they patrol. As a result, police, especially those who patrol communities of color, are more likely to rely on excessive force rather than on other strategies that involve building a working relationship between the police and the community.

As the history of urban uprisings illustrates, the excessive use of force is endemic to policing in the United States. Increasing police accountability, as well as restructuring police departments to be less antagonistic to the communities they patrol, may provide the first steps toward eliminating police violence.

Christopher Bickel

See also Coerced Sexual Initiation; Coercive Control; Community Policing

Further Readings

Amnesty International. (2005). *Stonewalled: Police abuse and misconduct against lesbian, gay, bisexual and transgendered people in the U.S.* New York: Author.

Human Rights Watch. (1997). *Shielded from justice: Police brutality and accountability in the United States*. New York: Author.

Skolnick, J., & Fyfe, J. (1993). *Above the law: Police and the excessive use of force*. New York: Free Press.

Weitzer, R., & Tuch, S. (2004). Race and perceptions of police misconduct. *Social Problems*, *51*, 305–325.

Pornography

Although people throughout history have represented sexuality in literature and art, pornography did not emerge as a mass industry until the late 1950s, eventually breaking into mainstream distribution outlets and growing to an estimated $12 billion-a-year business in the United States by the end of the 20th century. Although still proscribed by law in a variety of ways, pornography is increasingly mainstream in contemporary culture.

The terms *obscenity* and *indecency* have specific legal meanings. Pornography is sometimes used to describe all sexually explicit books, magazines, movies, and Internet sites, with a distinction made between soft-core (nudity with limited sexual activity, not including penetration) and hard-core (graphic images of actual, not simulated, sexual activity including penetration). Pornography also is often distinguished from erotica (material that depicts sexual behavior with mutuality and respect), leaving pornography as the term for material depicting sex with domination or degradation. Laboratory studies of pornography's effects commonly use three categories: overtly violent; nonviolent, but degrading; and sexually explicit, but neither violent nor degrading.

Indecency, a term from broadcasting (over-the-air radio and television), defines a broader category that can be regulated: language or material that, in context, depicts or describes sexual or excretory organs or activities in terms patently offensive as measured by contemporary community standards for the broadcast medium. The Federal Communications Commission administers indecency regulations.

In the 1973 *Miller v. California* decision, the U.S. Supreme Court established a three-part test for defining obscenity (material that appeals to the prurient interest, portrays sexual conduct in a patently offensive way, and does not have serious literary, artistic, political, or scientific value) and identified contemporary community standards as the measure of evaluation. Although a strict application of state and federal obscenity laws could lead to prosecution of much contemporary pornography, enforcement usually occurs only where there is political support from citizens. This prosecutorial discretion means material for sale openly in one jurisdiction may not be available in another. However, the availability of mail-order and computer pornography ensures that graphic, sexually explicit material can be obtained easily anywhere. The only exception is child pornography—material that is either made using children or in the digital age, made through the use of technology that makes it appear the sexual activity uses children. The former is illegal without question

(*New York v. Ferber*, 1982) and available only underground; the legal status of the latter remains uncertain (*Ashcroft v. Free Speech Coalition*, 2002).

As legal prohibitions have lessened, a once-underground industry with ties to organized crime has become a routine business with its own trade magazine, *Adult Video News*. Heterosexual pornography makes up the bulk of the commercial market. There is a significant amount of gay male pornography available, with a smaller amount of material produced commercially for lesbians. Pornography is distributed using all communication technologies: print, photographs, film, telephones, video, DVD, and computers. *Playboy Magazine*, which debuted in December 1953, was the first sex magazine to break into mainstream distribution channels. In the 1960s and 1970s, pornographic films moved into public theaters. In the 1980s, video swamped other forms, with the number of new pornographic video or DVD titles released each year increasing from 1,500 in 1986 to 13,000 in 2005. Computers emerged as a major vehicle for pornography in the 1990s.

The two main categories in today's pornographic movie industry are features and wall-to-wall/gonzo. Features, shot mostly on video but occasionally on film, have a traditional three-act script with some plot and characters. The industry markets these as "couples' movies" that can appeal to women as well as to the traditional male audience, although the vast majority of pornography consumers are men. Wall-to-wall movies are all-sex productions that have no pretense of plot or dialogue. Many of these movies are shot gonzo style in which performers acknowledge the camera and often speak directly to the audience. In addition, there are specialty titles—movies that feature sadomasochism and bondage, fetish material, transsexuals—that fill niche markets.

The majority of hard-core movies include oral, vaginal, and anal sex, almost always ending with ejaculation on the woman. In the wall-to-wall/gonzo movies, double penetration (anal and vaginal penetration by two men at the same time) and aggressive oral penetration of women are increasingly common, as are hair pulling, slapping, and rough treatment. As these movies push the limits of overt violence and brutality, pornography producers search for new ways to attract male viewers looking for increased stimulation.

Up to the 1970s, debates over pornography pitted liberal advocates of sexual freedom against conservative proponents of traditional sexual morality. That changed with the feminist critique of pornography, a critique which emerged out of the struggle against sexual violence during the women's movement in the 1960s and which focused on the ways in which pornography eroticizes domination and subordination. Feminist critics argued for a focus not on subjective sexual mores, but on the harm to women used in pornography and against whom pornography is used.

Much of the debate about pornography concerns the question of effects. Does pornography, particularly material that explicitly eroticizes violence and/or domination, result in sexual violence against women, children, and other vulnerable people? Pornography's supporters and some researchers argue there is no conclusive evidence. Other researchers contend the evidence points to some kind of effects with some groups of men. No one argues that pornography is the sole causal factor in rape; the question is whether the use of pornography can be considered a sufficient condition for triggering a sexual assault. Because experimental research on such topics using minors is more difficult and ethically problematic, there is little data specifically about pornography's effects on children and adolescents.

Many feminists have argued that attention to the experiences of men and women—both those who use pornography and those against whom pornography is used—makes the connection clear. Such accounts provide specific examples of how pornography can (a) be an important factor in shaping a male-dominant view of sexuality, (b) contribute to a user's difficulty in separating sexual fantasy and reality, (c) be used to initiate victims and break down resistance to sexual activity, and (d) provide a training manual for abuse.

Gail Dines and Robert Jensen

See also Decriminalization of Sex Work; Disability and Pornography; International Sex Industry; Internet, Pornography; Sex Tourism

Further Readings

Dines, G., Jensen, R., & Russo, A. (1998). *Pornography: The production and consumption of inequality*. New York: Routledge.

Dworkin, A. (1981). *Pornography: Men possessing women*. New York: Perigee.

MacKinnon, C. A., & Dworkin, A. (1997). *In harm's way: The pornography civil rights hearings*. Cambridge, MA: Harvard University Press.

Strossen, N. (1995). *Defending pornography: Free speech, sex, and the fight for women's rights*. New York: Scribner.
Williams, L. (1989). *Hard core: Power, pleasure and the "frenzy of the visible."* Berkeley: University of California Press.

Posttraumatic Stress Disorder

The syndrome currently called posttraumatic stress disorder (PTSD) has long been recognized in survivors of interpersonal violence such as military combat and sexual assault. However, it was not until the 1980 publication of the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (*DSM-III*) that PTSD was officially codified in the psychiatric nomenclature. The current *DSM-IV* criteria stipulate the following for a PTSD diagnosis: (a) exposure to a traumatic event accompanied by (b) intense feelings of helplessness, horror, or fear, and followed by (c) more than one month of (d) clinically significant distress arising from three categories of symptoms: (1) reexperiencing symptoms (intrusive memories, nightmares, flashbacks, intense physiological or emotional responses when reminded of the trauma), (2) avoidance and/or numbing symptoms (effortful evasion of thoughts, feelings, people, or places that are reminiscent of the trauma; amnesia about the trauma; reduced interest in previously enjoyed activities; emotional detachment from others; reduced capacity for pleasure; or expectations of a truncated future), and (3) elevated arousal or arousability symptoms (insomnia, irritability, distractibility, hypervigilance, or exaggerated startle reactions).

Associated Features

There are also a number of psychiatric disorders, symptoms, and characteristics that commonly co-occur with PTSD but that are not part of the core diagnostic criteria. For example, PTSD patients frequently meet criteria for depression, substance abuse, or other anxiety disorders (e.g., panic disorder). PTSD patients also typically report social withdrawal, relationship problems, guilt, shame, difficulty managing emotions, risky or impulsive behavior, personality changes, disruptions in normally integrated aspects of consciousness (also known as dissociation), and medically unsubstantiated physical complaints (also known as somatization). Finally, PTSD patients generally suffer from cognitive distortions such as exaggerated perceptions of danger, vulnerability, and powerlessness that are inappropriately generalized from their trauma experience to many posttrauma situations.

Other Factors Associated With PTSD

A large body of research has been devoted to identifying predictors of PTSD. However, because most of these variables have only been assessed retrospectively after trauma exposure rather than before or during trauma, it is unclear whether they are actually predictive of or merely associated with PTSD. Two meta-analyses have identified the following variables listed in descending order of their strength of association with PTSD: lower social support, greater peritraumatic dissociation (i.e., experiencing time distortion, disrupted sense of reality, or other major disturbances of cognition or perception during a traumatic event), greater exposure to nontraumatic life stress, more intense peritraumatic emotions (i.e., intense emotions occurring during the traumatic event), greater perceived life threat during the trauma, greater trauma severity, lower intelligence, lower socioeconomic status, childhood abuse, family history of psychiatric disorder, previous adulthood trauma, history of pretrauma psychiatric difficulties, lower education, and younger age. Other factors associated with PTSD but not included in these meta-analyses include more neurotic traits, less controllability, and less predictability during the trauma, and less active coping or more passive coping after the trauma.

In addition, there is now a substantial literature identifying biological differences between people with and without PTSD. These studies indicate that people with PTSD show higher resting physiological activity in domains such as heart rate, blood pressure, and sweat gland activity; greater physiological reactivity to startling sounds and trauma reminders; increased activity in the fear center of their brains (i.e., amygdala) and decreased activity in regions of their brains involved in inhibiting emotion (e.g., anterior cingulate); abnormalities in regions of their brains involved in memory (e.g., hippocampus); and lower levels of a stress hormone involved in attenuating the stress response (i.e., cortisol).

General Epidemiology

PTSD is one of the top five most common psychiatric disorders in the United States. Between 15% and 24%

of trauma-exposed adults and 7% to 10% of the general adult population will likely have PTSD in their lifetime. Several studies have reported that ethnic minorities (especially Latino Americans) have higher rates of PTSD than Caucasian Americans. With regard to gender, females typically have twice the rate of PTSD of their male counterparts. Studies report lifetime rates of PTSD between 10% and 14% for women and between 5% and 6% for men.

Interpersonal Violence Trauma Versus Other Trauma Types

The types of trauma that qualify for the PTSD diagnosis include experiencing, witnessing, or learning about an event involving serious injury, threat to physical integrity, and/or death. Risk for PTSD rises with increased frequency, magnitude of severity, and type of trauma exposure. Traumatic events involving interpersonal violence are particularly likely to lead to PTSD. For instance, in individuals who have been exposed to combat, physical or sexual abuse, violent crimes, or refugee experiences, PTSD prevalence rates can be as high as 65% as compared to rates of under 8% in those exposed to disasters, accidents, or who learned of traumatic events happening to others. Furthermore, prior exposure to interpersonal violence increases the likelihood that an individual will develop PTSD upon subsequent trauma exposure. The increased risk is nearly fivefold if an adult was repeatedly exposed to interpersonal violence in childhood and approximately tenfold if the subsequent trauma exposure involves further interpersonal violence.

Exposure to interpersonal violence appears to partially account for gender differences in PTSD in complex ways. For both males and females, exposure to interpersonal violence confers the highest risk for PTSD. In males, this risk is linked to exposure to combat and for females the risk is linked to sexual assault. Though males and females report approximately equal exposure to other types of trauma (e.g., accidents, natural disasters), males report higher rates of exposure to most types of interpersonal violence, with the notable exception of sexual assault to which females report more exposure. Paradoxically, with the exception of sexual assault that triggers more PTSD in men (65%) than women (46%), other forms of interpersonal violence are more likely to trigger PTSD in women than in men. Specifically, one study found that over half of PTSD cases in women were due to interpersonal violence compared with approximately 15% in men. Another study found that, whether or not sexual assault was included in the analysis, about one third of women exposed to interpersonal violence developed PTSD as compared with 6% of men. These findings appeared to be unique to interpersonal trauma. No other category of trauma exposure yielded gender differences in risk for PTSD. Some have argued that the gender difference in susceptibility to PTSD following interpersonal violence is due to women's greater tendency to respond to interpersonal violence with avoidance and numbing symptoms, which are thought to prolong other categories of PTSD symptoms. Another possibility is that contexts in which interpersonal violence occurs for men and women may be very different. Women may be more likely to encounter interpersonal violence at the hands of their domestic partner, a difference that increases their vulnerability and likelihood for repeated violence.

Treatment

PTSD is commonly treated with either medication or psychotherapy. Among psychopharmacologic treatments, selective serotonin-reuptake inhibitors (such as Paxil or Zoloft) are commonly prescribed. All psychotherapies potentially offer a supportive and collaborative relationship, which has been shown to be in part related to recovery. However, different brands of psychotherapy also offer specific techniques that target particular problems associated with PTSD. Behavioral therapies (e.g., prolonged exposure, eye movement desensitization, and reprocessing) focus on reducing the anxiety associated with reexperiencing symptoms by eliminating avoidant behaviors. Cognitive therapies (e.g., stress inoculation training) focus on education about PTSD, correcting distorted attributions, challenging negative or irrational thoughts, and teaching new coping skills. Psychodynamic therapies (e.g., time limited dynamic therapy) focus on regulating defenses, fostering insight, providing a safe context for remembering trauma, and helping the patient to integrate a sense of meaning regarding the trauma. Transpersonal therapies (e.g., holotropic breathwork, shamanic counseling) focus on the role that spiritual factors play in healing trauma. Some of these approaches (particularly the cognitive and behavioral) are supported by controlled studies. However, many other types of

therapy have not been adequately tested, so their efficacy remains unknown.

Nnamdi Pole

See also Domestic Violence, Trauma, and Mental Health

Further Readings

Breslau, N. (2001). The epidemiology of posttraumatic stress disorder: What is the extent of the problem? *Journal of Clinical Psychiatry*, *62*, 16–22.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comborbidity Survey. *Archives of General Psychiatry*, *52*, 1048–1060.

Pole, N. (2007). The psychophysiology of posttraumatic stress disorder: A meta-analysis. *Psychological Bulletin*, *133*, 725–746.

Pole, N., Best, S. R., Weiss, D. S., Metzler, T., Liberman, A. M., Fagan, J., et al. (2001). Effects of gender and ethnicity on duty-related posttraumatic stress symptoms among urban police officers. *The Journal of Nervous and Mental Disease*, *189*, 442–448.

Pole, N., Neylan, T., Best, S. R., Orr, S. P., & Marmar, C. R. (2003). Fear-potentiated startle and posttraumatic stress symptoms in urban police officers. *The Journal of Traumatic Stress*, *16*, 471–479.

Yehuda, R. (2002). Post-traumatic stress disorder. *New England Journal of Medicine*, *346*, 108–114.

Poverty

Poverty is a universal problem known to human beings since time immemorial. The concept of poverty has been defined in different ways ranging from the social structural to a social psychological level. For example, Lewis developed the notion of the culture of poverty, implying that the poor people have a distinct way of life plagued by inadequate access to quality as well as quantity of resources. In either case, there seems to be a tendency to blame the victims of poverty as if they voluntarily chose to be deprived of life's amenities. Marx, on the other hand, blamed the structure of society for creating inequities for and exploitation of the have-nots by those in power and control.

Overall, a universal definition of poverty may neither be meaningful nor always useful. For example, the average income of African Americans and Mexican Americans in U.S. dollars may be several times higher than that of slum dwellers of Cairo, Dhaka, Calcutta, or Saigon. That, however, does not mean that poverty-stricken families of color in the United States experience any less deprivation than those others. Although international comparisons of poverty are important, the problem should basically look at relatively localized perceptions and impact.

The term *poverty* is used here in a demographic or economic sense. The U.S. government, for example, determines a poverty line or threshold for a given year based on a low economic status of a person and/or family in terms of annual income, including earnings, unemployment or workers' compensation, Social Security, Supplementary Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Consideration is given in poverty threshold calculations to the size of the family and ages of its members.

Increasing Rates of Poverty

The official rates and extent of poverty in the United States started declining in the 1960s (dropping about 50% from the rate in the early 1950s) after gains in the economy and several civil rights reforms were implemented. The downward trend in poverty rates continued somewhat through the 1970s. However, poverty rates started going up in the 1980s due to multiple economic and political factors, and they have continued to climb through the 1990s and beyond (in 2005, about 13% of the U.S. population or 38 million people were poor by the official measure). Studies in sociology have been particularly concerned about dramatic increases of poverty among African Americans and Hispanics (including Puerto Ricans, Cubans, and Mexican Americans) in both rural and urban areas. The poverty rate for African American and Hispanic families, for example, climbed to about 36% by the 1990s and thus was more than 3 times higher than the rate among Whites during that period.

Relationship Between Poverty and Interpersonal Violence

It appears that the rates of interpersonal violence (e.g., homicide, robbery, rape, stalking, and family abuse), based on Federal Bureau of Investigation statistics, have also been generally increasing along with poverty rates during the past few decades. Criminologists have identified a direct correlation between poverty and most criminal conduct.

Studies indicate that reported acts of violence against impoverished women in interpersonal relationships are generally higher than those in middle and upper classes. Research reports have consistently demonstrated that women in low income families, including single mothers and women of color, are at a higher risk of being physically, sexually, and emotionally abused by men in relationships and social encounters.

Explanations for the relationship between violence against women and poverty are numerous. Poverty-stricken women do not have access to many of the resources available to other women, thereby becoming readily accessible to control or dominance by an abuser. These women are likely to stay as victims in violent relationships longer than those in other social classes due to lack of resources.

Raghu N. Singh

See also Epidemiology, Victimization Patterns by Age, Gender, Ethnicity, Socioeconomic Status; Socioeconomic Status, Offending and Victimization by Class

Further Readings

Balkin, K. (Ed.). (2005). *Poverty: Opposing viewpoints*. Farmington Hills, MI: Greenhaven Press.

Kerbo, H. R. (2003). *Social stratification and inequality*. New York: McGraw-Hill.

Lewis, O. (1959). *Five families: Mexican case studies in the culture of poverty*. New York: Basic Books.

U.S. Bureau of the Census. (2006). *Statistical abstracts of the United States*. Washington, DC: Government Printing Press.

Power and Control Wheel

The power and control wheel is a way of visually representing the tactics typically used by men who batter (see Figure 1). Batter means the ongoing pattern of violence, coercion, and abuse in an intimate relationship. The graphic was created in 1982 by Pence, McDonnell, and Paymar as part of a curriculum for a court-ordered program for batterers. It was developed out of the experiences of battered women attending support and educational groups in the working-class town of Duluth, Minnesota. These women were asked, "What do you want taught in court-ordered groups for men who batter?" Their answers spoke to the need to bring the complex reality of battering out into the open. That is, the lived experience of what actually goes on in a battering relationship needed to be recognized and exposed. As the designers probed, women began to talk about the tactics their partners used to control them. Violence was commonplace. Less recognized but equally significant were other tactics of power, including money, the children, emotional and psychological put-downs, undermining self-esteem and other social relationships, constant criticism of women's mothering, intimidation, and various forms of expressing male privilege. Over the weeks, the designers revised and adjusted the graphic until the groups of women were satisfied that the wheel captured their experience of living with a violent abuser.

The wheel is not a theory. It is a conceptual tool. It helps people see the patterns in behavior and their significance. It is not intended to capture every tactic of control, just primary tactics. Nor will all empirical cases correspond exactly to the wheel. The wheel was based on women's experience in heterosexual relationships. The battered women did not identify a desire for power or control as motivating their partners to engage in these behaviors. Rather, batterers gained power and control in the relationship as an outcome of those behaviors.

By 1984, Pence, Paymar, and McDonnell concluded that identifying positive and not just negative behaviors in their training program for batterers could help men to change. Following their earlier method, they then developed the equality wheel to describe behaviors that characterized intimate relationship based on equality. In 1995, Lakota users of the two wheels adapted the shape of the power and control wheel to that of a triangle rather than a wheel (Pine Ridge, Sacred Circle Project). The triangular shape better fits the originators' understanding of how, in battering relationships, violence and its accompanying tactics of power are intended to establish and maintain dominance over a victim. The tactics do not in and of themselves constitute battering. Battering involves the patterned and intentional use of these tactics to control the victim's autonomy and to deny her a life free of fear and intimidation.

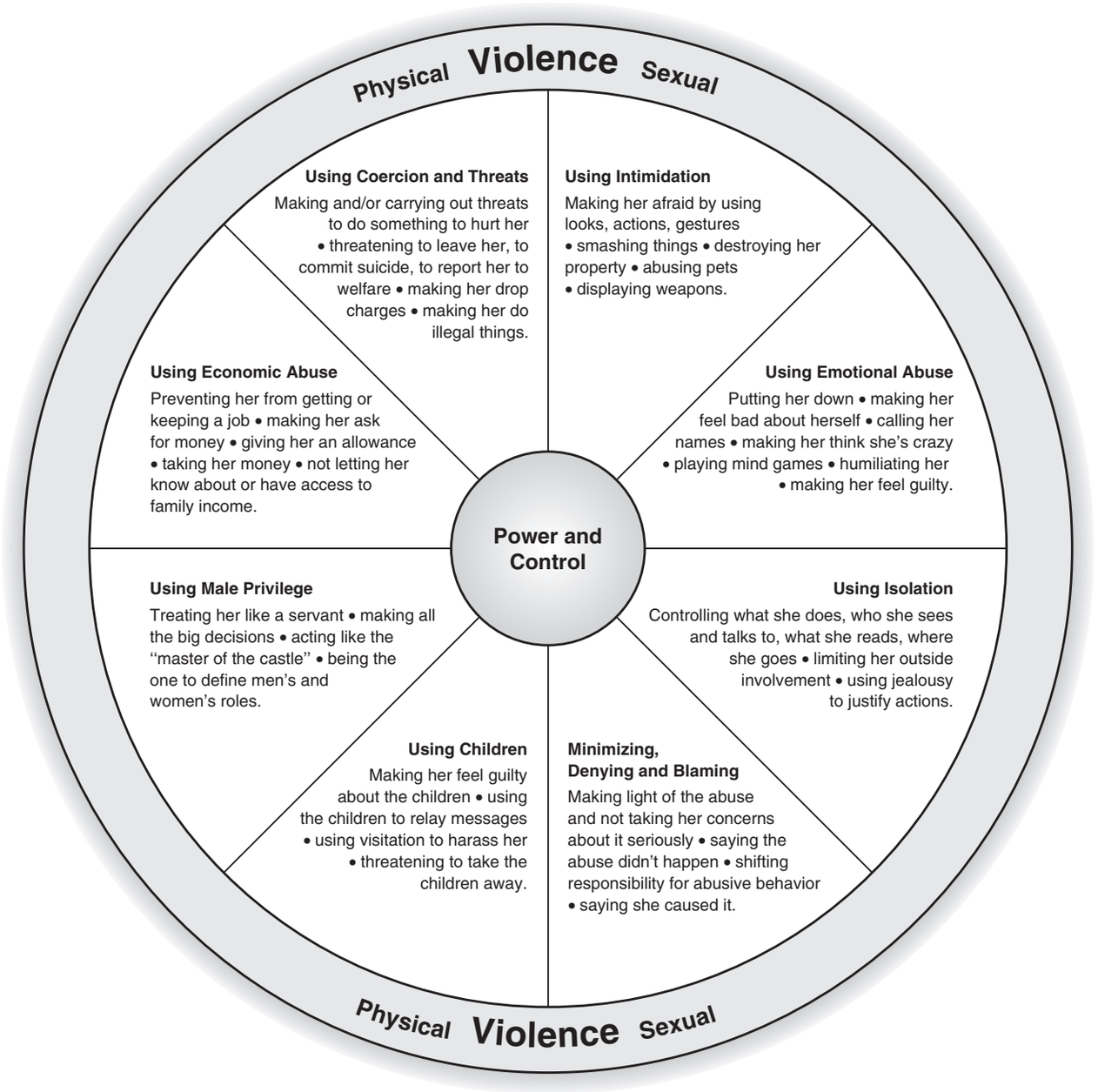

Figure 1 Power and Control Wheel

The wheels have been translated into over 40 languages. It is sometimes culturally modified as, for example, in the Hawaiian modification where the notion of balance replaces that of equality. The graphic has struck a chord among women worldwide.

Ellen Pence and Martha McMahon

See also Duluth Model

Further Readings

Pence, E., & Paymar, M. (1993). *Education groups for men who batter*. New York: Springer.

Web Sites

The Duluth Model Wheel Gallery: http://www.duluth-model.org

Pregnancy, Criminalizing the Pregnancies of Drug-Addicted Women

In an effort to bolster a fetus's right to life and to strengthen the war on drugs, courts have been prosecuting women for using drugs while pregnant. This tactic, begun in the 1980s, is markedly controversial due to the limitations it places on the rights of pregnant women, the disregard for the causes of drug use during pregnancy, and its reliance on punitive measures to ensure the health of mothers and their children.

The criminalization of drug use during pregnancy has been gaining momentum since the 1997 case *Whitner v. State* in which a South Carolina woman who used cocaine while pregnant was convicted of child abuse. This case created precedent by ruling that viable fetuses could be deemed persons, and consequently be protected under child abuse laws. The state had previously been unsuccessful in convicting women who used drugs while pregnant on charges such as trafficking drugs to minors and involuntary manslaughter.

Individuals who support the criminalization of drug-using pregnant women often see this strategy as a preventive measure to protect the well-being of the fetus or as a means of retribution against women who jeopardized the health of their children during gestation. Additionally, this measure encourages the idea that pregnant women are principally responsible for the health of the children they carry.

Although this tactic has been successful in stereotypically conservative regions, it has generally fallen under strong disapproval. Critics assert that the criminalizing of drug-using pregnant women perpetuates a woman-as-incubator mentality and does not account for external factors that affect the health of a fetus, such as poor health care, intimate partner violence, and poverty-induced stress. Furthermore, although drug use cuts across all race and class lines, women who have been prosecuted for using drugs while pregnant are typically low-income-earning women of color.

Members of the public health community have also been concerned that the use of positive drug tests as grounds for prosecution will necessitate a close partnership between medical care providers and law enforcement. They deduce that medical professionals' assistance in the arrests of drug-using pregnant women will lead those who are most likely to be in need of prenatal care to be reticent to visit a doctor for fear that they will be held responsible for pregnancy complications.

The movement to punish pregnant women for drug use has paved the way for heightened individual responsibility for other lifestyle choices made during a woman's pregnancy. In addition to hundreds of drug charges since *Whitner v. State*, pregnant women have been charged with other potentially harmful behaviors such as drinking alcohol and not receiving an adequate amount of rest.

Sara J. Shoener

See also Pregnancy, Violence Against Women During

Further Readings

Paltrow, L. M. (2000). *Governmental responses to pregnant women who use alcohol or other drugs*. Washington, DC: Women's Law Project and National Advocates for Pregnant Women.

Parks, K. T. (1998). Protecting the fetus: The criminalization of prenatal drug use. *William and Mary Journal of Women and the Law*, *5*, 245–270.

Pregnancy, Violence Against Women During

There has been a growing awareness about the prevalence and severity of violence against women during the past several decades. It has been established that women are more likely to be victimized by their intimate partners than by strangers on the street, and there is a substantial amount of information about women's experiences of emotional, physical, and sexual violence. An important issue that has been raised by researchers is the connection between pregnancy and violence against women.

In 1975, Gelles first drew attention to this issue in a published article by exploring the connection between women's experiences of violence and pregnancy. Early research with battered women indicated that pregnancy was often a high-risk time for increased violence. Violence during pregnancy can take a variety of forms, but battered women commonly report increased emotional and verbal abuse; physical assaults directed at their breasts and genital

and abdominal areas; and sexual violence during pregnancy. Importantly, many women also report sexual violence by their intimate partners immediately following childbirth. Reports about women's experiences led to an awareness that abuse was a health risk for pregnant women. In 1992, the American Medical Association published a guide that advised practitioners to routinely assess for abuse during prenatal and postpartum visits with women. This guide was also a central focus at the National Conference on Violence and Reproductive Health sponsored by the Centers for Disease Control and Prevention in June of 1999.

Prevalence

Some of the earliest studies indicated that 40% to 60% of battered women experienced abuse during pregnancy. More recent research has sought to determine how often violence during pregnancy occurs within the general population of women. Most typically, researchers have found that approximately 4% to 8% of women experience some form of violence when they are pregnant. However, estimates of prevalence vary considerably (from .9% to 20%) with different sampling strategies and measures of violence. This variation has led some researchers to question whether pregnant women are at increased risk for violence compared to nonpregnant women. One important consideration is that young women (under the age of 25) are likely to experience both intimate violence and pregnancy and that it is plausible that the relationship is spurious. Although researchers have not concluded with certainty that pregnancy increases a woman's chance of being abused by her partner, there is sufficient evidence to indicate that being pregnant does not necessarily offer women protection from an intimate partner.

Sociological Considerations

Women's experiences of violence from their intimate partners vary greatly, and recent research indicates the importance of considering sexual violence and women's experiences of unintended pregnancies. Research indicates that once some battered women are pregnant, they experience a protective period where they suffer less violence; however, others experience an increase in the frequency and severity of violence. Some women's experiences of violence by their partners do not change regardless of the pregnancy. Women may experience violence by their partner during one pregnancy yet not with another pregnancy. For those who experience violence during pregnancy, it can occur at any time during pregnancy, although some researchers have found that the violence is likely to escalate during the third trimester.

There are many sociological factors that have been attributed to why someone would abuse his pregnant partner. Male jealousy of the fetus or the attention that many pregnant women receive may be factors contributing to higher levels of violence. Pregnancy is also recognized as a time of change, and differences in the patterns of violence may be the result of challenges to an abusive partner's control and sense of power in a relationship. Another factor is that some men believe they are entitled to sexually and physically abuse their partners. Pregnancy does not necessarily alter men's normative expectations about their "right" to abuse their partners; with regard to sexual violence, women's experiences may escalate if they are prohibited from having sexual intercourse. Pregnancy may be perceived as interfering with some men's beliefs that they are entitled to have sex with their partner on demand.

Effects

Violence against women during pregnancy has serious implications for women and their pregnancy outcomes. Some researchers, such as Campbell, Oliver, and Bullock, have found that battering during pregnancy is a risk factor for more severe abuse in relationships and eventual homicide. Women who are abused by their partners during pregnancy often suffer from anxiety, depression, substance abuse, and suicidal ideation. Physical and sexual abuse during pregnancy has also been linked to miscarriages and stillbirths. Women who are raped by their partners during pregnancy are at risk for sexually transmitted diseases, urinary tract infections, and vaginal and rectal tearing. Many women are sexually abused by their partners following their release from the hospital, and Bohn and Parker note that this abuse can result in increased trauma to the genital area including severe lacerations and failure of episiotomies to heal. Violence against women during pregnancy can seriously affect pregnancy outcome. Many studies associate low birth weight, premature births, fetal bruising, and neonatal death with violence against women during pregnancy. Thus, violence against women during

pregnancy is a serious problem with significant effects.

Raquel Kennedy Bergen

See also Domestic Violence, Trauma, and Mental Health; Health Consequences to Intimate Partner Violence; Intimate Partner Violence; Marital Rape/Wife Rape

Further Readings

Bohn, D., & Parker, B. (1993). Domestic violence and pregnancy: Health effects and implications for the nursing practice. In J. Campbell & J. Humphreys (Eds.), *Nursing care of survivors of family violence* (chap. 6). St. Louis, MO: C.V. Mosby.

Campbell, J. (2002). Health consequences of intimate partner violence. *The Lancet*, *359*(9314), 1331–1336.

Campbell, J., Oliver, C., & Bullock, L. (1998). The dynamics of battering during pregnancy. In J. Campbell (Ed.), *Empowering survivors of abuse* (pp. 81–90). Thousand Oaks, CA: Sage.

Gazmararian, J. A., Lazorick, S., Spitz, A., Ballard, T., Saltzman, L., & Marks, J. (1996). Prevalence of violence against pregnant women. *Journal of the American Medical Association*, *275*, 1915–1920.

Gelles, R. (1975). Violence in pregnancy: A note on the extent of the problem and needed services. *Family Coordinator*, *24*, 81–86.

Libbus, M., Bullock, L., Nelson, T., Robrecht, L., Curry, M. A., & Bloom, T. (2006). Abuse during pregnancy: Current theory and new contextual understandings. *Issues in Mental Health Nursing*, *27*, 927–938.

Newberger, E., Barkan, S., Lieverman, E., McCormick, M., Yllo, K., Gary, L., et al. (1992). Abuse of pregnant women and adverse birth outcomes: Current knowledge and implications for practice. *Journal of American Medical Association*, *267*, 2370–2373.

PREVALENCE

Prevalence is the proportion of individuals within a population who have experienced a phenomenon. It is typically expressed as a percentage. For example, in the first study of its kind, Russell found that 38% of women reported that they had experienced contact sexual abuse prior to the age of 18. Prevalence must be distinguished from incidence, which is the rate of individuals per thousand who have been exposed to some phenomenon over a given time period. In the violence literature, incidence is often expressed as the number of individuals per 1,000 exposed to a particular type of violence. For example, approximately two female children per 1,000 experience sexual abuse each year.

Prevalence is the better figure for defining the scope of a particular problem (e.g., underage drinking), whereas incidence is better for understanding the impact of a problem during a given time period. The best estimates of prevalence often come from methodologically rigorous national prevalence studies of the given problem. These studies often construct a prevalence estimate from the individuals' lifetime exposure to the problem.

Issues With Prevalence

Although prevalence can provide an approximation of the scope of a problem, it has limitations based upon the rigor of the studies gathering the information. An issue of great concern is the number and types of screen questions used to assess for the type of violence. Especially with sexual violence against females, behaviorally specific questions are better at soliciting disclosures. More numerous questions also tend to be better at soliciting disclosures. There are mixed findings regarding the type of survey that elicits better disclosures, although it is generally assumed that multiple responding formats are better (e.g., face-to-face and self-administered questionnaire).

Another issue of concern in prevalence studies is the accuracy of retrospective recall when adults are asked to report whether they experienced specific violence in childhood. Although findings are mixed, the issue of underreporting appears to be of much greater concern than the issue of overreporting. For example, Williams found that adults with known histories of childhood sexual abuse did not always recount the known history of abuse to researchers, even though they sometimes recalled other incidents of abuse. Although much research remains to be done in this area, researchers tentatively conclude that retrospective prevalence studies provide relatively valid estimates of a problem, although they may underestimate that problem somewhat if the violence is recalled retrospectively.

Rebecca M. Bolen

See also Epidemiology, Defined; Incidence; Prevalence, Measuring; Uniform Crime Reports

Further Readings

Russell, D. E. H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse & Neglect*, *7*, 133–146.

Russell, D. E. H., & Bolen, R. M. (2000). *The epidemic of rape and child sexual abuse in the United States*. Thousand Oaks, CA: Sage.

Williams, L. M. (1994). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology*, *62*, 1167–1176.

Prevalence, Measuring

Prevalence is a statistical concept that is defined as the ratio of the number of cases of a disease or condition at a specific time and the number of individuals in the population. Prevalence is usually expressed as a proportion. Measuring prevalence in the realm of interpersonal violence is a much more complicated endeavor than measuring prevalence of other conditions. In estimating prevalence, there are several approaches that can be used. Some of the most common strategies include phone surveys, official records, screening at agencies or medical centers, and large-scale surveys.

Each of these approaches has strengths and weaknesses. For example, phone surveys are less expensive than face-to-face interviews, but the respondent may be cautious about providing answers if the perpetrator of the violence is in close proximity. Alternatively, phone surveys could provide more accurate data because of the increased anonymity compared to face-to-face interviews.

There are multiple challenges to measuring prevalence of interpersonal violence. These include the following:

1. Violence (particularly within the family) is considered by many to be a private matter and may involve significant embarrassment or shame for the person being questioned. Victims of violence may be hesitant to disclose their experiences, even if they are offered confidentiality.
2. Due to child maltreatment reporting laws, respondents may be cautious about providing information that might trigger a child protection response.
3. Definitions of violence are socially constructed, so the extent to which the person being asked about violence shares the same definitions as the person doing the asking will affect response rates. For example, sometimes self-reported rates of bullying victimization in schools rise after a schoolwide bullying intervention because the children's definitions of bullying have changed.
4. Prevalence rates depend on the group being used as denominator. For example, among abused children, the prevalence of abusive mothers is higher than abusive fathers for most types of abuse. However, this difference in rates is partly due to the number of female-headed single-family households. Among children with two parent figures, the prevalence of perpetration by a father figure equals or exceeds that of a mother figure.
5. Measuring prevalence from official records is subject to the reporting biases and the policies and practices of the agencies collecting the data. For example, the prevalence of neglectful mothers is much higher than that of neglectful fathers as measured by child protection records. However, these rates reflect practice and policy with respect to which parent is investigated and held responsible for child neglect.
6. There is great debate about measuring objective acts of violence or measuring violence within a particular context. On one hand, measuring objective acts (e.g., hits, kicks, punches) reduces the interpretation bias of a particular individual. On the other hand, measuring the context (e.g., severity, impact, perpetrator's intent) may provide critical information about the violence experienced. This dilemma is a major debate with relation to measuring gender differences in interpersonal violence.

Due to the complexity of measuring the prevalence of interpersonal violence, it is important to evaluate documented rates within the context of the methodology used to obtain them.

Claire V. Crooks

See also Epidemiology, Defined; Epidemiology, International Patterns; Incidence; Prevalence

Prevention Programs, Adolescent Dating Violence

Adolescent dating violence is a fairly recent area of interest. Previously, many researchers had dismissed

this area because adolescent relationships were seen as fleeting and somehow less real than adult relationships. Certainly, the transitory nature of adolescent relationships makes it a difficult area to research, but it is an important one nonetheless. In the last 15 years, it has become clear that adolescent dating violence is a pervasive problem effecting approximately one third of adolescents. In addition, there are potential short- and long-term negative consequences associated with both victimization and perpetration. As awareness has grown of the pervasiveness and seriousness of the issue, there has been an increasing interest in developing effective dating violence prevention programs.

Preventing dating violence among adolescents is also a critical component in preventing adult intimate partner violence; nevertheless, it is important in its own right due to the negative consequences associated with dating violence. Although there have been few well-researched programs to date (that go beyond self-reported attitude change), emerging research suggests that comprehensive programs of sufficient duration can effectively alter attitudes and behaviors.

Benefits of Focusing on Prevention With Adolescents

There are several advantages to working with adolescents on prevention initiatives. Developmentally, they are very interested in intimacy and romantic relationships and as a result, can be highly engaged in programming that addresses these issues. There is also a window of opportunity to help them develop healthy relationship attitudes and skills at the beginning of their exploration of intimate relationships before negative patterns become overly reinforced. From a logistics point of view, there are opportunities to work with all adolescents in a universal prevention strategy through the school or other community settings. Finally, adolescent dating violence is an important predictor of intimate partner violence in adult relationships, but the documented effects of adolescent dating violence suggest that it is also an important target in its own right.

Effective Dating Violence Prevention Programs

Different prevention approaches focus on different goals. Primary prevention initiatives seek to engage all individuals whether or not they are particularly at risk for experiencing dating violence. Secondary prevention focuses on at-risk individuals, such as those who are already experiencing violence in their intimate relationships or who have a history of family violence. Effective dating violence prevention programs have been developed to address both of these levels of prevention.

Dating violence prevention programs may take a range of forms including one-time assemblies, classroom-based instruction, and community-based intervention groups. Although the nature of activities also varies, most include educational and behavioral components, often within a feminist framework. Two programs that are known to be effective include Safe Dates (a school-based primary prevention program) and the Youth Relationships Project (a community-based secondary prevention program). In contrast to many other initiatives, these programs provide sufficient duration to make significant behavioral and attitude changes. In addition, they both focus on developing skills necessary for healthy intimate relationships and not merely preventing unhealthy ones.

Safe Dates is primarily a school-based program based on the premise that changes in norms regarding partner violence and gender roles and improvement in prosocial skills lead to primary prevention of dating violence. At the secondary prevention level, there is a focus on changing beliefs about the need for help and increasing youths' awareness of available services. The stated goals of the program are to raise awareness of what constitutes healthy and abusive dating relationships, raise awareness of dating abuse and its causes and consequences, equip students with the skills and resources to help themselves or friends in abusive dating relationships, and equip students with the skills to develop healthy dating relationships. The skills component focuses on positive communication, anger management, and conflict resolution. Safe Dates is structured around nine 45-minute sessions in school, with additional community components. School strategies include curriculum, theater production, and a poster contest. Community components include services for adolescents in violent dating relationships and providing training to service providers. There are also materials available for parents. Teachers who implement the curriculum component receive an extensive 20 hours of training, and community service providers receive 3 hours.

The Youth Relationships Project is an 18-session group-based intervention designed to reduce all forms of harassment, abuse, and violence by and against dating partners. It was designed particularly to address the needs of teens who had grown up with abuse and trauma experiences in their families of origin and who were thereby at greater risk for violence in their own relationships. This community-based group intervention is manual-based and instructs facilitators to help teens develop positive roles in dating by providing information, building skills, and enable the participants to be involved in a community service component. There are three principal sections in the manual: education and awareness, skills building, and social action learning opportunities. Education and awareness sessions focus on helping teens recognize and identify abusive behavior across various domains including woman abuse, child abuse, sexual harassment, homophobia, and racism, with a particular focus on power dynamics in male–female relationships. The skill development aspect of the program builds on this knowledge base by exploring available choices and options to solve conflict more amicably and avoid abusive situations. Communication skills include listening, empathy, emotional expressiveness, and assertive problem solving. Students practice and apply these skills to familiar situations, such as consent and personal safety in sexual relations. Finally, social action activities provide participants with information about resources in their community that can help them manage unfamiliar, stressful issues affecting their relationships. These activities involve youth in the community in a positive way to help them overcome their prejudices or fear of community agencies such as police, child welfare, and counseling. Social action projects engage youths to be actively involved in opposing attitudes and behaviors that foster gender-based violence and similar issues raised in their group.

Research and Evaluation Considerations

Dating violence prevention programs have a shorter history than general violence prevention programs, and very few have been carefully evaluated. Short-term changes in attitudes and beliefs have been documented following classroom discussions or assemblies, but few have had sufficient follow-up with the participants or evaluated actual behavioral change. The two programs discussed in the previous section are exceptions to this rule and have been demonstrated to produce lasting changes in behavior (in addition to attitudes and knowledge), compared to control groups.

The Safe Dates program was the subject of a rigorous evaluation with 14 schools. The program was found to be effective in both preventing perpetration and reducing perpetration among teens already using violence. Compared to those not participating in the programs, adolescents who attended Safe Dates reported a range of healthier attitudes, skills, and knowledge. For example, they reported less acceptance of dating violence, stronger communication and anger management skills, less of a tendency to gender stereotype, and a greater awareness of community services for dating violence. The Safe Dates evaluation followed participants up to 48 months following intervention, which is highly atypical of these evaluations in general. Analysis at the 1-year and 4-year marks indicated that while some of the gains were not maintained, many were still evident. Perhaps most impressive, 4 years after implementation, participants reported 56% to 92% less physical, serious physical, and sexual dating violence victimization and perpetration than teens who did not participate in Safe Dates. The program was found to be equally effective for males and females and for Whites and non-Whites.

The Youth Relationships Project was evaluated in a randomized trial with 158 high-risk 14- to 16-year-olds with histories of maltreatment. The control group was an existing care condition, which typically included bimonthly visits from a social worker and the provision of basic shelter and care. The teens in the study completed measures of abuse and victimization with dating partners, emotional distress, and healthy relationship skills at bimonthly intervals when dating someone. The youths were followed on average for 16 months after intervention; the follow-up showed the intervention to be effective in reducing incidents of physical and emotional abuse over time, relative to controls. An interesting adjunct finding was that symptoms of emotional distress were also lower over time compared to the control group, even though these symptoms were not directly targeted with the intervention.

Implementation Considerations

Developing and evaluating good programs is an important component in preventing dating violence.

However, researchers and program developers in other prevention areas (such as general violence prevention and tobacco prevention) have noted that having effective programs is only one piece of the puzzle. It is equally important to attend to issues of implementation or else effective programs will not be used or sustained. Research on implementation of dating violence prevention programs has identified a number of factors that can increase the likelihood of effective and sustainable implementation. General recommendations include (a) evaluating school or community readiness for the program, (b) developing effective school and community coalitions, (c) attending to the fit between the community and the program, and (d) devoting sufficient resources to training, technical assistance, and evaluation. These are important considerations over and above choosing an effective program.

Claire V. Crooks

See also Dating Violence/Courtship Violence; Prevention Programs, Youth Violence; School-Based Violence Prevention Programs

Further Readings

Foshee, V., Bauman, K., Ennett, S., Linder, G., Benefield, T., & Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates program and a booster in preventing and reducing adolescent dating victimization and perpetration. *American Journal of Public Health*, *94*, 619–624.

Stith, S., Pruitt, I., Dees, J., Fronce, M., Freen, N., Som, A., et al. (2006). Implementing community-based prevention programming: A review of the literature. *Journal of Primary Prevention*, *27*, 599–617.

Whitaker, D. J., Morrison, S., Lindquist, C., Hawkins, S., O'Neil, J. A., Nesius, A. M., et al. (2006). A critical review of interventions for the primary prevention of perpetration of partner violence. *Aggression and Violent Behavior*, *11*, 151–166.

Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A., Grasley, C., & Reitzel-Jaffe, D. (2003). Dating violence prevention with at-risk youth: A controlled outcome evaluation. *Journal of Consulting and Clinical Psychology*, *71*, 279–291.

Prevention Programs, Child Maltreatment

The concept of prevention is central to addressing child maltreatment. The *World Report on Violence and Health* describes the visible and invisible nature of violence, challenging the notion of inevitability and recognizing the contributions of various systems. Religious, philosophical, legal, and communal systems have advanced strategies to prevent child maltreatment. Prevention, in many fields, is often oversimplified, misunderstood, and seen as a programmatic component to be added if and when critical support services have been realized. Acknowledging child maltreatment as preventable, it is critical that evidence-based frameworks ground efforts designed to stop maltreatment. Research addressing multisector, multidimensional, multicomponent strategies to address victimization and perpetration has evolved and the need for prevention research identifying specific approaches to prevent child maltreatment has been recognized. Yet although more research is always desirable, available evidence offers a model for prevention programs to address child maltreatment.

The Science of Prevention

Models that describe the problem of maltreatment provide useful data and support an understanding of the magnitude, trends, victims, perpetrators, and circumstances associated with events. Models that address causation recognize violence as a complex event resulting from effects and interactions among a range of social, psychological, and biological factors. The causal models help define and describe the component causes that accumulate over time and can be targeted at multiple stages. However, neither the descriptive or causal models provide guidance about developing effective prevention programs.

When considering prevention program planning there are three factors to be considered:

1. *When*: When in the chain of related events are we attempting to effect change?
2. *What*: What is the desired result or outcome of the prevention strategy?
3. *Who*: To whom will the prevention efforts be directed?

All three of these concepts are unique and critical to successful prevention programming.

When to Intervene?

Common conceptualizations group prevention programs into three categories based on when, in the chain

of events, the planned program is to intervene (in this context intervention describes any prevention or service-related activity). These categories are as follows:

Primary Prevention. Approaches that take place before maltreatment occurs, to prevent initial perpetration or victimization.

Secondary Prevention. Approaches that take place in response to violence that has already occurred and focuses on immediate response such as prehospital care, emergency services, or treatment.

Tertiary Prevention. Approaches that occur after maltreatment has occurred and are intended to deal with the long-term consequences of that maltreatment.

Child maltreatment prevention programs can be directed at preconception, immediately following birth, and during child rearing and can represent primary, secondary, or tertiary prevention strategies. Historically many interventions take place after maltreatment has occurred and are designed to reduce or ameliorate the negative effects of maltreatment. Prevention strategies designed to address and prevent maltreatment before it occurs are growing and the empirical basis for these programs is strengthening. Because the concept of prevention encompasses a wide range of activities the categorization of prevention solely by when an intervention occurs is not useful.

What Is the Focus?

To prevent maltreatment, it is important to understand the circumstances and factors influencing its occurrence. Many different theoretical models attempt to describe the root causes of maltreatment, such as biological models, psychological models, cultural models, and grassroots or advocacy-based models. Each of these contributes to an understanding of maltreatment and helps build programs that sustain protective factors and reduce modifiable risk factors. The application of an ecological approach to prevention is universally recognized as key to successful prevention. A range and variety of ecological models exist, and all offer a framework for understanding the complex interplay of individual, relationship, social, political, cultural, and environmental factors that influence an outcome. The model adopted within the field of public health describes the associated levels as individual, interpersonal relationship, community, and society. The critical point in understanding the value of any ecological model is that the models relate to and define the desired outcome rather than the setting where the prevention efforts take place. Thus, individual-level strategies influence and effect change in individual characteristics while community-level strategies influence change in characteristics of the defined community.

Individual-Level Strategies

Individual-level strategies are designed to affect the knowledge, attitudes, or behaviors and practices of children, parents, professionals, providers, and so on. Interventions for individual-level influences are often designed to target social and cognitive skills and behavior and include approaches such as counseling, therapy, skill building, and educational training sessions. For example, efforts to prevent shaken baby syndrome (SBS) typically focus primarily on individuals. Dias and his colleagues found that training individual nurses to provide information to individual parents could effectively prevent SBS.

Examples

Shaken Baby Syndrome Prevention. Nurses in maternity hospitals were trained and asked to disseminate information (1-page leaflet and 11-minute video) about violent infant shaking to both parents of newborn infants before the infant's discharge and to have both parents sign a statement affirming their receipt and understanding of the materials. Dias's program was implemented in eight counties in New York. Regional incidence of abusive head injuries among infants less than 3 years old was tracked prospectively for 66 months and compared to the regional incidence in the 60 months before the intervention. The rates in New York were compared to incidence rates in Pennsylvania during the same period of time. Rates of SBS in the New York counties decreased by 47%, and no such decreases were seen in Pennsylvania.

Enhanced Parent Child Centers. Enhanced Parent Child Centers are comprehensive childcare center-based early intervention programs for parents and children. Programs providing a stable enriched learning environment for children and parent educational activities that promote parental involvement and positive parent–child interactions have been found to

support multiple positive outcomes. Research, following children for 18 years, compared programs implemented in 20 child–parent centers to 5 schools with alternative full-day kindergarten programs and found that the rates of substantiated reports of child maltreatment through both court petitions and child protective services were 52% lower in the treatment condition.

Project SafeCare/Project 12-Ways. Project SafeCare/Project 12-Ways is a home-based intervention for physical abuse and neglect. The SafeCare model focuses on training parents in specific behavioral skills (i.e., health care, positive parent–child interaction, safety). Project 12-Ways includes additional components (e.g., social support, basic skills, problem solving, stress reduction, money management, self-control training, job finding). Among SafeCare program completers at 36-month follow-up, there were fewer recurrences of maltreatment in families receiving SafeCare than in families receiving family preservation services. Wesch and Lutzker found the results for Project 12-Ways more equivocal, with decreases in severity but not overall rates of child maltreatment between Project 12-Ways and an Illinois Department of Children and Family Services comparison group.

Nurse Family Partnership. Nurse Family Partnership (NFP) is consistently identified as one of the most promising of the home visitation programs. The initial trial indicated that there were fewer cases of child abuse and neglect among NFP-visited families than comparison families at 15-year follow-up. Subsequent trials have involved focused on other measures of child maltreatment and had smaller effects. This program has an infrastructure and processes in place on a national level to promote widespread use.

Interpersonal-Level Strategies

Interpersonal relationship-level strategies are designed to influence group dynamics or factors that increase or decrease the risk for maltreatment. These prevention strategies are directed at influencing the relationships that exist with peers, partners, family members, and so on. Interpersonal relationships can shape an individual's behavior and range of experience. Child maltreatment prevention strategies that address the interpersonal relationship level include family support approaches, bystander intervention skill development, and parent or caregiver training. One example is efforts to develop comprehensive childcare center-based programs for parents and children that actively promote parental involvement and positive parent–child interactions.

Examples

Parent Child Interaction Therapy. Parent–child interaction therapy (PCIT) is protocol-driven behavioral intervention for parents and children that involves training on specific parenting skills using live coaching during dyadic parent–child sessions and changes aspects of the child's behavior and adjustment. Targeted outcomes include improvements in parenting skills, parent–child interactions, and child behavior and adjustment. A randomized trial compared PCIT plus a 6-week motivational enhancement to services as usual and found 19% of parents assigned to PCIT had a subsequent report of physical abuse compared with 49% of parents assigned to the standard community group. There were no significant effects for neglect reports.

Incredible Years. The Incredible Years, a multifaceted, developmentally based curricula for parents, teachers, and children delivered in both primary school and early education settings, has been found to influence positive affective response and a corresponding decrease in the use of harsh discipline, reduced parental depression, improved self-confidence, and better communication and problem solving within the family.

Community-Level and Societal-Level Strategies

Community-level strategies are designed to influence those factors within the community or social environments that influence an individual's experiences. These strategies are directed to changes in policies, programs, and practices within schools, workplaces (including childcare settings as workplaces), and neighborhoods. The goal of these strategies is to influence organizational or community-level change to impact the climate, systems, and policies in a given setting.

Societal-level strategies may influence factors surrounding maltreatment such as inequality, religious or cultural belief systems, societal norms, and economic or social policies that create or sustain gaps and tensions between groups of people. Interventions for societal-level influences typically involve collaborations by

multiple partners to change laws and policies related to maltreatment. Examples of societal efforts to prevent child maltreatment include those that attempt to strengthen cultural or societal supports for parenting.

Examples

Partnerships. In Vermont, community partnerships serve to encourage multiple entities to work together to protect children and support families. Regional partnerships, under the direction of the state's Team for Children, Families, and Individuals, have greatly expanded the availability of family-support services for all pregnant woman and young children. Since implementing these partnerships, the state has experienced service expansion and a significant reduction in the rates of reported child abuse and neglect as well as improvements in other indicators of child well-being.

Positive Parenting Program. The Positive Parenting Program (Triple-P) is a multilevel parenting program for addressing child behavior and emotional problems. Research supports the program's efficacy in addressing maladaptive attributions, CAP and STAXI scores, and other child maltreatment risk factors. An ongoing Centers for Disease Control and Prevention project is examining the program's effectiveness in impacting child maltreatment. Triple P combines individual-level with community-level components that include universal and selected approaches.

An ecological approach supports a comprehensive prevention program that not only addresses an individual's risk factors, but also the norms, beliefs, and social and economic systems that create and support the conditions for the occurrence of violence.

Who Is It For?

Prevention strategies are often developed based upon the group for whom the intervention is intended. Using this type of differentiation, child maltreatment prevention interventions can again be divided into three categories:

Universal Strategies. Approaches aimed at groups or the general population regardless of individual risk for perpetration or victimization are called universal strategies. Groups can be defined geographically (e.g., entire school or school district) or by characteristics (e.g., ethnicity, age, gender). In preventing child maltreatment these strategies often include parent training that is available to all families.

Selected Strategies. Approaches aimed at those who, based on some known risk factor, are at heightened risk for maltreatment perpetration or victimization are referred to as selected strategies. These strategies include home visitation for high-risk families including those with young single mothers, those with a parent who is a substance abuser or has a mental illness, those that have a history of domestic violence, and so on.

Indicated Interventions. Approaches aimed at those who have already perpetrated violence or have been victimized are called indicated interventions. These include intensive family preservation services or other strategies to intervene after maltreatment occurs.

The evidence that prevention works suggest it is necessary to address any complex issue through broad and multifaceted, comprehensive approaches. These approaches require the skills and involvement from many varied disciplines and areas of expertise. Thus, there are four other key characteristics of effective prevention programming; each is described briefly here.

Data for Decision Making. Data-informed, evidence-based approaches are central to effective prevention program planning and implementation. Data should be used to define the problem, track and monitor trends in the population of interest over time, and produce findings that can be used to apply for resources, focus or refocus the prevention program, and track the success of various efforts over time.

Partnerships/Alliances. Effective prevention programs often utilize a community-oriented approach with the goal of making the responsibility to prevent violence that of the entire community (women, men, and youth), recognizing the importance of community led action that engages more than those impacted by or directly supporting services to those impacted by violence.

Cultural Competency. It is essential that core activities such as collecting and analyzing data, designing and implementing programs, and determining what works be conducted within the context of the unique aspects of various populations and communities.

Guidance from the population is important in the design, implementation, and evaluation of a prevention program. Also, simply translating materials for a given intervention into a different language does not constitute a culturally appropriate or relevant strategy as it does not address the different ways communities talk and think about violence.

Evaluation and Feedback. Data gathered from the experiences of practitioners working with various groups and through community assessments, stakeholder interviews, and focus groups may be useful for designing prevention programs that increase program acceptability among the intended audience. In addition, information gathered during program implementation can be used to document successful and unsuccessful implementation, demonstrate program accomplishments, and identify areas needing improvement. Promising programs and curricula should undergo rigorous evaluation before they are widely disseminated.

Preventing child maltreatment requires a complex set of mutually reinforcing strategies. In 2006, the World Health Organization, in conjunction with the International Society for Prevention of Child Abuse and Neglect, released *Preventing Child Maltreatment: A Guide for Taking Action and Generating Evidence.* Designed to assist countries in preventing child maltreatment, the guide provides technical advice for professionals working in governments, research institutes, and nongovernmental organizations on how to implement and evaluate prevention programs.

Corinne Meltzer Graffunder

Author's Note: The findings and conclusions in this submission are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention.

See also Home Visitation Services; Parenting Practices and Violence, Child Maltreatment; Prevention Programs, Definitions

Further Readings

Butchart, A., Harvey, A. P., Mian, M., & Funiss, T. (2006). *Preventing child maltreatment: A guide to taking action and generating evidence*. Geneva: World Health Organization and International Society for Prevention of Child Abuse and Neglect. Retrieved from http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf

Centers for Disease Control and Prevention. (2004). *Sexual violence prevention: Beginning the dialogue*. Atlanta, GA: Author. Retrieved from http://www.cdc.gov/ncipc/dvp/SVPrevention.htm

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2006). *CDC injury research agenda*. Atlanta, GA: Author. Retrieved from http://www.cdc.gov/ncipc/pub-res/research_agenda/agenda.htm

Dahlberg, L. L., & Krug, E. G. (2002). Violence—A global public health problem. In E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World report on violence and health* (pp. 3–21). Geneva: World Health Organization. Retrieved from http://www.who.int/violence_injury_prevention/violence/world_report/en/

Daro, D., & McCurdy, K. (2007). Interventions to prevent child maltreatment. In L. S. Doll, S. E. Bonzo, J. A. Mercy, D. A. Sleet, & E. N. Haas (Eds.), *Handbook of injury and violence prevention* (pp. 137–155). New York: Springer.

Dias, M. S., Smith, K, DeGuehery, K., Mazur, P., Li, V., & Shaffer, M. L. (2005). Preventing abusive head trauma among infants and young children: A hospital-based, parent education program. *Pediatrics*, *115*(4), 470–477.

Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women*, *4*(3), 262–290.

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.). (2002). *World report on violence and health*. Geneva: World Health Organization. Retrieved from http://www.who.int/violence_injury_prevention/violence/world_report/en/

Powell, K. E. (1999). Public health models of violence and violence prevention. In L. R. Kurtz (Ed.), *Encyclopedia of violence, peace, and conflict* (pp. 175–187). San Diego, CA: Academic Press.

Prevention Programs, Community Approaches to Intimate Partner Violence

Community approaches to preventing intimate partner violence (IPV) target the attitudes and beliefs that allow IPV to remain a private issue that occurs behind closed doors. They also attempt to increase comfort level in the community so that neighbors can talk

about the issues and seek help and support from each other. Through a variety of awareness raising, motivational, and activity-focused tactics, these approaches try to engage the whole community in addressing IPV as a social justice issue.

Benefits of a Prevention Approach

A prevention approach to IPV is logical for several reasons. First, high prevalence rates indicate that it should be considered a public health issue rather than a rare pathology to be treated. Second, years of research on intervention with perpetrators of IPV have demonstrated that it can be extremely difficult to alter abusive patterns once they are entrenched. Third, the wide range of negative impacts experienced by victims of IPV validates a prevention strategy in that a considerable amount of physical and emotional harm could be avoided through a reduction in rates of IPV.

Prevention at the community level often takes the form of educating the larger community about IPV and creating motivation to overcome bystander apathy (i.e., by challenging the notion that IPV is a private matter between a couple). These initiatives may also seek to change notions of what it means to be a man. Some initiatives identify specific actions that individuals or communities can take to target IPV. Innovative strategies include interactive theater whereby community members have the opportunity to step into a play about IPV and attempt to change the outcome of events.

Community-Level Approaches

Recent initiatives have focused on outlining the steps necessary to mobilize an entire community or neighborhood. Organizations such as the Family Violence Prevention Fund have created kits to assist communities in this regard. For example, the Family Violence Prevention Fund's Neighbor to Neighbor Domestic Violence Action Kit includes a step-by-step guide on bringing neighbors together for a community meeting about domestic violence, activities neighbors can plan to raise awareness about abuse, a sample letter to the media, a list of popular books and films on the issue with discussion points, and a video to jump-start discussions. In addition to these kits, the Family Violence Prevention Fund and other organizations create and disseminate public service announcements on TV or on the radio to raise awareness.

Focus on Engaging Men

In recognition of the fact that IPV has long been considered a women's issue and that men have been largely absent from prevention initiatives, one current direction focuses on engaging men specifically. The White Ribbon Campaign, started by Kauffman, is an international movement that has encouraged men not only to make a personal commitment to nonviolence, but also to become active agents of change in their communities. The White Ribbon Campaign operates in at least 47 countries around the world. Although it started as a campaign that focused on adult men, it has grown to include strategies for preventing teen dating violence. A key founding principle of the White Ribbon Campaign is that it is a grassroots movement developed by men in response to the particular needs and characteristics of their communities; thus, there is great variability in the activities and nature of involvement across different countries. There are other examples of men-focused campaigns, including the Founding Fathers campaign by the Family Violence Prevention Fund, Men Can Stop Rape, and Dads & Daughters.

Claire V. Crooks

See also Family Violence Prevention Fund; Prevention Programs, Community Mobilization

Further Readings

Crooks, C. V., Goodall, G. R., Hughes, R., Jaffe, P. G., & Baker, L. L. (2007). Engaging men and boys in preventing violence against women: Applying a cognitive-behavioral model. *Violence Against Women, 13*, 217–219.

Kaufman, M. (1999). *Men, feminism, and men's contradictory experiences of power.* Retrieved from http://www.michaelkaufman.com/articles/pdf/men_feminism.pdf

Web Sites

Dads & Daughters: http://www.dadsanddaughters.org
Family Violence Prevention Fund: http://www.endabuse.org
Family Violence Prevention Fund, Men Can Stop Rape: http://www.mencanstoprape.org
Founding Fathers: http://www.founding-fathers.org
White Ribbon Campaign: http://www.whiteribbon.ca

Prevention Programs, Community Mobilization

Community mobilization engages all sectors of the population in a communitywide effort to address a health, social, or environmental issue. The process involves bringing together policymakers and opinion leaders; local, state, and federal governments; professional groups; religious groups; businesses; and individual community members. The goal of community mobilization is to empower individuals and groups to take some kind of action to facilitate change. The desired action can be generated as a part of the community process or may represent a predetermined policy or program. Part of the process includes mobilizing necessary resources, disseminating information, generating support, and fostering cooperation across public and private sectors in the community.

Community mobilization involves the following: working through coalitions, ensuring that community assessments drive policy and program support, engaging community representatives to ensure research and researchers are responsive to community needs and utilize methods that develop community capacity, engaging the media in effectively positioning a topic and presenting a forum for discussion of related issues, and evaluating outcomes to ensure community needs are met. Organizing is described in many ways, but typically it includes identifying, recruiting, and developing leadership; creating partnerships to enable action that is coordinated; working with community members to interpret why and how they should act to change their world; motivating action and challenging people to take the responsibility to act; and working through campaigns.

Community mobilization is based on empowerment theory and uses strategies to develop and sustain multilevel approaches. These approaches help the community understand the relationship between individuals, an organized group process, and social change outcomes. Models of community mobilizations may reflect community empowerment, defined as a shift toward greater equality in the social relations of power (who has resources, authority, legitimacy, or influence), or may be more specific to advancing specific policy or program objectives. These models can simply be described as bottom-up or top-down. Bottom-up represents strategies that are designed and implemented by community members; bottom-down represents approaches in which experts or self-selected community leaders establish goals and parameters for a policy or program and engage the community in achieving those.

Each approach has strengths and weaknesses. The assumption made in a bottom-up approach is that community-initiated action is essential for any prevention program to succeed. Thus, this approach involves the community in prevention efforts to more accurately reflect community needs, priorities, and cultural diversity. This approach, when involving a wide spectrum of community members and institutions in prevention, can increase the feeling of powerfulness and ownership. However, there can also be a lot of tension and competition for resources between members who ultimately can undermine the effort. The limitations, however, can be that those strategies prioritized by the community may not result in the desired outcome. For though community members are well aware of their problems, they may be less familiar with the evidence-based practices, policies, or programs available to address them (and may be unwilling to substitute evidence-based practices, policies, or programs for ones they have developed or that they have already committed to).

Top-down prevention efforts are often funded and directed to a particular concern (e.g., interpersonal violence) and are developed and controlled by an organization or institution external to the community. It is common to find that prevention programs and strategies last only as long as the funding exists and that once the funding is removed the community returns to its prior state. Thus, top-down approaches that attempt to generate community commitment and build leadership for prevention programs do not necessarily translate into community commitment or leadership. Thus, though a top-down approach may be used in promoting evidence-based strategies, they may be less sustainable because they may not reflect the communities' true concerns, interests, and social and/or cultural structure.

Community Mobilization in Preventing Interpersonal Violence

Recognizing that violence is the result of a complex interplay of individual, relationship, social, cultural, and environmental factors, an ecological framework often represents the foundation for planning and advancing community-level violence prevention. An

ecological framework when effectively applied to community mobilization efforts influences every aspect, from the process of identifying and recruiting coalition members to determining the factors to include when conducting the community assessment, determining the decision-making processes that will guide priorities and strategies, and finally, determining the identification and articulation of outcomes that are deemed priorities within the community and are specific enough to assess success.

However, community mobilization and addressing community-level factors through an ecological framework are not the same thing. The Department of Health and Human Services, Substance Abuse and Mental Health Services Administration has adopted Communities That Care (CTC) as a primary vehicle for promoting and supporting community mobilization. Described as a complete prevention planning system for healthy communities, CTC provides a framework to develop an integrated approach to positive youth development and the prevention of problem behaviors including substance abuse, academic failure, unplanned pregnancy, school dropout, and violence.

Addressing the community level of the ecological framework involves risk assessments and prioritizes strategies directed to influence broader community factors and social processes (e.g., concentrated poverty, social capital, social isolation). Violence prevention strategies have consistently been found to focus on the individual level with some efforts aimed at peer groups or families. More recent efforts within the field of violence prevention recognize the importance of influencing community factors, utilizing broad-based community-level approaches.

The skills required for effective community mobilization include developing consistent, cohesive messages; creating action plans; building coalitions and increasing partnerships; influencing and engaging stakeholders and decision makers; and developing community leadership from the bottom up. The resources listed at the end of this entry provide tools, tips, and assistance in building and supporting the skills necessary to mobilize communities to prevent interpersonal violence.

Outcomes

Effective community mobilization can infuse new energy into preventing interpersonal violence through community buy-in and support, can expand the base of community support for preventing interpersonal violence, and can help a community overcome denial of interpersonal violence. It can also promote local ownership and decision making about preventing interpersonal violence, encourage collaboration between individuals and organizations, and limit competition and redundancy of services and outreach efforts. In addition, effective community mobilization can provide a focus for prevention planning and implementation efforts and can create public presence and pressure to change laws, policies, and practices—progress that could not be made by just one individual or organization. It can also bring new community volunteers together (because of increased visibility); increase cross-sector collaboration, shared resources, and access to funding opportunities for organizations; and promote long-term, organizational commitment to the prevention of interpersonal violence.

Corinne Meltzer Graffunder

Author's Note: The findings and conclusions in this submission are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention.

See also Advocacy; Collective Efficacy; Risk Assessment

Further Readings

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.). (2002). *World report on violence and health*. Geneva: World Health Organization. Retrieved from http://www.who.int/violence_injury_prevention/violence/world_report/en/

Laverack, G., & Labonte, R. (2000). A planning framework for community empowerment goals within health promotion. *Health Policy and Planning*, *15*(3), 255–262.

Reppucci, N. D., Woolard, J. L., & Fried, C. S. (1999). Social, community, and preventive interventions. *Annual Review of Psychology*, *50*, 387–418.

Treno, A. J., & Holder, H. D. (1997). Community mobilization: Evaluation of an environmental approach to local action. *Addiction*, *92*(s2), S173–S187.

Web Sites

Centers for Disease Control and Prevention National Center for Injury Prevention and Control: http://www.cdc.gov/ncipc

Communities That Care community planning system: http://ncadi.samhsa.gov/features/ctc/

The Community Tool Box: http://ctb.ku.edu
CSAP's Western Center for the Application of Prevention Technologies: http://captus.samhsa.gov/western/western.cfm
Division of STD Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention: http://www.cdc.gov/std/see/
EZ/EC Community Tool Box: http://www.ezec.gov/toolbox
The International Communication Enhancement Center and Global Social Mobilization Training Program, Tulane University: http://www.tulane.edu/~icec/socmob.htm
The Sheila Wellstone Institute: http://www.wellstone.org

Prevention Programs, Definitions

Prevention is the act or process of reducing or eliminating a problem. The development, evaluation, and dissemination of effective prevention programs are critical to ongoing efforts to address the causes and correlates of interpersonal violence, particularly those with origins in childhood and adolescence. Prevention programs or strategies to prevent or reduce interpersonal violence include those targeting intimate partner violence, child maltreatment, bullying, gang violence, the impact of witnessing violence on children, and violence-related problems (e.g., drug and alcohol use, delinquency).

Definitions

Universal prevention (also known as primary prevention) refers to population-directed activities or strategies to address a problem that has been defined as a concern to an entire population (e.g., a public health problem). Universal prevention efforts to address interpersonal violence have included public service advertisements, general violence prevention, and antibullying programs in schools. Selective, or secondary, prevention refers to programs or efforts directed at preventing or ameliorating difficulties among a subgroup of the population that is defined as high-risk on a selected characteristic. Programs to prevent child maltreatment have often focused on the selective level of intervention by targeting parents identified as at risk for child abuse and neglect (e.g., teen parents, parents aging out of foster placement, or those who had formerly been victims or witnesses to abuse). Indicated, or tertiary, prevention, sometimes referred to as early intervention, encompasses programs or strategies that aim to ameliorate difficulties or prevent the growth of problems among those already defined as exhibiting the target problem. Examples of indicated prevention programs include advocacy interventions for battered women, programs or strategies to prevent further escalation of aggressive behavior among children identified as aggressive by teachers or parents, or family preservation programs to improve caregiving and parent–child relationships in families with histories of child maltreatment and foster placement.

The Context of Prevention

Attention to prevention dates back thousands of years to Hippocrates, who asserted that "the function of protecting and developing health must rank even above that of restoring it when it is impaired." The field of prevention, and violence prevention in particular, has been informed by developmental research revealing the childhood or adolescent roots of later problem behavior. For this reason, many prevention efforts are directed at children and youth and are implemented in school or afterschool contexts. Workplace prevention programs for adults have also increasingly been used to address issues related to interpersonal violence, such as sexual harassment and intimate partner violence.

There is increasing interest, partially created through interdisciplinary dialog among those engaging in prevention (e.g., social work, psychology, public health, and medicine), in the weaving of health promotion, resilience, strengths-based, and empowerment concepts into prevention programming. This interest has resulted in a shift away from deficit- or disease-based models of prevention and toward positive goals (e.g., promoting healthy development), outcomes (e.g., measurement of adaptive behaviors to supplement symptom-based measurement), and methods (e.g., focusing on nurturing positive skills in addition to reducing negative behaviors).

Characteristics of Effective Prevention Programs

Research has enabled the delineation of core characteristics of program content, structure, and delivery in effective prevention programs. Such programs have a theory of etiology and/or change (i.e., a theoretical perspective on the causes of the problem and how the

intervention is expected to change participants' behavior, attitudes, and/or norms). They specify clear goals, and target problems for change (e.g., behaviors, attitudes, and norms related to dating violence) but use multicomponent interventions that cross contexts (e.g., school, home) and implement different intervention strategies or teaching methods (e.g., role-play, media, mentoring) to build skills to address the target behavior or problem. Successful prevention programs are of sufficient duration and intensity to produce change and may include booster or follow-up session(s) to maintain and consolidate change. These programs meet the developmental and sociocultural needs of participants by their appropriate developmental timing and their tailoring to the cultural and contextual needs of the target community. An emerging literature documents the ways in which programs can effectively be adapted to meet the needs of different cultural groups, although many research-based prevention programs remain to be validated with diverse, particularly immigrant, populations. Program participants and representatives of the community are involved in the program planning and implementation of effective interventions. Prevention program staffs are appropriately trained, supported, and supervised so that the intervention can be delivered as intended. Finally, effective prevention programs build on developmental assets (factors that promote competence in all individuals) by promoting self-regulation (e.g., managing emotions, behavior) and healthy, supportive relationships within and among program participants and facilitators.

Evidence-Based Prevention

Prevention programs are considered evidence-based when there is clear empirical evidence for their effectiveness in reducing or eliminating the target problem behavior or risk factor (e.g., incidents of bullying or episodes of intimate partner violence) or in strengthening the target positive behavior or protective factor (e.g., nonviolent conflict resolution, positive parenting). There is an increasing literature on the effectiveness of prevention programs, and several national databases operate to evaluate and provide information on those prevention programs considered effective, model, or promising with regard to reducing interpersonal violence and related risk behaviors. Databases include the National Institute of Drug Abuse, the Substance Abuse and Mental Health Services Administration, and the University of Colorado's Center for the Study and Prevention of Violence, Blueprints for Violence Prevention project. The Centers for Disease Control and Prevention provides information on prevention strategies with regard to intimate partner violence specifically.

Prevention Research Concepts

In recent years, applications of prevention within the social sciences have resulted in the emerging field of prevention science, which studies the development, evaluation, implementation, and widespread dissemination of research-based prevention programs to address psychosocial problems. There is increasing consensus within and beyond the field of prevention science that the gold standard for proof of the efficacy or effectiveness of a program is the randomized controlled trial (RCT). In RCTs, participants in the program or "treatment condition" are randomly assigned to either the prevention program or a control group (usually an existing standard of care and sometimes a delayed intervention group). However, some interventions may not be amenable to a randomized control trial for either ethical or practical considerations. In these cases, quasi-experimental evaluations of the intervention's effectiveness (comparing participants in a prevention program with a comparable, nonrandom sample not receiving the intervention) may be implemented. The stringent criteria for proof of effectiveness have resulted in a relatively small number of prevention programs deemed effective or model programs, but the process of evaluation has proven to be extremely important in understanding what prevention strategies are key to changing behaviors such as interpersonal violence and to understanding the mechanisms of change.

Longitudinal research on prevention is necessary to understand factors that may mediate or moderate the effectiveness of an intervention (e.g., age, gender, context) and to understand how the effects of a prevention program may wax or wane over time. In some cases, prevention programs have been shown to have cascade effects over time, that is, the reduction in the target problem behavior subsequently improves related positive outcomes and/or reduces the occurrence of other negative outcomes. For example, in the Nurse–Family Partnership program—an effective home-visiting program developed by David Olds and colleagues, aimed at reducing child abuse among young mothers—those who participated in the

intervention during their pregnancy and first 2 years of motherhood were significantly less likely to abuse their children. In addition, over the 15 to 20 years following the families' involvement in the program, their children were more likely to complete high school and were engaged in fewer risk behaviors, including interpersonal violence, drugs, and risky sexual behaviors. Interestingly, however, in a 2002 article in the *Journal of the American Medical Association*, Olds and his colleagues reported that domestic violence was a negative moderator of the intervention effects (i.e., that the intervention was less effective in families with ongoing domestic violence).

Challenges and Emerging Issues

Although an increasing number of effective universal violence prevention programs are available and utilized in school and community settings, there is a dearth of evidence-based selective or indicated prevention programs for victims and witnesses of interpersonal violence. Various federal initiatives, such as the U.S. Department of Justice's Safe Start and the Substance Abuse and Mental Health Services Administration's National Child Traumatic Stress Network, aim to raise the standard of care for children exposed to violence and related traumatic stressors by developing and disseminating such programs.

A key set of challenges for evidence-based prevention programs is their implementation and widespread dissemination in community settings (particularly in nontraditional care systems serving those exposed to interpersonal violence, such as shelters). Taking an efficacious program from the controlled research environment in which it has been developed to a broader scale requires an adequate infrastructure for its delivery (i.e., interested stakeholder organizations, rigorous staff training and supervision, implementation of the prevention program with fidelity to the model, and the ability of program staff to engage and retain participants and to attract sustainable funding). Prevention researchers are increasingly attempting to answer questions about the factors involved in taking programs to statewide and nationwide scale. Other emerging questions in prevention relate to increasing client engagement in prevention programming and tailoring programs to meet the unique needs and preferences of participants of diverse groups of participants.

Abigail Gewirtz

See also National Child Traumatic Stress Network; Prevention Programs, Child Maltreatment; Prevention Programs, Interpersonal Violence

Further Readings

Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004, July). *Benefits and costs of prevention and early intervention programs for youth* (Document ID: 04-07-3901). Available at http://www.wsipp.wa.gov/

Flay, B., Biglan, A., Boruch, R. F., Castro, F. G., Gottfredson, D., Kellam, S., et al. (2005). Standards of evidence: Criteria for efficacy, effectiveness, and dissemination. *Prevention Science*, *6*(3), 151–172. Available at http://www.springerlink.com

Mihalic, S., Fagan, A., Irwin, K., Ballard, D., & Elliott, D. (2004, July). *Blueprints for violence prevention* (No. NCJ 204274). Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved from http://www.ncjrs.gov/pdffiles1/ojjdp/204274.pdf

National Center for Injury Prevention and Control, Division of Violence Prevention. (2007). *Intimate partner violence prevention*. Available at http://www.cdc.gov/

Perry, C. L. (1999). *Creating health behavior change: How to develop community-wide programs for youth*. Thousand Oaks, CA: Sage.

Web Sites

National Institute of Drug Abuse: http://www.nida.nih.gov/Prevention/

Substance Abuse and Mental Health Services Administration: http://www.modelprograms.samhsa.gov

University of Colorado's Center for the Study and Prevention of Violence, Blueprints for Violence Prevention project: http://www.colorado.edu/cspv/blueprints/

Prevention Programs, Interpersonal Violence

Violence is the threatened or actual use of physical force against another person, against oneself, or against a group or community that results in or has a high likelihood of resulting in injury, death, or deprivation. Interpersonal violence encompasses the many forms of violence that take place between and against people, including child and elder abuse, intimate partner violence, sexual assault, and homicide. Individuals

and families rarely experience violence as an isolated incident. Different forms of violence often coexist within the same home or community. Violence not only takes a toll on victims, but it also has effects on family, friends, and community members. At the community level, violence can undermine business prosperity and property values and can reduce neighborhood vitality. Preventing violence improves quality of life by reducing risk of injury, improving health outcomes, reducing further deterioration of communities, empowering residents, and acting as a cost-saving measure for communities over the long term.

Interpersonal violence is a learned behavior that can be unlearned or not learned in the first place. Violence has multiple and complex underlying factors that include but are not limited to poverty, unemployment, discrimination, substance abuse, educational failure, fragmented families, internalized shame, and felt powerlessness. Violence prevention is a comprehensive and multifaceted effort to address these underlying factors. Efforts build on resiliency in individuals, families, and communities. Violence prevention is distinct from violence containment or suppression. Violence prevention efforts contribute to empowerment, educational and economic progress, and improved life management skills while fostering healthy communities in which people can grow in dignity and safety. Prevention efforts realign institutions to be more inclusive and receptive in responding to community needs.

Despite its preventable nature, interpersonal violence is often seen as intractable because its prevention is rarely approached with the level of commitment and attention required for long-term success. No single program can address the magnitude or all the causes of violence, but effective programs can contribute to an overall solution. As a complex problem, violence requires a comprehensive solution involving the participation of multiple stakeholders.

Prevention as a Systemic Process

Effective prevention is comprehensive and is designed to address conditions that may lead to violence before it occurs, rather than waiting to intervene after violent situations arise. This method is known as primary prevention. The goal of primary prevention in interpersonal violence is to create environments in which people do not have to question whether or not they are safe. Primary prevention is distinct from other forms of prevention because it explicitly focuses on taking action before violence develops. In contrast, a secondary prevention response takes place shortly after violence has developed and/or is recognized, such as developing a safety plan for a woman who has experienced intimate partner violence. Tertiary prevention refers to addressing the long-term effects of violence to prevent further negative consequences, such as mental health services for victims or the rehabilitation of a community affected by violence. Prevention programs working at all three levels are important and can be mutually supportive and reinforcing.

To be effective, it is critical that prevention efforts work to change the social norms that contribute to violence. Norms are among the most powerful societal and community influences that shape behavior. Norms are often based in culture and tradition, representing the attitudes, beliefs, and standards of a group of people. If violence is seen as typical and is reinforced by the media, family, or community, it will occur with greater frequency. Alternatively, in communities that demonstrate consistently high levels of support and consistently model nonviolence more positive outcomes can be expected.

Risk and resilience factors also influence the likelihood and frequency of violence. Prevention efforts reduce the factors that put individuals and communities at risk of violence and bolster factors that are protective against violence. Risk factors are those characteristics or circumstances that increase the likelihood of violence. Examples of risk factors include poverty, school failure or truancy, substance abuse, and discrimination. In contrast, resilience factors are those influences that increase the capacity of an individual, family, or community to develop positively, despite harmful environments and experiences. Resilience factors include positive attachments and relationships, social capital, and ethnic or intergroup relationships.

The Development of Effective Prevention Programs

Risk and resilience factors do not develop over a short period of time and cannot be changed immediately. Addressing them requires a multifaceted approach. Therefore, effective initiatives include attention not only to strengthening individual knowledge and skills and community education, but also to training providers, fostering coalitions and networks, changing

organizational practices, and influencing policy and legislation. Strategies at each of these levels can be designed to reduce risk factors and bolster resilience factors. Such comprehensive approaches can foster systemic change and change norms. It is this comprehensive approach that can provide current health practitioners, community members, and policymakers with an effective strategy for preventing interpersonal violence.

Communities and providers often encounter significant barriers to success. These barriers include, though are not limited to, a lack of a focused, shared vision; lack of knowledge and skills to change community environments and norms; challenges related to building multidisciplinary partnerships and collaborations; and challenges to developing a shared context. Prevention programs can be developed in a variety of ways to best address an identified need, overcome barriers to effectiveness, and ensure success that is sustainable over the long term.

Strategy Development Ensures Maximum Efficacy

A strategic approach is the key to determining priorities and maximizing discrete efforts, ensuring that each effort builds on the previous in order to address the complexities of interpersonal violence. Such an approach provides an analysis of the issue, delineates a final goal, and defines what steps are necessary to execute the plan. Strategy development leads to better outcomes by promoting approaches that are well coordinated, responsive to local needs and concerns, and built on best practices. Further, the process of strategy development builds shared understanding and commitment, enabling participants to create relationships needed for success.

Infrastructure Facilitates Coordination and Effectiveness

Violence prevention efforts should include all segments of the community, beginning with the individual and involving education, community action, social support, and competency building. No single prevention program can be all-encompassing, and there is great value in multicomponent initiatives. Multicomponent initiatives require the appropriate infrastructure: support for staffing, ongoing coordination and collaboration, and improved data systems. Such organization will enhance access and will facilitate communication and effectiveness.

Training Initiatives Enhance Violence Prevention Skills

Practitioners, service providers, and elected officials must be able to draw upon specific skills and knowledge to adequately address violence prevention. Training and staff development are critical to these efforts. Specific training may include the value of a public health approach to violence prevention, risk and resilience factors, interdisciplinary collaboration, behavioral norms, promising practices, advocacy skill development, public relations skill building, engaging youth and communities, leadership development, and those issues specific to the particular area of program focus. Cross-disciplinary training builds a common language, fosters understanding about different roles, and builds skills for collaboration and communication.

Appropriate Evaluation Ensures the Identified Need Is Addressed

Evaluation is a critical component of ensuring that programs are effective in addressing the identified need. Evaluation increases the viability of programs by demonstrating effectiveness and establishing credibility, especially when the appropriate level of assessment is also determined. For example, proven programs need to be evaluated only for fidelity and fiscal management, while new programs need more scrutiny to ensure they are achieving the desired outcomes. To the extent possible, evaluation should also consider the overall context of the program.

To influence current trends in interpersonal violence, effective prevention programs must be able to sustain their efforts in a community over the long term. This need is one of the biggest challenges affecting violence prevention programs at present and is mainly due to the instability of funding for such efforts. Nonetheless, collaboration with multiple stakeholders can facilitate the establishment of effective programs and will ensure that interpersonal violence prevention becomes integral to communities nationwide.

Larry Cohen

See also Prevention Programs, Definitions; Resiliency, Protective and Risk Factors; Risk Assessment; Risk Assessment Instruments, Interpersonal Violence

Further Readings

Cohen, L., & Swift, S. (1993). A public health approach to the violence epidemic in the United States. *Environment and Urbanization*, *5*, 50–66.

Davis, R., Nageer, S., Cohen, L., Tepperman, J., Biderman, F., & Henkle, G. (2002). *First steps: Taking action early to prevent violence*. Oakland, CA: Prevention Institute. Available at http://www.preventioninstitute.org

Murphy, G. (2002). *Beyond surviving: Toward a movement to prevent child sexual abuse*. New York: Ms. Foundation for Women.

U.S. Department of Health and Human Services. (2001). *Youth violence: A report of the surgeon general*. Rockville, MD: Author.

World Health Organization. (2004). *Preventing violence: A guide to implementing the recommendations of the World Report on Violence and Health*. Geneva: Author. Available at http://www.who.int

Prevention Programs, Youth Violence

Because of the rates of youth violence, violence prevention programs for children and adolescents have become a central focus of contemporary research and practice among social scientists. Violence-related behavior problems among youth can include any acts perpetrated by one or more youth (ages 18 or younger) against another person that results in intentional threat, attempted harm, or actual physical harm. Hence, violence prevention programs seek either to prevent violence-related behaviors or to treat preliminary behavior problems.

These youth violence prevention programs and their respective foci can be further clustered into categories based on (a) targeted level of programming, (b) type of conceptualization, (c) cultural and developmental considerations, and (d) fidelity and outcome emphases. Regarding the targeted level of programming, universal (or primary) prevention is where an entire population or group is slated to receive the program regardless of risk status or other factors. Selected (or secondary) prevention involves providing the program to individuals or groups with elevated risk for the specified outcome (e.g., poverty, antisocial behavior, domestic violence) without any symptoms (or minimal levels) of the outcome. Indicated (or tertiary) prevention programs target individuals who evidence early or notable symptoms of the targeted mental health problem (e.g., violence).

Level of Programming

The scope of the program (universal, selected, and indicated) guides the subsequent intervention emphases and foci. The range of emphases and foci for youth violence prevention programs consists of the following: (a) individual-level interventions, which modify or enhance cognitive, social, and conflict resolution skills of individual participants; (b) family-level interventions, which focus on parenting, communication, process, and interactions between the participating youth, guardians, significant cocaretakers, and influential family members within the household setting; (c) peer-level interventions, which focus on cultivating prosocial norms and interactions between youth who share daily settings (e.g., classrooms, communities); (d) school-level interventions, which focus on training teachers, staff, and administrators in classroom-based or schoolwide programs that promote prosocial concepts and behaviors while increasing parental involvement in school-related activities; (e) community-level interventions, which target specific residential settings or geographical areas with community leadership in youth guidance and community-based alternatives to hospitalization and incarceration; and (f) societal-level interventions, which often combine media-based awareness, institutional and organizational resources, and concentrated state and federal funds toward promoting prosocial behavior and antiviolence alternatives.

Conceptualization

The underlying conceptualization and derived intervention in youth violence prevention programs are also important considerations for contemporary research and practice. Some programs seek to address one or more "hot topics" perceived by consumers or other key stakeholders in the local community as "the problem," yet other programs adopt empirically validated theoretical paradigms for conceptualizing youth violence and developing derived interventions. For example, gangs may be seen as the problem after a major violent incident that subsequently provokes angry responses from community residents, mass arrests of actual and suspected gang members, and

harsher penalties from judicial authorities. A nontheoretically driven program may merely seek to coordinate these activities under the rubric of violence prevention. Although this type of response may satiate community and societal outrage, a programmatic reaction to gang violence often results in temporary (if any) impact on the fundamental problem underlying the incident in question.

Rather than a reactive approach to violence prevention, a research-based model that targets risk factors and taps protective factors for gang violence should guide a theoretically driven response to a violent incident with gangs. For example, two empirically validated models, the developmental-ecological and social-cognitive approaches, emphasize the interactions between individual maturational factors as well as their relevant social contexts (e.g., family, school, neighborhood). Consequently, these two ecologically appropriate models may implement a broad-based intervention that combines age-appropriate cognitive restructuring, classroom-based incentives, multiple family group sessions, and community-based mentoring (e.g., by reformed gang members who have credibility to support alternative prosocial behaviors, faith-based leaders in their adopted religious faith) to impact gang-involved youth and their social context.

Cultural Considerations

In addition to sound theoretical underpinnings, violence prevention programs benefit by giving great consideration to cultural factors that impact participation and generalization. Unfortunately, many of the existing programs have not been specifically developed on, nor designed for, culturally diverse populations. For example, middle-class European Americans have been the primary participants in violence prevention research. Thus, the generalizability to other populations (including low-income inner-city minorities who are disproportionately affected by violence and need these types of services) is questionable with significant questions of relevance, accessibility, and effectiveness.

Fidelity and Outcome

Of all the various program features, fidelity and outcome are often of paramount importance to youth violence prevention research and practice. These touchstones of adherence to protocols (e.g., implementing the intervention as originally designed by program investigators) and attainment of goals (e.g., reducing violence and increasing prosocial behavior) are top priorities for both consumers and professionals. Based on extensive research reviews on implementation and outcome, key distinctions in outcome proficiency have currently emerged between prevention programs labeled as effective (significant positive outcomes obtained and replicated through randomized control trials), promising (significant positive outcomes obtained in preliminary findings), and ineffective (e.g., unproven) programs.

Despite the large amount of attention and effort toward youth violence prevention by researchers, practitioners, and policymakers, violence prevention programs continue to encounter several significant obstacles to implementation and outcome. For example, the vast amount of violence prevention research has yet to produce comprehensive understanding of the key factors that characterize effective prevention programs. In particular, current research limitations are as follows: (a) most interventions focus on risk factors for aggression, juvenile delinquency, and antisocial behavior rather than the actual violent actions themselves; and (b) many program evaluations fail to distinguish effects between different behavior patterns, subgroup risk-levels, intervention implementation timings, and social ecology influences.

Although the current knowledge base has certain limitations, several key principles have been empirically substantiated by rigorous research as trademarks of effective or promising programs. These principles are as follows:

1. There are many empirically supported avenues for treating and preventing youth violence that range from individual, to family, to school setting, and to community focus.
2. Multicomponent programs are necessary to reach high-risk youth and affect risk that is distributed across the general population and concentrated among high-risk youth.
3. Family-focused interventions should be at least one component in any violence prevention program (especially those programs targeting high-risk youth).
4. Programs that affect social problem solving and related cognitive attitudes about violence use and

school linkage reduce violence in the general population.

5. Program impact greatly depends on the service delivery structure, especially the presence of structured protocols, specific goals, multiple foci (e.g., changing cognition, behavior, and affect), and expert staff training and supervision.

6. The most promising approach is to combine universal prevention efforts that seek to dissuade acceptance of violence in peer groups, classrooms, homes, and communities with indicated or secondary prevention efforts targeting youth who show behavioral risk.

7. The viability of interventions and policies depends heavily on the acceptance, support, and compliance of the providers and participating adults (e.g., parents or guardians, teachers) as well as the relevance to the targeted contexts (e.g., homes, schools, communities).

8. The available yet scant evaluation research on public policy consistently supports (a) violence prevention over postincident rehabilitation, (b) therapeutic or enhancement and support of youth over punitive or incarceration approaches, and (c) community-based efforts over institutional (e.g., hospitalization or jail) efforts.

Jaleel Abdul-Adil and Patrick H. Tolan

See also Office of Juvenile Justice and Delinquency Prevention; Prevention Programs, Community Mobilization; Prevention Programs, Interpersonal Violence; Professional Journals on Youth Violence; Youth Violence

Further Readings

Hawkins, J. D., Farrington, D. P., & Catalano, R. F. (1999). Reducing violence through the schools. In D. S. Elliott, B. A. Hamburg, & K. R. Williams (Eds.), *Youth violence: New perspectives for schools and communities* (pp. 188–216). Cambridge, MA: Cambridge University Press.

Kerns, S. E., & Prinz, R. J. (2002). Critical issues in the prevention of violence-related behavior in youth. *Clinical Child and Family Psychology Review*, *5*(2), 133–160.

Lipsey, M., & Derzon, J. (1998). Predictors of violent or serious delinquency in adolescence and early adulthood: A synthesis of longitudinal research. In R. Loeber & D. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 86–105). Thousand Oaks, CA: Sage.

Reiss, A. J., & Roth, J. A. (Eds.). (1993). *Understanding and preventing violence*. Washington, DC: National Academy Press.

Tolan, P. H. (2001). Youth violence and its prevention in the United States: An overview of current knowledge. *Injury Control and Safety Prevention*, *8*(1), 1–12.

Prisoner Reentry

The vast majority of all prisoners—more than 95%—will eventually leave prison and return to the community. Many of these prisoners will return to the very communities from which they came. The term *prisoner reentry* has been used to refer to the process of returning home after a prison stay. Those thinking about the challenges of prisoner reentry are concerned with making this transition from prison to the community as successful as possible.

Although people have been "returning home" from prison for as long as prisons have been used as places for punishment, as we entered the 21st century, the sheer volume of prisoners returning home each year generated a renewed interest in furthering our understanding of prisoner reentry. With over 2 million people in prisons and jails, and approximately 600,000 prisoners returning home each year (more than 1,500 per day), the development of strategies for increasing the chances of success at this crucial stage is essential.

Challenges of Prisoner Reentry

Over the past several decades, there has been steady and substantial annual growth in prison populations. Although interest in prisoner reentry was in part generated from concerns around the sheer volume of prisoners returning to communities, the shifting characteristics of the inmate populations approaching release and the changing nature of release mechanisms also stimulated concern. With changes in sentencing practices over the past several decades, prisoners approaching release are serving longer sentences, are less likely to have received any sort of educational or vocational programming while in prison, and are also increasingly less likely to receive adequate postrelease supervision.

Prisoner reentry is not simply a correctional concern or a criminal justice system concern. Nor is concern about prisoner reentry simply concern about

offender recidivism. Successful prisoner reentry initiatives recognize both the challenges faced by ex-offenders in trying to reintegrate and the challenges that ex-offenders pose to public safety as they try to navigate the reentry process. To that end, there are two crucial components to reentry initiatives: a focus on the offender and maximizing the offender's potential for successful reintegration upon return from prison and a focus on communities and developing community capacity to successfully accept returning prisoners.

Prisoner Reintegration

The most pressing needs of prisoners returning to the community are in the areas of education, employment, housing, and health and substance abuse. Perhaps not surprisingly, the chances of success in reentry diminish precipitously if a returning prisoner's needs in any of these areas are not addressed or cannot be met. For example, a returning offender who is unable to secure viable employment may resort quite quickly to criminal activity to "make ends meet." Similarly, the inability to secure housing may result in exprisoner homelessness and increased risk for reoffense. Although the risk of reoffense is heightened in the period immediately following release when the challenges are greatest, it is important that reentry initiatives focus not only on the point of release, but also on the period of time leading up to release (reestablishing ties to the family and community) and on the months and years that follow release. Reentry is a process, not a moment.

Barriers to Successful Reentry

Although it is widely recognized that offender reintegration is crucial to the successful reentry experience, there are multiple challenges faced by those trying to make this transition (and by organizations trying to assist offenders in navigating the process). Laws in most states restrict ex-offender access to benefits in the areas of housing, education, employment, and welfare assistance—all of the areas that have been identified as crucial to successful prisoner reentry. These restrictions, which have been referred to as collateral consequences and barriers to reintegration, typically attach to a felony conviction and negatively impact the ability of returning prisoners to make the transition to communities. Laws restricting the extension of housing benefits to convicted drug or violent offenders may make sense from a public (housing) safety perspective, but may prove counterproductive from a prisoner reentry perspective.

Prisoner Reentry Nationally

Prisoner reentry is a collaborative endeavor. The collaborative nature of prisoner reentry is perhaps most evident in the funding of reentry initiatives. Although criminal justice initiatives receiving federal funding have traditionally been funded through the U.S. Department of Justice, recognizing the crucial role that education, employment, health, and housing will likely play in successful prisoner reentry, funding for reentry initiatives now typically comes from multiple federal agencies and private foundations. Funding for the Serious and Violent Offender Reentry Initiative (SVORI), for example, came from five different federal agencies (the U.S. Departments of Justice, Labor, Education, Housing and Urban Development, and Health and Human Services). Similarly, in 2001, the Council of State Governments established the Reentry Policy Council (RPC) to develop bipartisan policy recommendations and facilitate information sharing around reentry initiatives. The RPC focuses principally on developing strategies for addressing the public safety, health and housing, and employment challenges raised by prisoner reentry. Like SVORI, funding for RPC comes from multiple federal agencies and various private foundations.

Prisoner reentry features prominently on the agendas at the Urban Institute, VERA Institute of Justice, and other research organizations devoted to issues of crime and justice. Prisoner reentry is widely recognized as one of the most pressing challenges that penologists and policymakers of this generation face. Unprecedented growth in incarceration and a shift in the underlying rationale of corrections have meant an influx of returning prisoners who have received little in the way of rehabilitative programming. Without sufficient attention to the process by which these inmates return (e.g., prisoner reentry), all agree that both the returning prisoners and the community will likely suffer.

Natasha A. Frost

See also Prison Rape Elimination Act; Prison Violence, Sexual Assault; Prison Violence and Prison Gangs; Prison Violence by Corrections Staff; Prison Violence by Inmates; Prison Violence in Women's Facilities

Further Readings

Lattimore, P. K., Brumbaugh, S., Visher, C., Lindquist, C., Winterfield, L., Salas, M., et al. (2004). *National portrait of SVORI: Serious and Violent Offender Reentry Initiative*. Washington, DC: RTI International and the Urban Institute.

Lynch, J. P., & Sabol, W. J. (2001). *Prisoner reentry in perspective*. Washington, DC: Urban Institute Press.

Travis, J. (2005). *But they all come back: Facing the challenges of prisoner reentry*. Washington, DC: Urban Institute Press.

Travis, J., Solomon, A., & Waul, M. (2001). *From prison to home: The dimensions and consequences of prisoner reentry*. Washington, DC: Urban Institute Press.

Prison Rape Elimination Act

Public Law 108-79, also known as the Prison Rape Elimination Act (PREA), is federal legislation that was signed into law on September 4, 2003. The PREA legislation, which addresses sexual violence in the context of confinement, ultimately aims to minimize the incidence of sexual victimization in correctional facilities. Although titled the Prison Rape Elimination Act, the legislation defines prison broadly to include all confinement facilities including not only federal, state, and locally operated prisons and jails, but also privately operated and juvenile facilities.

The principal purposes of the legislation include furthering understanding of the nature and extent of prison sexual victimization, establishing guidelines for the prevention and punishment of sexual assault within correctional facilities, and protecting the constitutional rights of prisoners through increasing accountability among those responsible for protecting inmates from victimization.

Although most are aware that inmates are at risk for sexual victimization while incarcerated, surprisingly little is known about the actual extent of prison sexual violence. Research has tried to establish the incidence of sexual assault within correctional facilities, but prevalence estimates have ranged substantially (from 0 to 40% of all inmates). Due in part to the difficulty of conducting research within correctional facilities, studies addressing the incidence of sexual assault in the correctional environment have been small in scale, typically involving only a few facilities and tending to include samples of less than 50 inmates. Within the text of the PREA, reference is made to unnamed experts who estimate that approximately 13% of inmates have suffered sexual assault in correctional facilities. With a prison or jail population of more than two million inmates, the PREA suggests that more than 200,000 inmates will be sexually victimized while incarcerated and that more than one million have likely been sexually assaulted while in custody over the past 20 years.

Given the paucity of reliable data on prison sexual violence, the PREA required that the Bureau of Justice Statistics (BJS) develop a methodology for the systematic collection of prison rape data and annually report on the nature, extent, and effects of sexual victimization within correctional facilities. BJS uses a three-pronged data collection strategy including administrative surveys of facilities, written questionnaires, and self-report surveys. The first administrative survey was conducted over the first 6 months of 2005, and the national implementation of questionnaires and self-report surveys began in the latter part of 2006.

The PREA also established the National Prison Rape Elimination Commission, a nine-person commission empanelled for 2 years and charged with conducting a comprehensive study of the impact of prison sexual assault. The commission will develop recommendations for the prevention of prison rape before it happens and for the prosecution and punishment of perpetrators of prison sexual violence when it happens. The National Institute of Corrections is charged with dissemination and providing technical assistance. The PREA allocated funding for both the research and the implementation phases mandated under its various provisions.

Natasha A. Frost

See also Prisoner Reentry; Prison Violence, Sexual Assault; Prison Violence and Prison Gangs; Prison Violence by Corrections Staff; Prison Violence by Inmates; Prison Violence in Women's Facilities

Further Readings

Beck, A. J., & Hughes, T. A. (2005). *Sexual violence reported by correctional authorities, 2004*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Bureau of Justice Statistics. (2004). *Data collections for the Prison Rape Elimination Act of 2003*. Washington, DC: U.S. Department of Justice.

Gaes, G. G., & Goldberg, A. L. (2004). *Prison rape: A critical review of the literature*. Washington, DC: U.S. Department of Justice, National Institute of Justice.

Prison Violence, Sexual Assault

Sexual assault, or rape, within the prison environment is a serious and complex problem. According to the Prison Rape Elimination Act (PREA) prison rape is defined as the carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person forcibly or against that person's will. Prison rape also refers to such acts when a person cannot legally consent due to minor status or mental disability or when such acts are achieved through the exploitation of the fear or threat of physical violence or bodily injury. Further, prison rape includes acts perpetrated by inmates on other inmates as well as acts perpetrated by staff on inmates. Acts of rape are reported to occur at all levels of correctional facilities—public and private units, male and female units, jails, and juvenile facilities.

Victims of prison sexual assault are more likely to be new, young inmates who are easily taken advantage of and who do not yet understand the social rules of the prison environment. Although physical force to obtain sex does take place in female units, physical force occurs more often in male units. Female prison rapists tend to be more subtle in their attacks, using mental and emotional manipulation before sex is forced. Correctional staff members have also been found to be involved in sexually assaulting inmates. If brought to the attention of correctional administrators, these officers will usually lose their jobs; however, much like violence against inmate perpetrators, formal charges are rarely filed against them.

Overcrowding, poor surveillance, and inadequate classification are only a few of the factors that contribute to prison rape. Recognition of the problem is another factor that hinders the detection and prosecution of sexual assault incidents. The many consensual relationships occurring behind prison walls is an impediment to recognition as well as the fact that a number of inmates are either unwilling to report victimization or do not realize they have been sexually assaulted. Due to PREA, programs are now in place to educate inmates on how to recognize and report sexual assault. Other reasons inmates have given as to why victims might be unwilling to report sexual assault include embarrassment, fear of retaliation by the perpetrator or other inmates, and fear of being placed in protective custody. The ultimate lack of prosecution of perpetrators of prison rape may also be a reason such activities continue.

Prison rape has a tremendous impact both on the prison environment and on society at large. The spread of sexually transmitted diseases, including HIV/AIDS, makes prison sexual assault a public health concern as most of the offenders now incarcerated will be released back into society, some not realizing they are infected. Prison sexual assault may also increase violence within the prison and impose physical and psychological effects on inmates who have been victimized. These effects often further hinder their reintegration into society once released.

Ashley G. Blackburn

See also Prison Rape Elimination Act; Rape/Sexual Assault

Further Readings

Mariner, J. (2001). *No escape: Male rape in U.S. prisons*. New York: Human Rights Watch.

National Institute of Corrections Information Center. (2004). *Annotated bibliography on prison rape/inmate sexual assault*. Washington, DC: U.S. Department of Justice.

Prison Violence and Prison Gangs

Prison gangs, also referred to as security threat groups, loosely refers to collections of inmates who engage in what is considered gang activity. Prison gangs engage in various illegal activities involving drugs, gambling, murder-for-hire, extortion, loan sharking, money laundering, and prostitution. A recent study estimated that one fourth of all adult male inmates confined in U.S. correctional units were members of gangs.

Gangs use violence instrumentally and expressively. Violence may be instrumental to attain economic rewards, sex, social power, or control over desired institutional resources or space. Violence may also be expressive, with much gang violence being directed at enemy gangs. Gang members are socialized to use violence to uphold the honor of themselves and their gangs, as well as to vanquish potential rivals. Gangs

may use violence expressively against their own members to establish discipline and control. Incarcerated gang members are no longer seen as just "doing time"; they are "doing gang time," meaning that they are not just passing time until release, but also are fundamentally oriented toward serving the needs and goals of their gangs during their periods of incarceration.

One study has shown that prison gangs were responsible for 20% of the violence toward staff and 40% of the violence directed at other inmates. Another recent study demonstrated gang affiliation as a predictor of inmate violence. Further, this study revealed that core gang members were more likely to engage in violence than more peripheral members.

Gangs may be informal, loosely organized groups with shifting axes of power and alliances. But gangs can also be formal, hierarchical societies with strict codes of conduct and detailed social control practices. In recent years, prison gang affiliation has tended to be based along racial and ethnic lines. The larger gangs in the U.S. prison system in recent times are the Aryan Brotherhood, the Crips, Gangster Disciples, White Supremacists, Vice Lords, and Latin Kings.

Prison administrators have struggled to reduce the influence of and even the existence of prison gangs in a number of ways. Many prisons forbid tattooing since gangs often use their own unique tattoo design to symbolize members' affiliation, though the bans have not been strongly successful. Prison classification specialists often attempt to separate gang members, using administrative segregation for anyone thought to be affiliated with a gang, assigning gang members to different prison units or work details, and/or sending individual gang members to separate prisons. Prison officials also have refused to permit gangs to meet and distribute informational materials as other groups in prison enjoy. Despite these attempts, gang activity continues to flourish in prison.

Melissa Hamilton

See also Expressive Violence; Gang Violence; Instrumental Violence; Prison Violence by Inmates; Socialization; Subcultures of Violence

Further Readings

American Correctional Association. (2003). *A study of gangs and security threat groups in America's adult prisons and jails*. Alexandria, VA: Author.

Gaes, G. G., Wallace, S., Gilman, E., Klein-Saffran, J., & Suppa, S. (2001). The *influence of prison gang affiliation on violence and other prison misconduct*. Washington, DC: Federal Bureau of Prisons.

Knox, G. (2005). *The problem of gangs and security threat groups (STGs) in American prisons today: Recent research findings from the 2004 Prison Gang Survey*. Chicago: National Gang Crime Research Center. Retrieved May 16, 2006, from http://www.ngcrc.com/corr2006.html

Prison Violence by Corrections Staff

Violence by staff within "total" institutions may take many forms, often leaving the institutionalized person without avenues for protection and/or recourse. Within jails and prisons around the United States, violence committed by correctional staff has included physical, sexual, and verbal assaults. In addition, the absence of action (e.g., failure to report violence or protect an inmate), as well as engagement in some routine institutional procedures (e.g., strip searches), can be considered forms of violence.

Many inmates report the routine use of physical violence. Physical violence by corrections staff can be used as a form of discipline and of establishing control within the institution. Although the Supreme Court has ruled in favor of the Eighth Amendment rights on behalf of inmates who experienced malicious and sadistic force used to cause deliberate harm, corporal punishment and the excessive use of force are permitted as self-defense, for the defense of another, for upholding prison rules, or for the prevention of escape. Corrections staff who are younger and who work in maximum-security prisons are more likely to use physical violence.

Sexual misconduct by corrections staff is present in both male and female institutions. In fact, the Bureau of Justice Statistic reports that of all allegations of sexual violence in 2004, 42% were allegations of staff-on-inmate sexual misconduct and 11% were sexual harassment of inmates by staff. Female inmates with histories of sexual assault prior to incarceration are particularly vulnerable to victimization, which may cause retraumatization. Sex may also be used as a commodity to barter for items or privileges within the institution, leading some staff to claim that sex was consensual. However, either policy or law in every state prohibits sex between an inmate and staff.

Insidious forms of violence include verbal threats and/or retaliation. Inmates are dependent upon corrections staff for meeting most of their basic human needs, as well as for their exit from the institution. Threats of withholding basic needs—or threatening undeserved sanctions that may jeopardize parole—are forms of violence that affect mental and physical health. Often, inmates who report or threaten to report staff for physical or sexual violence experience retaliatory events by staff such as sabotaged drug tests or false accusations. Some staff members abuse the power differential, feeling that the convict's statement will be subordinated in favor of their own.

Finally, some routine behaviors within the institution can be considered violent. Angela Davis suggests that cross-gender pat downs and cavity searches are forms of government-sanctioned sexual assault. Also, the conspiracy of silence among staff can contribute to a culture of violence within the institutional setting.

Violence by staff can inflict bodily, psychological, social, or material injury that enhances the pain and isolation associated with incarceration and often leaves prisoners with profound feelings of hopelessness and anger. Thus, reintegration into society becomes a greater challenge for the individual as well as the community.

Sheryl Pimlott Kubiak

See also Prisoner Reentry; Prison Violence, Sexual Assault; Prison Violence in Women's Facilities

Further Readings

Bureau of Justice Statistics. (2004). *Sexual violence reported by correctional authorities, 2004*. Retrieved from http://www.ojp.usdoj.gov/bjs/abstract/svrca04.htm

Davis, A. Y. (2003). *Are prisons obsolete?* New York: Seven Stories Press.

Prison Violence by Inmates

Inmate violence has been conceptualized as comprising two general categories: collective violence and interpersonal violence. Collective violence is directed toward a major disruption in the regular order within the institution. Riots are a type of collective violence. Collective violence is often related to race relations, gang warfare, or mutual frustration over prison conditions.

The second category of inmate violence is interpersonal violence, which includes violence that occurs within the everyday framework of the prison's social order. Interpersonal violence can be targeted at other inmates or corrections staff. Most inmate assaults do not involve weapons, but many do. Inmates can be quite inventive in getting weapons smuggled in and at fashioning weapons out of any raw material.

The Census of State and Federal Corrections Facilities reported that over 34,000 inmate-against-inmate assaults in U.S. prisons occurred during the 2000 reporting year, a 32% increase from 1995. Inmate assaults on staff rose 27% since 1995, up to 18,000 in 2000.

Prison violence bears negative consequences in many areas. The mental health and physical harm to inmates and staff are substantial and long term, often involving depression and substance abuse. Because of the dangers posed by violence in prison, administrators face difficulty in hiring and keeping prison employees, further undermining efforts to maintain security and control.

Explanations for the widespread violence in prisons include environmental, sociological, and individual personality factors. Prisons are, by nature, stressful places for inmates facing forced confinement, overcrowded conditions, and low staff-to-inmate ratios. The socialization of prisoners is often based on a strict hierarchical structure where aggressiveness is necessary to attain and maintain one's status. Experts indicate that gender role expectations reinforce masculine behaviors, including aggressive conduct. Much violence in prison is also connected to gang affiliations, with demands of loyalty and mutual protection. Personal traits also are important in understanding prison violence. Inmates are people who already have shown a willingness to deviate from social norms. In addition, drug use, mental illness, and prior incarceration time, all linked to prisoners, are each related to predicting violent tendencies.

Prison systems have reacted to the frequent violence in large part through sophisticated classification systems that attempt to place more violent offenders in more secure facilities, such as supermax prisons where inmate interactions with other offenders and with prison staff are subject to greater restriction. In addition, prison officials often use disciplinary sanctions for inmate assault, which can result in the loss of privileges, lost good-time credits (early release time), or segregation. A number of prisons are experimenting with cognitive therapies, such as

conflict resolution and stress management techniques, to combat violent behaviors.

Melissa Hamilton

See also Prison Violence and Prison Gangs; Prison Violence in Women's Facilities; Prison Violence, Sexual Assault

Further Readings

Bottoms, A. E. (1999). Interpersonal violence and social order in prisons. In M. Tonry & J. Petersilia (Eds.), *Prisons* (pp. 205–281). Chicago: University of Chicago Press.

Braswell, M. C., Montgomery, R. H., & Lombardo, L. X. (1994). *Prison violence in America* (2nd ed.). Cincinnati, OH: Anderson.

Bureau of Justice Statistics. (2000). *Census of state and federal corrections facilities*. Washington, DC: U.S. Department of Justice. Retrieved May 17, 2006, from http://www.ojp.usdoj.gov/bjs/abstract/csfcf00.htm

Prison Violence in Women's Facilities

Understanding prison violence in women's facilities includes a review of the physical, sexual, and relational aspects of institutional violence. Sexual violence committed by staff against women offenders is an additional factor. Crowding, lack of treatment opportunities, and untrained staff may also contribute to violence among women in prison. Physical violence between female prisoners is infrequent, with serious assaults involving weapons even less likely. Verbal threats and loud arguments are the most typical expressions of conflict. Physical fights may occur in the context of a personal relationship or, less often, as a result of a drug transaction or other material conflict. Organized conflict related to gangs and ethnic strife is extremely rare.

Women prisoners commit institutional violence at substantially lower rates than men. Misconduct reports, weapon type, and inflicted injury demonstrate that women are less violent than male prisoners. Women prisoners may strike or scratch each other, but usually do not inflict serious injury. When weapons are involved, women prisoners are more likely to use a "weapon at hand" rather than one fabricated in advance. The extremely rare stabbing may occur with a pair of scissors or a tool in a spontaneous fight. Riots and other collective disturbances are also atypical.

Violence committed by and against women prisoners may also be connected to past experiences with violence and trauma. Women prisoners with histories of prior violent sexual assault have been found to have greater in-prison adjustment problems, such as arguments and fights. Mental health problems and posttraumatic stress disorders have also been connected with prison violence among women.

Very little is known about rates of sexual violence in women's prisons. Although the evidence suggests that the majority of sexual encounters among incarcerated females are consensual, coercive encounters can occur. Rapes involving penetration between women prisoners are extremely rare. Coercion is typically verbal rather than physical. Women who have been sexually harmed in their preprison life through violence, inappropriate sexualization (such as incest), or sex work may lack the capacity to refuse or avoid unwanted sexual relationships due to the trauma of past abuse.

Prison violence among women should also be examined in relational and cultural contexts. As women adjust to their imprisonment, they develop friendships and other forms of relationships with other prisoners. Difficulties in relationships among women prisoners can lead to domestic violence or other forms of physical or sexual violence inside the prison. Another component of prison violence is "the mix," one aspect of prisoner informal social activities that can bring trouble and conflict with staff and other prisoners. The mix is the "fast life" or "la vida loca" or the crazy life lived while "running the yard" in prison and can lead to violating the prison rules and developing destructive relationships with other prisoners. The mix also concerns involvement in drugs, debts and "being messy," gossiping, lying, and other forms of making trouble for oneself and others, trouble which increases the potential for violence.

Women prisoners are also at risk of violence through staff sexual misconduct. Sexual misconduct includes any sexual behavior directed toward inmates, including sexual abuse, sexual assault, sexual harassment, physical contact of a sexual nature, sexual obscenity, invasion of privacy, and conversations or correspondence of a romantic or intimate nature. The potential abuse of power inherent in staff–inmate relationships is at the core of staff sexual misconduct. The inherent difference in power between staff and

inmates makes any consensual relationship between staff and inmates impossible.

Housing with insufficient supervision, crowding in cells and other housing areas, inadequate reporting procedures, and lack of staff training about the realities of women's prisons may also contribute to the violence context. Retraumatization through security procedures such as segregation, searching, and cuffing are other factors contributing to the context of prison violence in women's facilities.

Although prison violence occurs less often in women's prisons, there are indications that younger prisoners may be responsible for an increase in such violence. Increasing treatment opportunities for women traumatized by their past experiences with violence and reducing prison crowding can address the problem of prison violence in women's facilities.

Barbara Owen

See also Female Perpetrators of Interpersonal Violence; Prison Violence, Sexual Assault; Prison Violence by Corrections Staff; Prison Violence by Inmates

Further Readings

Alarid, L. F. (2000). Sexual assault and coercion among incarcerated women prisoners: Excerpts from prison letters. *The Prison Journal*, *80*, 391–406.

Calhoun, A. J., & Coleman, H. D. (2002). Female inmates' perspectives on sexual abuse by correctional personnel: An exploratory study. *Women & Criminal Justice*, *13*, 101–124.

Girshick, L. B. (1999). *No safe haven: Stories of women in prison*. Boston: Northeastern University Press.

Harer, M. D., & Langan, N. P. (2001). Gender differences in predictors of prison violence: Assessing the predictive validity of a risk classification system. *Crime & Delinquency*, *47*, 513–536.

Hensley, C., Tewksbury, R., & Koscheski, M. (2002). The characteristics and motivations behind female prison sex. *Women & Criminal Justice*, *13*, 125–139.

Human Rights Watch. (1996). *All too familiar: Sexual abuse of women in U.S. state prisons*. New York: Human Rights Watch.

Warren, J. I., Burnette, M., South, S. C., Chauhan, P., Bale, R., & Friend, R. (2002). Personality disorders and violence among female prison inmates. *Journal of the American Academy of Psychiatry and the Law*, *30*, 502–509.

Professional Journals on Child Maltreatment

Child maltreatment is generally defined to include physical, sexual, and psychological abuse and neglect of children. The professional journals focusing primarily on child maltreatment are *Child Abuse & Neglect: The International Journal*, *Child Maltreatment*, *Child Abuse Review*, *Journal of Child Sexual Abuse*, and *Protecting Children*. There are also several more broadly focused violence and trauma journals that include many articles on child maltreatment; in addition, a number of professional journals in psychology, psychiatry, criminal justice, and medicine carry some articles on child maltreatment.

Child Abuse & Neglect, the official publication of the International Society for Prevention of Child Abuse and Neglect, is the oldest and most widely cited of the journals focused on child maltreatment. Published monthly by Pergamon/Elsevier, it provides an international multidisciplinary forum on the prevention and treatment of child abuse and neglect, including sexual abuse. The scope extends to include all aspects of life that either favor or hinder optimal family bonding. *Child Maltreatment* is sponsored by the American Professional Society on the Abuse of Children and is published monthly by Sage Publications. Its object is to foster professional excellence in the field of the prevention and treatment of child abuse and neglect by reporting current and at-issue scientific information and technical innovations in a form immediately useful to practitioners, policymakers, and researchers. As an interdisciplinary journal, *Child Maltreatment* serves as a common ground for practitioners and researchers from mental health, child protection, law, law enforcement, education, medicine, nursing, and allied disciplines.

John Wiley & Sons Ltd. publishes *Child Abuse Review*, the official journal of the British Association for the Study and Prevention of Child Abuse and Neglect. The bimonthly journal provides a forum for all professionals working in child protection, giving them access to the latest research findings, practice developments, training initiatives, and policy issues. *The Journal of Child Sexual Abuse*, published quarterly by Haworth Press, promotes greater understanding and effectiveness in treating, studying, and preventing child sexual abuse. The journal covers research issues, clinical issues, legal issues, prevention

programs, and case studies focusing on child and adolescent victims, adult survivors, and sexual abuse offenders. American Humane publishes *Protecting Children*, a quarterly journal focused on a wide variety of issues in child welfare policy and practice. It covers such diverse topics as substance abuse and child maltreatment, culture and cultural competence in child welfare, child welfare training, the link between violence to animals and violence to children, and the rights of children.

The more broadly focused violence and trauma journals that include many articles on child maltreatment are *Journal of Interpersonal Violence* (published monthly by Sage); *Violence and Victims* (published bimonthly by Springer); *Aggression and Violent Behavior: A Review Journal* (published bimonthly by Elsevier); *Journal of Family Violence* (published quarterly by Springer US); *Trauma, Violence, & Abuse: A Review Journal* (published quarterly by Sage); *Journal of Aggression, Maltreatment & Trauma* (published eight times a year by Haworth Press); and *Journal of Traumatic Stress* (published bimonthly by John Wiley & Sons).

Sexual Abuse: A Journal of Research and Treatment (published quarterly by Springer US) is the official journal of the Association for the Treatment of Sexual Abusers and focuses exclusively on the causes, consequences, and treatment strategies for sexual abusers.

Professional journals in psychology, psychiatry, criminal justice, and medicine that carry some articles on child maltreatment include but are not limited to the following: *American Journal of Orthopsychiatry* (American Psychological Association); *Journal of Abnormal Child Psychology* (Springer US); *The Journal of Child Psychology and Psychiatry* (Blackwell); *Clinical Child Psychology and Psychiatry* (Sage); *Journal of Emotional Abuse* (Haworth Press); *Journal of the American Academy of Child & Adolescent Psychiatry* (Lippincott Williams & Wilkins); *The Lancet* (Elsevier); *Journal of Consulting and Clinical Psychology* (American Psychological Association); and *Criminal Justice and Behavior* (Sage).

C. Terry Hendrix

See also Professional Journals on Intimate Partner Violence; Professional Journals on Victimization; Professional Journals on Youth Violence

Web Sites

American Journal of Orthopsychiatry: http://www.apa.org/journals/ort/
Child Abuse & Neglect: The International Journal: http://www.elsevier.com/wps/find/journaldescription.cws_home/586/description#description
Clinical Child Psychology and Psychiatry: http://ccp.sagepub.com/
Criminal Justice and Behavior: http://cjb.sagepub.com/
Journal of Abnormal Child Psychology: http://www.springerlink.com/content/104756/
The Journal of Child Psychology and Psychiatry: http://www.blackwellpublishing.com/journal.asp?ref=0021-9630&site=1
Journal of Consulting and Clinical Psychology: http://www.apa.org/journals/ccp/
Journal of Emotional Abuse: http://www.haworthpress.com/store/product.asp?sku=J135
Journal of the American Academy of Child & Adolescent Psychiatry: http://www.jaacap.com/pt/re/jaacap/
The Lancet: http://www.thelancet.com/

Professional Journals on Elder Abuse

The *Journal of Elder Abuse & Neglect* is devoted to publishing articles on the causes, effects, treatment, and prevention of the mistreatment of older people and disabled adults. The quarterly journal is designed for practitioners, researchers, students, and policymakers. Professionals working in adult protective services, the aging network, domestic violence and sexual assault, health care, justice, the faith community, mental health, and other fields often find useful information on elder abuse, neglect, and exploitation. The journal is published by Haworth Maltreatment and Trauma Press.

Victimization of the Elderly and Disabled is a publication in newsletter format that also contains articles on elder abuse and abuse against people with disabilities. The Civic Research Institute distributes this newsletter six times a year. The newsletter focuses on various issues related to the abuse of older persons and persons with disabilities who are abused, neglected, or exploited.

Additional articles about elder abuse can be found in various journals on gerontology, health care, social

work, violence against women, and justice. One resource to find articles on elder abuse is the National Center on Elder Abuse and its national clearinghouse.

Bonnie Brandl and Candace J. Heisler

See also Domestic Violence Against Older Women; Elder Abuse; Financial Abuse, Elderly and Battered Women

Web Sites

Journal of Elder Abuse & Neglect: http://www.haworthpress.com/web/JEAN
National Center on Elder Abuse: http://www.ncea.aoa.gov
Victimization of the Elderly and Disabled: http://www.civicresearchinstitute.com/ved.html

Professional Journals on Intimate Partner Violence

Broadly defined, intimate partner violence encompasses physical, sexual, and psychological maltreatment of partners as well as sexual assault and sexual harassment of intimates. Many professional journals in psychology, sociology, gender studies, interpersonal violence, criminology, medicine, and related fields include articles on various aspects of intimate partner violence. Only two are focused primarily on violence against women: *Violence Against Women: An International and Interdisciplinary Journal* and *Women Against Violence: An Australian Feminist Journal*.

Published by Sage Publications, *Violence Against Women* is a peer-reviewed journal and international in both coverage and distribution. It has been published since 1994 and is now published monthly. Featuring empirically based articles utilizing quantitative or qualitative methods, the journal also includes theoretical papers, research notes, book reviews, and papers by clinicians or practitioners addressing treatment and related issues. *Violence Against Women* is widely read, cited, abstracted, and indexed.

Women Against Violence: An Australian Feminist Journal is a national journal examining issues relevant to the work to stop violence against women. It is published by CASA House, a government-funded organization in Carlton, Victoria, Australia, committed to ensuring that the silence that surrounds sexual assault continues to be broken and that victims and/or survivors are provided necessary support. The journal is refereed by an Editorial Committee and a National Editorial Advisory Committee. Since a primary objective is to facilitate information sharing between women working in all Australian states and territories, *Women Against Violence: An Australian Feminist Journal* is not widely read or cited outside Australia.

There are several peer-reviewed, professional journals that are more broadly focused on interpersonal violence but that publish many articles on intimate partner violence: *Journal of Interpersonal Violence*; *Violence and Victims*; *Aggression and Violent Behavior: A Review Journal*; *Journal of Family Violence*; *Trauma, Violence, & Abuse: A Review Journal*; *Journal of Aggression, Maltreatment & Trauma*; and *Journal of Traumatic Stress*. Published since 1985, *Journal of Interpersonal Violence* is published monthly by Sage. Devoted to the study and treatment of victims and perpetrators of interpersonal violence, it provides a forum for discussion of concerns and activities of practitioners and researchers working in domestic violence, child sexual abuse, rape and sexual assault, physical child abuse, and violent crime. *Violence and Victims* is published bimonthly by Springer Publishing. Published since 1987, the journal serves as a forum for the latest developments in theory, research, policy, clinical practice, and social services in the area of interpersonal violence and victimization, including media reports and book reviews.

Elsevier publishes *Aggression and Violent Behavior: A Review Journal* bimonthly. A multidisciplinary journal, it publishes substantive and integrative reviews, as well as summary reports of innovative ongoing clinical research programs on a wide range of topics germane to the field of aggression and violent behavior. The journal has been published since 1996 and encompasses articles on family violence, homicide, sexual deviance and assault, child and youth violence, genetic predispositions, and the physiological basis for aggression. *Journal of Family Violence*, published quarterly by Springer US, is an interdisciplinary forum for the publication of information on clinical and investigative efforts concerning all forms of family violence and its precursors, including spouse battering, child abuse, incest, marital rape, elder abuse, domestic homicide, and general family conflict.

Trauma, Violence, & Abuse: A Review Journal is published quarterly by Sage and is devoted to organizing, synthesizing, and expanding knowledge on all forms of trauma, abuse, and violence. It is practitioner

oriented and publishes primarily reviews of research, conceptual or theoretical articles, and law review articles. The Haworth Press publishes two volumes per year (eight issues) of the *Journal of Aggression, Maltreatment & Trauma*, a publication presenting cutting-edge information on physical and emotional abuse, interpersonal aggression, maltreatment, and trauma. *Journal of Traumatic Stress*, published bimonthly by John Wiley & Sons, is a multidisciplinary journal dedicated to trauma treatment, education, research, and prevention. Published since 1988, it is the official journal of the International Society for Traumatic Stress Studies. Other refereed journals that frequently include articles dealing with intimate partner violence include but are not limited to *Psychology of Women Quarterly* (published quarterly by Blackwell), *Journal of Consulting and Clinical Psychology* (published bimonthly by the American Psychological Association), *Sexual Abuse: A Journal of Research and Treatment* (published quarterly by Springer US), *Criminal Justice and Behavior* (published quarterly by Sage), *American Journal of Public Health* (published monthly by the American Public Health Association), and *Obstetrics and Gynecology* (published monthly by Mosby).

C. Terry Hendrix

See also Intimate Partner Violence; Professional Journals on Child Maltreatment; Professional Journals on Victimization; Professional Journals on Youth Violence

Web Sites

Violence Against Women: An International and Interdisciplinary Journal and Women: http://vaw.sagepub.com/

Professional Journals on Victimization

Victimization is the study of the victims of violence, including the identification of violence, the causes of violence, treatment of both victim and perpetrator, and the prevention of victimization or revictimization. Many articles on victimization are published in over 35 professional journals in the fields of interpersonal violence, criminal justice and criminology, counseling, clinical and social psychology, public health, education, health, adolescence, and women's studies. Some articles on victimization appear in many other professional journals in the above and related fields.

As their titles clearly indicate, the journals subsequently described publish many articles on victimization. *Journal of Interpersonal Violence*, published monthly by Sage Publications, is devoted to the study and treatment of victims and perpetrators of interpersonal violence. It provides a forum for discussion of concerns and activities of practitioners working in domestic violence, child abuse and neglect, rape and sexual assault, and violent crime. Published since 1987 by Springer Publishing, *Violence and Victims* is a bimonthly forum for the latest developments in theory, research, policy, clinical practice, and social services in interpersonal violence and victimization. It also features media reports and book reviews. Elsevier publishes *Aggression and Violent Behavior: A Review Journal* bimonthly. A multidisciplinary journal, it includes substantive and integrative reviews, as well as summary reports of innovative ongoing clinical research programs on a wide range of topics germane to the field. The journal encompasses articles on family violence, homicide, sexual deviance and assault, child and youth violence, genetic predispositions, and the physiological basis for aggression.

Journal of Family Violence is an interdisciplinary forum for the publication of information on clinical and investigative efforts concerning all forms of family violence and its precursors; topics include spouse battering, child abuse, incest, marital rape, elder abuse, domestic homicide, and general family conflict. The journal is published quarterly by Springer US. *Trauma, Violence, & Abuse: A Review Journal*, published quarterly by Sage, is devoted to organizing, synthesizing, and expanding knowledge on all forms of trauma, abuse, and violence. This journal is practitioner oriented and publishes primarily reviews of research, conceptual or theoretical articles, and law review articles. Sage also publishes *Violence Against Women: An International and Interdisciplinary Journal*, a monthly peer-reviewed journal that is international in both coverage and distribution. Published since 1994, it features empirically based articles, theoretical papers, research notes, book reviews, and papers by clinicians or practitioners addressing treatment and related issues.

The Journal of Aggression, Maltreatment & Trauma, a publication presenting cutting-edge information on physical and emotional abuse, interpersonal aggression, maltreatment, and trauma, is published in two volumes

by The Haworth Press. *The Journal of Traumatic Stress Studies* is a multidisciplinary journal dedicated to trauma treatment, education, research, and prevention. Published since 1988, the journal is published bimonthly by John Wiley & Sons, and it is the official journal of the International Society for Traumatic Stress Studies. *Child Abuse & Neglect: The International Journal*, the official publication of the International Society for the Prevention of Child Abuse and Neglect and published monthly by Pergamon/Elsevier, provides an international multidisciplinary forum on the prevention and treatment of child abuse and neglect. This journal is the oldest and most widely cited of the journals focused on child maltreatment. *Child Maltreatment*, sponsored by the American Professional Society on the Abuse of Children, is published quarterly by Sage. An interdisciplinary journal, *Child Maltreatment* serves as a common source of practical, research-based information for practitioners, researchers, and policymakers from the fields of mental health, child protection, law, law enforcement, education, nursing, medicine, and allied disciplines.

Child Abuse Review is the official journal of the British Association for the Study and Prevention of Child Abuse and Neglect and is published bimonthly by John Wiley & Sons Ltd. The journal provides a forum for all professionals working in child protection, giving them access to the latest research findings, practice developments, training initiatives, and policy issues. *Journal of Child Sexual Abuse*, published quarterly by The Haworth Press, covers research issues, clinical issues, prevention programs, and case studies focusing on child and adolescent sexual abuse victims, adult survivors, and sexual abuse offenders. American Humane Association publishes *Protecting Children*, a quarterly focused on a wide variety of issues in child welfare policy and practice including the rights of children, child welfare training, cultural competence in child welfare, substance abuse and child maltreatment, and the link between violence to animals and violence to children. The official journal of the Association for the Treatment of Sexual Abusers, *Sexual Abuse: A Journal of Research and Treatment* (published quarterly by Springer US) focuses exclusively on the causes, consequences, and treatment strategies for sexual abusers and their victims.

Sage publishes *Youth Violence and Juvenile Justice: An Interdisciplinary Journal* quarterly, and it places an emphasis on applicability of research and writing to juvenile justice and youth and school violence prevention. *Journal of Elder Abuse & Neglect* is devoted to bringing to light the causes, effects, treatment, and prevention of the mistreatment of older persons. It is published quarterly by The Haworth Press and is the official journal of the National Committee for the Prevention of Elder Abuse. The Haworth Press also publishes *Journal of Emotional Abuse* quarterly. It provides a forum about emotional abuse for practitioners, policymakers, and researchers in mental health, social services, law, education, religion, medicine, nursing, and business. *Victims & Offenders* is published quarterly by Taylor & Francis and provides an interdisciplinary and international forum of research, outcome studies, and evidence-based policies and practices on victimization, victim assistance, offender rehabilitation, and restorative justice.

Although their titles do not directly indicate that they include many articles on victims of violence, the following journals actually do so. Sage publishes *Journal of Research in Crime and Delinquency* bimonthly in cooperation with the National Council on Crime and Delinquency. It explores the social, political, and economic cores of criminal justice and examines victims, criminals, courts, and sanctions. *Journal of Adolescent Health*, the official publication of the Society for Adolescent Medicine, is published monthly by Elsevier and seeks to present new research findings in the field of adolescent medicine and health. *Journal of Consulting and Clinical Psychology*, published bimonthly by the American Psychological Association, focuses on treatment and prevention in all areas of clinical and clinical-health psychology and especially on topics that appeal to a broad clinical-scientist and practitioner audience.

Sponsored by the Society for the Study of Social Issues, *Journal of Social Issues* is published quarterly by Blackwell Publishers and each issue is devoted to a single topic. Through the journal, the society seeks to bring behavioral and social science theory, empirical evidence, and practice into focus on human problems. *Homicide Studies: An Interdisciplinary & International Journal* is published quarterly by Sage in cooperation with the Homicide Research Working Group. It bridges the gap between academics and practitioners by focusing on the latest thinking and research regarding homicide perpetrators and victims. *Psychology of Women Quarterly* is published on behalf of the Society for the Psychology of Women by Blackwell Publishing. It is a feminist journal that publishes research, theoretical articles, and critical

reviews relating to women and gender, including articles on physical and mental health and well-being; physical, sexual, and psychological abuse; prejudice and discrimination; and violence and harassment.

Journal of School Psychology, published bimonthly by Elsevier, focuses on empirical articles and critical reviews of literature relevant to psychological and behavioral processes in school settings. Published quarterly by the American Psychological Association, *American Journal of Orthopsychiatry* is dedicated to informing public policy and professional practice and to the expansion of knowledge relating to mental health and human development from a multidisciplinary perspective. A journal of the American College of Preventive Medicine and the Association of Teachers of Preventive Medicine, *American Journal of Preventive Medicine* is published monthly by Elsevier. It emphasizes articles that address prevention of important clinical, behavioral, and public health issues such as injury and violence, smoking, women's health, and alcohol and drug abuse. *Applied and Preventive Psychology: Current Scientific Perspectives*, published quarterly by Elsevier, features empirically based, theoretically focused reviews of laboratory, survey, epidemiological, and public health research on the treatment and prevention of psychological problems. *Journal of Family Psychology* is published quarterly by the American Psychological Association and is devoted to the study of family systems from multiple perspectives and to the application of psychological methods to advance knowledge related to family research, intervention, and policy.

Other refereed journals that frequently publish articles dealing with victimology include but are not limited to the following: *American Journal of Public Health* (published monthly by the American Public Health Association), *Criminal Justice & Behavior* (published quarterly by Sage), *Obstetrics and Gynecology* (published monthly by Mosby), and *Journal of the American Academy of Child & Adolescent Psychiatry* (published monthly by Lippincott Williams & Wilkins).

C. Terry Hendrix

See also Abuse-Focused Therapy; Adult Protective Services; Assault; Battered Women; Campus Violence; Child Fatalities; Child Neglect; Child Physical Abuse; Child Protective Services; Child Sexual Abuse; Clergy Sexual Abuse; Crime Victims Compensation Program; Dating Violence/Courtship Violence; Homicide, Criminal; Incest; International Society for Traumatic Stress Studies; National Center for Victims of Crime; National Children's Alliance and Children's Advocacy Centers; National Resource Center on Domestic Violence; Professional Journals on Child Maltreatment; Professional Journals on Intimate Partner Violence; Professional Journals on Elder Abuse; Professional Journals on Youth Violence; Stalking; Verbal Abuse; Vicarious Traumatization; Victimology; Workplace Violence

Web Sites

Aggression and Violent Behavior: A Review Journal: http://www.biolc.com/wps/find/journaldescription.cws_home/30843/description#description

American Journal of Preventive Medicine: http://www.elsevier.com/wps/find/journaldescription.cws_home/600644/description#description

Applied & Preventive Psychology: Current Scientific Perspectives: http://www.nd.edu/~japp/

Child Abuse & Neglect: The International Journal: http://www.elsevier.com/wps/find/journaldescription.cws_home/586/description#description

Child Abuse Review: http://www3.interscience.wiley.com/journal/5060/home

Child Maltreatment: http://cmx.sagepub.com/

Homicide Studies: An Interdisciplinary & International Journal: http://hsx.sagepub.com/

Journal of Adolescent Health: http://www.adolescenthealth.org/journal.htm

Journal of Aggression, Maltreatment & Trauma: http://haworthpress.com/store/product.asp?sku=J146

Journal of Child Sexual Abuse: http://www.haworthpress.com/store/product.asp?sku=J070

Journal of Consulting and Clinical Psychology: http://www.apa.org/journals/ccp/

Journal of Emotional Abuse: http://www.haworthpress.com/store/product.asp?sku=J135

Journal of Family Psychology: http://www.apa.org/journals/fam/

Journal of Family Violence: http://www.springer.com/medicine/journal/10896

Journal of Interpersonal Violence: http://jiv.sagepub.com/

American Journal of Orthopsychiatry: http://www.apa.org/journals/ort/

Journal of Research in Crime and Delinquency: http://jrc.sagepub.com/

Journal of School Psychology: http://www.elsevier.com/wps/find/journaldescription.cws_home/699/description#description

Journal of Social Issues: http://www.spssi.org/index.cfm?fuseaction=page.viewpage&pageid=950

Journal of Traumatic Stress: http://www.istss.org/publications/jts.cfm
Psychology of Women Quarterly: http://www.apa.org/divisions/div35/quarter.html
Sexual Abuse: A Journal of Research and Treatment: http://www.springer.com/psychology/sexual+behaviour/journal/11194
Trauma, Violence, & Abuse: A Review Journal: http://www.sagepub.com/journalsProdDesc.nav?prodId=Journal200782
Victims & Offenders: http://www.tandf.co.uk/journals/titles/15564886.asp
Violence Against Women: An International and Interdisciplinary Journal: http://vaw.sagepub.com/
Violence and Victims: http://www.springerpub.com/journal.aspx?jid=0886-6708
Youth Violence and Juvenile Justice: An Interdisciplinary Journal: http://www.sagepub.com/journalsProdDesc.nav?prodId=Journal201632

Professional Journals on Youth Violence

Youth violence is generally defined as any violent act against persons or property committed by males or females under 18 years of age—vandalism, bullying, dating violence, juvenile delinquency, sex offenses, substance abuse, violence in the schools, gang violence, or any criminal acts. There are some 15 professional journals that publish many articles on youth violence, and at least another 60 professional journals publish some articles on youth violence. The peer-reviewed or refereed professional publications featuring many youth violence articles are subsequently described.

American Journal of Orthopsychiatry, published quarterly by the American Psychological Association, is dedicated to informing public policy and professional practice and to the expansion of knowledge relating to mental health and human development from a multidisciplinary and interprofessional perspective. A journal of the American College of Preventive Medicine and the Association of Teachers of Preventive Medicine, *American Journal of Preventive Medicine* is published monthly by Elsevier. It emphasizes articles that address prevention of important clinical, behavioral, and public health issues such as injury and violence, smoking, women's health, and alcohol and drug abuse. *Applied and Preventive Psychology: Current Scientific Perspectives* is published quarterly by Elsevier and features empirically based, theoretically focused reviews of laboratory, survey, epidemiological, and public health research on the treatment and prevention of psychological problems. Beyond its core audiences in clinical and counseling psychology and psychiatry, the journal seeks clinical extensions of basic cognitive, biological, developmental, family, personality, and social research.

Child Abuse & Neglect, the official publication of the International Society for Prevention of Child Abuse and Neglect, is published monthly by Pergamon/Elsevier. It provides an international multidisciplinary forum on the prevention and treatment of child abuse and neglect, and the scope extends to include all aspects of life that either favor or hinder optimal family bonding. *Journal of Research in Crime and Delinquency* explores the social, political, and economic cores of criminal justice and examines victims, criminals, courts, and sanctions and is published bimonthly by Sage Publications in cooperation with the National Council on Crime and Delinquency. The American Professional Society on the Abuse of Children sponsors *Child Maltreatment*, and it is published quarterly by Sage. The object of this interdisciplinary journal is to foster professional excellence in the field of child abuse and neglect by reporting current and at-issue scientific information and technical innovations in a form immediately useful to practitioners, policy makers, and researchers.

Elsevier publishes *Journal of Adolescent Health* monthly, and it is the official publication of the Society for Adolescent Medicine. A multidisciplinary scientific journal, it seeks to publish new research findings in the field of adolescent medicine and health ranging from the basic biological and behavioral sciences to public health and policy. *Journal of Criminal Justice: An International Journal*, published bimonthly by Elsevier, disseminates new information, ideas, and methods to both practitioners and academics in the criminal justice area. Northwestern School of Law publishes *The Journal of Criminal Law and Criminology* quarterly, and it combines the disciplines of criminal law and criminology, deals with social science, and maintains a focus on legal doctrine.

Journal of Family Violence is an interdisciplinary forum for the publication of information on clinical and investigative efforts concerning all forms of

family violence and its precursors, including partner abuse, child abuse, incest, elder abuse, marital rape, domestic homicide, and general family conflict. It is published quarterly by Springer US. Published monthly by Sage, *Journal of Interpersonal Violence* is devoted to the study and treatment of victims and perpetrators of interpersonal violence and provides a forum for discussion of concerns and activities of practitioners and researchers working in domestic violence, child sexual abuse, rape and sexual assault, physical child abuse, and violent crime. *Journal of Family Psychology* is devoted to the study of the family system from multiple perspectives and to the application of psychological methods to advance knowledge related to family research, intervention, and policy. The journal is published quarterly by the American Psychological Association.

The *Prevention Researcher* is a quarterly newsletter devoted to helping professionals who work with youth. It is published and put online by Integrated Research Services, Inc., and each issue focuses on a single topic and contains new and timely research by leading scientists in the prevention field. Sage publishes *Youth Violence and Juvenile Justice: An Interdisciplinary Journal* quarterly, and it provides academics and practitioners in juvenile justice and related fields with a resource for publishing current research, discussing theoretical issues, and reviewing promising interventions in the areas of youth violence, juvenile justice, and school safety. *Violence and Victims* is published bimonthly by Springer Publishing and serves as a forum for the latest developments in theory, research, policy, clinical practice, and social services in the areas of interpersonal violence and victimization, including media reports and book reviews.

C. Terry Hendrix

See also Professional Journals on Child Maltreatment; Professional Journals on Victimization; Professional Journals on Intimate Partner Violence

Web Sites

American Journal of Orthopsychiatry: http://www.apa.org/journals/ort/
American Journal of Preventive Medicine: http://www.elsevier.com/wps/find/journaldescription.cws_home/600644/description#description
Applied & Preventive Psychology: Current Scientific Perspectives: http://www.nd.edu/~japp/
Child Abuse & Neglect: http://www.elsevier.com/wps/find/journaldescription.cws_home/586/description#description
Child Maltreatment: http://cmx.sagepub.com/
Journal of Adolescent Research: http://jar.sagepub.com/
Journal of Criminal Justice: An International Journal: http://www.biolc.com/wps/find/journaldescription.cws_home/366/description#description
Journal of Criminal Law and Criminology: http://www.law.northwestern.edu/jclc/
Journal of Family Psychology: http://www.apa.org/journals/fam/
Journal of Family Violence: http://www.springer.com/medicine/journal/10896
Journal of Interpersonal Violence: http://jiv.sagepub.com/
Journal of Research in Crime and Delinquency: http://jrc.sagepub.com/
The Prevention Researcher: http://www.jointogether.org/resources/the-prevention-researcher-2.html
Violence and Victims: http://www.springerpub.com/journal.aspx?jid=0886-6708
Youth Violence and Juvenile Justice: An Interdisciplinary Journal: http://www.sagepub.com/journalsProdDesc.nav?prodId=Journal201632

Prosecutorial Practices, Child Maltreatment

The abuse or neglect of a child can lead to intervention of the courts in many different methods. Such allegations can cause the child to be removed from parents and placed in foster care, can have consequences in divorce or child custody proceedings, and can lead to a civil suit by the child seeking monetary damages against his or her abuser. The abuser can also be sent to prison for his or her actions. In this situation, there is a criminal prosecution of the alleged act(s) of child abuse.

Most criminal prosecutions occur at the state level. Each state has its own set of laws that define criminal child abuse and its own set of legal rules it follows. What is illegal in one state may not be illegal in another. The rules and procedures of a criminal prosecution may differ from state to state. Although certain standards and various rights apply to all criminal prosecutions, local practice, often influenced by local philosophy, dictates how cases are investigated and prosecuted.

Generally, a criminal prosecution begins with an investigation by the police. Police will attempt to interview all the witnesses, try to collect evidence, and will direct the investigation. The child witness is usually the key witness. In some jurisdictions, the child is interviewed by police officers; others use specially training child interview specialists. There are approximately 400 jurisdictions that use child advocacy centers as the focal point of their investigation. The investigation should also include medical examinations, when appropriate, and the search for forensic and trace evidence and the collecting of collaborative physical and psychological evidence. Every investigation should include an attempt to interview the person accused of the abuse. However, a suspect is not required to talk to police, and frequently the accused will refuse to make any statement. The individual cannot be forced to give a statement.

All of the information that is gathered is typically then provided to the local prosecuting agency. Throughout the country these can have different names: prosecuting attorney, attorney general, district attorney are common terms that are used in different places in the United States.

Before someone is charged with a crime, the investigation is reviewed by that prosecuting authority. The prosecutor may choose to interview witnesses him- or herself. In time a decision is made as to whether there appears to be enough evidence to prove that a crime was committed and that the accused is the person who committed it.

The prosecutor must also consider what evidence is available to be presented to a jury. Just because the police gathered the evidence, does not mean that the jury will ultimately hear that evidence. Almost every state has codified rules of evidence. Generally there are about 50–70 rules of evidence. Every piece of evidence that is presented to a jury must be filtered through each of those rules.

Some of these rules prevent the jury from learning evidence that might be very influential to their decision making, such as whether the accused has engaged in this type of alleged conduct before. Most state rules of evidence prohibit a jury from hearing that evidence under the concern that it would be too prejudicial as to whether the individual engaged in the conduct in this particular case.

Thus, the prosecuting authority must determine not only if the crime occurred and the accused committed it, but also whether it can be proven with evidence that will be admissible at trial. Thus, the next step of the analysis for the prosecutor is to ask, "Can I prove this case given the evidence that is likely to be admissible?"

The standard of proof in a criminal case is "beyond a reasonable doubt." That means that it is not just likely the accused committed a crime or even more reasonable than not that the accused did it, it is that there is proof beyond all reasonable doubt that the accused committed this crime. A reasonable doubt is defined as a doubt that would exist in the mind of a reasonable person after fully, fairly, and carefully considering the evidence. The prosecuting authority has to show there are no reasonable doubts.

Further, in 48 of the 50 states, the decision to convict someone of a felony requires the jury to be unanimous (Florida and Oregon are the exceptions). Thus, the prosecuting authority's next question is, "Can I prove this beyond a reasonable doubt to a unanimous jury of 12 persons?"

If the prosecuting authority believes it has the evidence to satisfy those conditions, then a criminal charge can be sought. Crimes are designated in two categories: felony or misdemeanor. If the maximum possible sentence is a year or less, it is a misdemeanor. If the maximum possible sentence is greater than a year, it is a felony. Most child abuse crimes are felonies.

How someone is charged with a felony again differs by state. Many states require an individual to be indicted. That means that evidence is presented to a grand jury, and if the grand jury finds there is probable cause to believe the accused committed the acts alleged, it returns an indictment. The accused is not entitled to present evidence of his or her innocence before a grand jury. Other jurisdictions permit the filing of criminal charges by information. An information is a document sworn to by the prosecutor that summarizes the evidence and concludes the accused committed the crimes charged. A judge may review this affidavit of probable cause to determine that there is sufficient material presented to allow the charges to continue.

Once charged, the accused is known as the defendant. The pretrial rights of defendants vary greatly from state to state. Some of the rights that are universal are the defendant's right to have an attorney represent him or her, to present evidence in the event of a trial, to confront witnesses against him or her, to testify at a trial if the defendant so chooses, and to not be compelled to testify if that is the defendant's choice.

In time, the defendant, with the advice of an attorney, will decide whether to plead guilty or to go to

trial. Approximately 80%–90% of those accused of felony child abuse charges plead guilty. The charges may have been reduced from those originally filed as an inducement to obtain the guilty plea. Unless charges are dismissed outright, the remaining cases go to trial.

If the defendant is convicted, a sentencing follows. In some jurisdictions, the jury has a role in sentencing; in the majority of states, it is the judge's exclusive role to provide a just sentence. Most states have sentencing guidelines that place restrictions on the length or type of sentence that can be imposed in the event of conviction. A sentence is generally a punitive sanction. It does not permit the paying of damages to the victim, although a sentence may require the repayment of expenses and costs, such as medical or counseling costs, incurred by or on behalf of the victim.

Paul Stern

See also Child Physical Abuse; Child Sexual Abuse; Legal System, Advocacy Efforts to Affect, Child Maltreatment; Legislation, Child Maltreatment; Police, Response to Child Maltreatment

Further Readings

Myers, J., Berliner, L., Briere, J., Hendrix, C. T., Jenny, C., et al. (2002). *APSAC handbook on child maltreatment* (2nd ed., pp. 305–327). Thousand Oaks, CA: Sage.

Prosecutorial Practices, Elder Abuse

Like domestic violence, elder abuse was treated as a social service and public welfare matter rather than criminal conduct for many decades. Perpetrators were viewed as stressed caregivers with loving, close relationships with the elders for whom they provided care. The needs of older individuals were added to the caregiver's existing responsibilities to family, partners, and job. Professionals and community members believed that often the burden became so great that the exhausted caregivers lashed out or neglected the older person. It was believed that the victim was significantly impaired and could or would not participate in the criminal justice system. If legal action was required, the civil justice system responded with protective orders and guardianships.

The professional understanding of elder abuse has changed. More recent research no longer supports the stressed caregiver as primary explanation for elder abuse. Some elder abuse is criminal behavior, so a justice response is required. Many states have enacted specific laws criminalizing elder abuse. Some states have created sentencing enhancements or presumptions in favor of more serious sentences for perpetrators of elder abuse. Domestic violence laws, previously not applied when the parties were elderly, are increasingly used as well. Only 2 decades ago, prosecutions were rare and when undertaken were often unsuccessful; today, prosecutions are more common and convictions more frequent.

Prosecution of elder abuse cases has drawn from the experiences learned handling domestic violence cases. These experiences include the use of criminal protective and stay-away orders to keep suspects separated from victims, vertical prosecution in which the same prosecutor handles a case from beginning to end, and the creation of specific elder abuse prosecution units with specially trained attorneys, investigators, and advocates. Some victim witness assistance programs have designated specific advocates to assist elderly crime victims, and some states have established grant programs to fund units and develop and support specialized training.

The role of the victim has changed as well. In the past, cases were not pursued when the victim of elder abuse asked to drop charges. Today, prosecutors decide whether to proceed based on the sufficiency of the evidence. Although victim desires are considered, the decision whether to take criminal action now rests with the prosecution.

Given the dynamics of elder abuse and the inability of some elderly victims to participate in criminal cases, considerable prosecution effort has been spent on building cases in which the victim is not called to testify or in which reducing the role of the victim must be considered in a prosecution. Many states have enacted procedures that allow for the early collection and preservation of victim testimony. In some cases, when required, the taking of testimony at the victim's location rather than at the courthouse is permitted. Testimony can be videotaped for use at a later trial in which the victim is unavailable.

Prosecutors in some communities work with local adult protective services (APS) workers in rapid response teams to respond to calls of suspected elder financial abuse. The APS caseworker focuses on

client needs and investigating and substantiating allegations while the prosecution investigator determines if a crime has occurred and secures the crime scene, the evidence, and the remaining assets. Prosecutors have undertaken efforts to educate and involve community members and professionals in identifying and responding to elder abuse. Some communities have increased the identification and reporting of elder abuse by having prosecutors work with bank officials. Other prosecutors have worked with local clergy to increase recognition and response to elder abuse.

One of the most significant developments has been prosecution participation in multidisciplinary teams addressing various kinds of elder abuse. These include fiduciary or financial abuse specialist teams, which bring together a variety of financial and mental health experts to examine cases of alleged financial exploitation. Teams develop intervention plans, identify criminal conduct, and in some cases provide experts to examine and analyze financial records. A different type of team is the hospital-based forensic team. These teams have medical assessment and treatment components that can examine and treat victims, work with APS and criminal justice professionals to manage cases and identify criminal conduct, and develop holistic intervention plans. Fatality review teams are a recent development in elder abuse and are modeled after child abuse fatality review teams. These teams have criminal justice, APS, health care, and medical examiner-coroner members who examine suspicious deaths to identify criminal conduct and systemic service-delivery deficiencies.

At the state level, every state has a Medicaid Fraud Unit to investigate and prosecute elder abuse cases arising in Medicaid-funded facilities. Most are located in the state's attorney general's office. They carry out civil and criminal actions and have investigators and attorneys. Some also have auditors and medical professionals to review medical and financial records. Units participate in a federal working group convened by the U.S. Attorney General's Office.

At state, federal, and local levels prosecutors have developed multiagency task forces that conduct unannounced inspections of facilities to identify and correct violations of federal, state, and/or local laws and regulations. Task force members include prosecutors, regulatory and law enforcement officials, fire marshals, building code inspectors, long-term care ombudsmen, health inspectors, and geriatric care specialists.

Candace J. Heisler and Bonnie Brandl

See also Coordinated Community Response; Elder Abuse; Legal System, Advocacy Efforts to Affect, Elder Abuse; Sexual Abuse of the Elderly

Further Readings

American Prosecutors Research Institute. (2003). *Fifty-one experiments in combating elder abuse: A digest of state laws on elder abuse, neglect, and exploitation*. Alexandria, VA: Author.

Bonnie, R. J., & Wallace, R. B. (Eds.). (2002). *Elder mistreatment: Abuse, neglect, and exploitation in an aging America*. Washington, DC: National Academies Press.

Heisler, C. (2000). Elder abuse and the criminal justice system: New awareness, new responses. *Generations*, *24*(2), 52–58.

Prosecutorial Practices, Interpersonal Violence

Prosecution refers to the stage in the criminal justice process following arrest and prior to court disposition. Attending to prosecutorial practices is thus critical for understanding and addressing criminal justice responses to interpersonal violence. Much of the literature on prosecutorial practices focuses on intimate partner violence (IPV), the type of interpersonal violence that is most prevalent and thus has received the most attention from prosecutors.

Context

The landscape of practices with regard to the prosecution of interpersonal violence has slowly shifted over the past decades, based in part on an increased awareness of the needs of victims, the impact of the prosecution process on victims and perpetrators, and the limitations of the power of the legal system in redressing interpersonal violence. More recent prosecutorial approaches have included several innovations: the use of multidisciplinary teams including prosecutors, victim advocates, and sometimes investigators; the use of prosecutor units specializing in specific forms of interpersonal violence; and evidence-based prosecution. These newer approaches are also reflections of changes in other parts of the legal system, such as the emergence of specialized IPV courts, mandatory or pro-arrest policies in IPV, and child advocacy centers

for forensic interviewing in child abuse cases. In addition, there is increasing interest in the use of restorative justice approaches as alternatives to traditional adversarial prosecution.

Prosecution of IPV

Historically, prosecutors' motivation to charge and prosecute IPV cases has been limited by victim ambivalence and perceived lack of evidence, resulting in low rates of prosecution. In turn, police officers were reluctant to arrest suspects or to devote time to investigating or documenting a case over concerns of little or no payoff in prosecution of the arrestee. Victims may have perceived the law enforcement and justice system as unwilling to protect them and their children, and hence participating in such a process did not seem worth the cost of angering the batterer. Classification of IPV as a low-level offense by prosecutors also may have discouraged victims by leading them to believe that the crime was trivialized and that the risk of cooperating with prosecution may not have been worth the minimal consequences. Newer approaches to the prosecution of IPV crimes have been developed, in part, to address these challenges and also have been fueled by the significant increase in case filings to prosecutors' offices as a direct result of mandatory or pro-arrest policies.

Evidence-based prosecution is an effort to successfully prosecute IPV based on a thorough investigation and gathering of all available physical, audio, and photographic evidence. In contrast to earlier prosecution approaches, evidence-based prosecution does not require or rely on victim testimony. The responsibility for prosecuting batterers is thus shifted from reliance on victim testimony to reliance on independent evidence. Evidence most frequently used includes transcripts of 911 calls, photographs of the victim's injuries, medical records of injuries, excited utterances (statements made during the excited event by victims, witnesses, or alleged perpetrators), and the prior criminal IPV history of the defendant. *Evidence-based prosecution* is used interchangeably, though somewhat inaccurately, with *no-drop prosecution* policies, which limit or prohibit charges from being withdrawn once prosecution has started. Jurisdictions vary in their implementation of such policies, with a continuum of practice from soft to hard no-drop policies. In jurisdictions with soft, or flexible, no-drop policies, district attorneys may decline or drop misdemeanor-level cases when victims are unwilling to go forward. In jurisdictions with hard no-drop policies, victims who are unwilling to testify may be criminally sanctioned or arrested for failing to appear in court or for testifying untruthfully.

Advocates have supported such approaches because they remove the responsibility for how the case is prosecuted from the victim and place that burden with the prosecuting jurisdiction. In this way, the batterer cannot coerce the victim into withdrawing the charges. However, others have argued that by not treating victims as responsible for making decisions such approaches disempower them, compounding the powerlessness created by the batterer.

Prosecutorial Practices in Sexual Assault

Studies of rape prosecution have focused on the factors influencing prosecutorial decisions to charge or reject cases. About half of all rape cases are accepted by prosecutors, and studies have shown that the severity of the assault, the relationship between victim and perpetrator, sociodemographic variables (age, race, occupation), and the victim's behavior (e.g., drug use, risk-taking) all affect prosecutorial (and judicial) decision making. For example, data have shown that women of color are significantly less likely to have their cases pursued by prosecutors than White women who are rape victims. With regard to the nature of the victim–perpetrator relationship, prosecutors declined to charge acquaintance rape cases at a significantly higher rate than stranger rape cases (and juries have shown much more leniency in the former than the latter cases, particularly in cases where force was limited to that required to complete the sexual act).

Increasing numbers of jurisdictions are developing cross-disciplinary collaborations for rape victims. For example, sexual assault nurse examiner programs provide on-call, 24 hours per day, nurse first response care for victims of sexual assault in either hospital or community settings. Preliminary data have indicated that these programs may improve prosecution rates for sexual assault, in addition to supporting victims' psychological recovery.

Child Abuse Prosecution

Unlike prosecution of IPV or rape, prosecution of child abuse may be initiated through referrals not just from police, but also from child protection authorities. The potential communication barriers associated with

the involvement of multiple systems or agencies in child abuse cases, in addition to concerns about childhood testimony, has led to the increasing popularity of multidisciplinary child abuse teams. These teams (often coordinated through children's advocacy centers) conduct conjoint forensic interviews using trained interviewers, and collaborate on the investigation and prosecution of child abuse cases.

Similar to studies of sexual assault, research on child abuse prosecution has revealed variables predicting acceptance of child abuse cases for prosecution. Factors predicting acceptance have included the age of the child victim, severity and chronicity of the abuse (e.g., oral-genital evidence, force, duration), and availability of eyewitness or physical evidence.

Abigail Gewirtz

See also Domestic Violence Courts; Mandatory Arrest/Pro-Arrest Statutes; Restorative Justice

Further Readings

Cross, T. P., Walsh, W. A., Simone, M., & Jones, L. M. (2003). Prosecution of child abuse: A meta-analysis of rates of criminal justice decisions. *Trauma, Violence, & Abuse*, *4*(4), 323–340.

Frazier, P. A., & Haney, B. (1996). Sexual assault cases in the legal system: Police, prosecutor, and victim perspectives. *Law and Human Behavior*, *20*(6), 607–628.

Gewirtz, A., Miller, H., Weidner, R., & Zehm, K. (2006). Domestic violence cases involving children: Effects of an evidence-based prosecution approach. *Violence and Victims*, *21*(2), 213–229.

Koss, M. P., Bachar, K. J., Hopkins, C. Q., & Carlson, C. (2004). Expanding a community's justice response to sex crimes through advocacy, prosecutorial, and public health collaboration: Introducing the RESTORE program. *Journal of Interpersonal Violence*, *19*, 1435–1463.

Rebovich, D. J. (1996). Prosecution response to domestic violence: Results of a survey of large jurisdictions. In E. S. Buzawa & C. G. Buzawa (Eds.), *Do arrests and restraining orders work?* (pp. 59–72). Thousand Oaks, CA: Sage.

Prosecutorial Practices, Intimate Partner Violence

The history of prosecuting intimate partner violence is marked by a shift from private to public prosecution and by an expansion of the domain of the public prosecutor to a point where today prosecutorial practices shape the full course of criminal justice. Those practices are grounded in policies that are subject to broad prosecutorial discretion. Key alternatives in policy and practice include whether or not to file charges, whether to honor victim requests regarding continued prosecution, whether to pursue prosecution irrespective of victim participation, whether to offer diversion from prosecution, and whether to seek rehabilitative treatment through sentencing.

Criminal cases are brought to the attention of prosecutors either by the police or by a victim-complainant. In cases of misdemeanor domestic violence for which the police make an on-scene, warrantless arrest, the prosecutor will receive a police report and a probable cause affidavit justifying the arrest. In the event that a victim brings charges to the prosecutor, as in cases where the police do not make an arrest or perhaps were never called to the scene, the victim will be asked to document events constituting a crime in a probable cause affidavit acceptable to the prosecutor. Whether the case was initiated by the police or by a victim, the prosecutor affirms that it will be prosecuted and what charges are appropriate. If the case is to be prosecuted, the affidavit is forwarded to a judge who verifies that there is probable cause to justify arrest and prosecution. Alternatively, the prosecutor may, at this point, decline to prosecute a weak or unwinnable case or a case that might eventually be dismissed because of the unwillingness of a victim-witness to participate in the process.

Once a case is initiated, the prosecutor has the discretion to decide how the case should proceed based on policy, further investigation, and input from the victim. Making it known that the case will go to trial, the prosecutor opens the opportunity for a plea agreement. At the same time, the prosecutor may have in mind a preferred outcome for the defendant upon conviction, such as jail, fines, supervised probation with some form of treatment, or victim restitution. When a defendant faces multiple charges, the prosecutor may consider dismissing select charges to bargain for a guilty plea on at least one. Which charge is pursued will take into account available sentencing options. For example, the prosecutor may want to preserve a domestic battery charge in order to seek agreement to batterer counseling. Victims, judges, and prosecutors alike tend to favor sentencing that carries some form of rehabilitative treatment as a condition of

probation. Prosecutors may also want a guilty plea to a crime that carries charge or sentencing enhancement in the event the defendant reoffends. For instance, in some jurisdictions, once a defendant has been convicted on a misdemeanor battery charge, he or she stands to be charged with a felony should he or she again commit an offense that would otherwise be a misdemeanor.

It is not unusual for a victim to decide not to participate in the process after it has been set in motion. The victim may feel confused, fearful, frustrated, or conflicted over the abuser being imprisoned. The victim may be pressured to drop charges by the defendant, the defendant's attorney may negotiate an informal agreement with the victim, or the victim may simply feel secure enough that the continuation of a prolonged process will be too disruptive to his or her efforts to get on with life. If the victim asks that charges be dropped, the prosecutor has the discretion to decide whether to honor the request. The prosecutor may drop charges; but if constrained by a no-drop prosecution policy, he or she may try to persuade the victim not to drop by posing other means of keeping the abuser under supervision. One option available in some jurisdictions is to offer the defendant the opportunity to enter a pretrial diversion program, usually requiring the defendant to enroll in a batterer treatment program. Upon successful completion of the program, the prosecutor will dismiss charges. A victim may find this option desirable as it fulfills an interest in getting help for the batterer and it will not result in the batterer being incarcerated or even having a conviction on his or her record. Diversion puts a defendant under supervision of the prosecutor's office during the period of his or her counseling. The extra work entailed for monitoring and assessing success or failure in the program is a burden that some prosecutors would rather avoid. Indeed, even if a defendant fails treatment, as long as he or she has not reoffended, prosecutors will consider carefully the consequences of further extending the inconvenience to all parties before prosecuting the case; many will simply dismiss charges. Dismissing the charges eliminates the chance of enhanced charging on a new act of domestic violence. To avoid this outcome, the prosecutor might, instead, offer diversion conditional on a guilty plea that will result in a conviction if the defendant fails treatment.

In some jurisdictions, prosecutors will allow victims to drop charges, perhaps with an admonition that dropping carries unacceptable risk. Today, however, many jurisdictions in the United States have some form of a no-drop policy, which is held out as a public notice that the alleged crime is a crime against the state and that victims cannot drop charges. Where prosecutors are committed to prosecuting with or without the victim's cooperation, they will pursue victimless or evidence-based prosecution, under which the case goes to trial with the best evidence available to the prosecutor, absent the victim's testimony. This scenario entails working with police officers to make certain that their investigations yield the best evidence possible for the prosecutor to argue a sound case against the defendant in court. Prosecutors will seek to convict the defendant using witness statements, crime scene photos, and documentation of a victim's excited utterances (i.e., statements made in the heat of the moment, in the presence of the police) that implicate the suspect.

Prosecutorial practices addressing intimate violence continue to evolve. Further refinements can be expected with new research on policy impacts and with ongoing legal exchanges. Evaluations of the preventive impacts of prosecution for specific victims, for example, have raised questions over negative effects of no-drop prosecution. In its place, some prosecutors follow a soft no-drop policy that respects victims' requests to drop charges if prosecution is likely to further endanger or disrupt their lives. Court challenges to the constitutionality of some practices, such as the admissibility of excited utterances, have forced careful rethinking of appropriate evidence for trial. Finally, recognizing that prosecution, even as a key part of criminal justice, is unlikely to control intimate partner violence independent of other means of social control, victim advocates expect it to function within a coordinated community response to intimate partner violence.

David A. Ford

See also Domestic Violence Courts; Legal System, Criminal Justice System Responses to Intimate Partner Violence; No-Drop Prosecution

Further Readings

Bennett, L., Goodman, L., & Dutton, M. A. (1999). Systemic obstacles to the criminal prosecution of a battering partner. *Journal of Interpersonal Violence*, *14*, 761–772.

Ford, D. A., & Breall, S. (2000). *Violence against women: Synthesis of research for prosecutors*. Washington, DC: U.S. Department of Justice, National Institute of Justice.

Maxwell, C. D. (2005). Prosecuting domestic violence. *Criminology & Public Policy*, *4*, 527–534.

Rebovich, D. J. (1996). Prosecution response to domestic violence: Results of a survey of large jurisdictions. In E. S. Buzawa & C. G. Buzawa (Eds.), *Do arrests and restraining orders work?* (pp. 176–191). Thousand Oaks, CA: Sage.

PROSTITUTION

Although prostitution cannot be said to be a new phenomenon, the current scope of the $16 billion global industry is unprecedented. The vast majority of the women and girls meeting this current worldwide demand are those whose low-income, race and ethnicity, and other status (such as being victims of childhood sexual molestation) make them receptive to the recruitment strategies the industry employs. The fact that the overwhelming majority of women in prostitution regularly begin to sell sex for money when they are teens means that the industry rests on child sexual exploitation. The abuse women and girls experience from customers, managers, recruiters, pimps, and other middlepersons indicates the degree to which the sex trade industry serves as a facilitator of violence against needy girls and women. This entry will focus on the sexual exploitation and violence experienced by girls and women in prostitution rather than on decriminalization.

Recruitment

All studies of prostitution worldwide find that the women begin in the sex trade as young girls or teens, making the question of consent or voluntariness problematic. Routes into prostitution are varied. Managers, recruiters, and other middlemen offer poor and needy girls promises of glamour and money; traffickers using these blandishments arrange for their transport to countries throughout the world where they are placed in the sex trade industry, but where the girls are, to their surprise, held against their will. In poorer countries and neighborhoods throughout the world, the parents of young girls may sell them to the industry or "put them out" into prostitution to help support the family. Teen girls who run from home due to the harm they have experienced there often rely on the sex trade to survive and are also easy prey for industry recruiters. Research demonstrates that the majority of the girls and women who are so recruited or coerced in North America are already victims of childhood sexual assault.

Violence

In the beginning, the attention from the men, their own desirability, and the relatively large sums of money to be made may give the girls a heady sense of power and control. But however they become involved in prostitution or the sex trade industry, girls and women soon find themselves experiencing some degree of violence in both indoor and outdoor prostitution venues because almost all stripping now involves tactile contact and backroom sex and because women in prostitution, including those in strip clubs and escort service work, are in private areas isolated from the public. Research with women in the sex trade industry reports numerous instances of predators who are looking for opportunities to violently assault the women; for example, it is common to hear of automobiles whose door handles have been removed so that the women are unable to escape assaults. Inebriated customers, commonplace in strip clubs and escort services, also may be difficult to control. Newspaper stories report rapes and gang rapes experienced by exotic dancers at stag, fraternity, and athletic team social events. These stories may lead some to conclude that many men believe that if a woman or girl offers her body for money that she is also agreeing to be sexually assaulted.

In addition to experiencing violence from customers, girls and women also are subject to violence and threats of violence from managers, recruiters, or pimps, people who are living off their earnings on a regular basis. The violence used to keep the women in the industry makes it difficult for these girls and women to exit the industry safely.

Research worldwide has also demonstrated the degree to which women in indoor and outdoor sex trade venues are plagued with alcohol and drug problems. In addition to addiction, they also suffer mental health problems such as posttraumatic stress disorder, a diagnosis describing psychological symptoms and adverse effects resulting from violence including difficulty concentrating, flashbacks or reliving the trauma, and disassociation or feeling emotionally numb. The women and girls suffering from these

problems are less likely to be able to resist violent coercion and also more likely to become victims of violence.

Societal Response

Whether the women enter willingly as teens, use the sex trade to survive on the streets, or are actually sold into sex slavery or abducted or recruited by traffickers, ultimately they end up in the same place, whatever part of the world they are in. Then they are often demonized as strange, deviant, and hopeless drug-addicted, burnt-out cases, unworthy of our attention and in need of being swept off our streets. Where prostitution is illegal, as in the United States, the women and girls are also subject to arrest and incarceration, compounding the harm. Where the sex trade has been legalized, as in parts of Europe and Australia, the women's plight as violence victims receives little attention, concern, or resources. The large profits to be made in the sex trade industry make its elimination difficult. In addition, police departments have higher priorities, such as ending homicides or shutting down the drug trade.

The fact that mostly poor and needy girls and women in societies throughout the world can be found in the sex trade industry should be cause for concern. As the facts of the sex trade industry become known, tolerance for this kind of exploitation is lessening. However, rooting out and dismantling the industry will take huge resources, which may be beyond any government to achieve.

Jody Raphael

See also Abolitionist Approach to Prostitution; Adult Survivors of Childhood Abuse; Decriminalization of Sex Work; Serial Rape/Serial Rapists; Trafficking, Human

Further Readings

Miller, J. (2006). Global prostitution, sex tourism, and trafficking. In C. Renzetti, L. Goodstein, & S. Miller (Eds.), *Rethinking gender, crime, and justice: Feminist readings* (pp. 139–154). Los Angeles: Roxbury.

Raphael, J. (2006). Compensating for abuse: Women's involvement in the sex trade in North America. In C. Renzetti, L. Goodstein, & S. Miller (Eds.), *Rethinking gender, crime, and justice: Feminist readings* (pp. 125–138). Los Angeles: Roxbury.

Protective Orders

See Restraining and Protective Orders

Psychiatric Illness and Violence Propensity

Psychiatric illness is defined here as a diagnosable mental health disorder formally classified in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association. Each mental disorder is arranged together with similar disorders that share similar signs and symptoms, yet are distinct from one another across the larger range of specific symptoms, courses, or durations of an illnesses. The term *psychiatric illness* is interchanged here with analogous terms such as *mental illnesses and disorders*, *psychiatric* or *psychological problems*, and/or *psychopathology*. Mental illnesses may have psychosocial, physical, biological, neuropsychological, or environmental origins and also may be influenced by other types of general medical conditions.

Mental illness is one of the possible causes of aggressive and antisocial behavior. By determining how psychiatric disorders may contribute to acts of interpersonal violence, clinicians, law enforcement, judges, and academics hope to develop more accurate risk assessments to protect the public from future harm. Researchers also seek to identify what forms of mental illness are significant predictors of violent behaviors so that they can develop better prevention and intervention treatments strategies to decrease the likelihood of later antisocial behavior in people with symptoms linked to aggression.

Although the vast majority of psychiatric disorders are not linked with violence, various disorders with an onset in childhood, adolescence, or adulthood have to varying degrees been empirically associated with the propensity to commit violence. Although a history of past mental disorder alone generally is not enough to predict violence, a current diagnosis combined with a history of violent behaviors has been empirically linked with violence propensity. Particular disorders appear to increase the likelihood of violence, including oppositional defiant disorder, conduct disorder, attention deficit/hyperactivity disorder, personality

disorders, psychotic disorders, mood disorders, and substance use and abuse disorders.

Mental Illness and Violence Myths

There is a common perception among the American public that many psychiatrically disordered people are violent, unpredictable, or predatory. When a mass killing in a school, work, or public place occurs, people frequently are unable to make sense of the crime and call the perpetrator "crazy" or "insane." Public opinion polls consistently find that a majority of Americans believe that mentally ill people are more likely to commit violent crimes. In contrast, mental illness advocates argue that these attitudes are without scientific merit and that they further stigmatize an already disadvantaged population. The issue of mental illness continues to generate controversy as the number of mentally disordered offenders rises nationally. More research is needed to help identify what forms of psychopathology make individuals more prone to violent acts and how we can best treat people with such types of mental health problems before they hurt themselves or others.

Denise Paquette Boots

See also Alcohol and Violence; Children and Adolescents Who Kill; Mental Illness

Further Readings

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.

Bartol, C. R., & Bartol, A. M. (2005). *Criminal behavior: A psychosocial approach* (7th ed.). Upper Saddle River, NJ: Pearson/Prentice Hall.

Monahan, J., Steadman, H. J., Silver, E., Applebaum, P. S., Robbins, P. C., Mulvey, E. P., et al. (2001). *Rethinking risk assessment: The MacArthur study of mental disorder and violence*. New York: Oxford University Press.

Psychological/Emotional Abuse

Psychological/emotional abuse may be defined as incidents of recurring criticism, denigration, and/or verbal aggression against a person, as well as acts to isolate and/or dominate another person. Psychological/emotional abuse includes ridicule, stalking, destroying the property of the victim, emotional withdrawal, threats, and restrictive engulfment (i.e., socially isolating the victim from family, friends, and others). The purpose of such behavior is to induce fear and to punish and control the victim.

Research on psychological/emotional abuse may be difficult because the behavior takes many forms, some of which can be quite subtle, making it hard to measure. A relatively benign behavior or statement may become abusive or harmful depending on the context in which it occurs, the perpetrator's tone of voice, or the perpetrator's facial expression.

Studies of psychological/emotional abuse indicate that it is more prevalent than either physical or sexual abuse. In random sample surveys of community and university samples, 50% to more than 80% of respondents report having experienced some form of psychological/emotional abuse by an intimate partner in the previous year. Psychological/emotional abuse also frequently accompanies physical abuse in abusive intimate relationships. For example, in one study of physically abused women, more than 50% of respondents reported that they were also subjected to various forms of psychological/emotional abuse, including ridicule and social isolation, at least once a week.

One form of psychological/emotional abuse, stalking, may begin after a victim leaves an abusive partner, but studies show that stalking behavior typically starts while the relationship is still intact. Although celebrity stalking cases involve stalkers unknown to the victims (i.e., strangers), most reported stalking cases involve intimate partners. Stalking includes repeated harassment, surveillance, and vandalism. The victim may be followed, have her or his phone calls monitored, and be subjected to recurring phone calls at home or work. Most antistalking statutes require that the behavior occur repeatedly and that it induces fear in the victim.

It is commonly believed that psychological/emotional abuse is not as detrimental to victims as is physical abuse. This belief, however, does not receive empirical support. Research indicates that psychological/emotional abuse may, indeed, have very negative effects on victims independent of the effects of physical abuse. Psychologists argue that the impact of psychological/emotional abuse on victims depends on several factors, including the frequency with which it occurs and the manner in which it is expressed (e.g., in a loving style, "I love you so much, I don't want

anyone else paying attention to you" versus a hostile or hateful style, "You are so ugly and stupid, no one else would pay attention to you"). Victims often report greater harm from psychological/emotional abuse than physical abuse, particularly when the psychological/emotional abuse is more frequent and intense than physical abuse.

Claire M. Renzetti

See also Battered Women; Elder Abuse; Intimate Partner Violence; Stalking

Further Readings

Arias, I., & Pape, K. T. (1999). Psychological abuse: Implications for adjustment and commitment to leave violent partners. *Violence and Victims*, *14*, 55–67.

Mahoney, P., Williams, L. M., & West, C. M. (2001). Violence against women by intimate relationship partners. In C. M. Renzetti, J. L. Edleson, & R. K. Bergen (Eds.), *Sourcebook on violence against women* (pp. 143–192). Thousand Oaks, CA: Sage.

Marshall, L. L. (1996). Psychological abuse of women: Six distinct clusters. *Journal of Family Violence*, *11*, 379–409.

Stark, E. (2007). *Coercive control*. New York: Oxford University Press.

Psychopharmacology for Violence

Although the etiology of violence is multifactorial, an increasing body of research has focused on the potential role of biological mechanisms in the evolution of aggressive behavior. A number of studies have associated biological factors with the occurrence of violence. For example, low serotonin levels have been associated with aggressive behavior toward the self and others and have been disproportionately reported in individuals with a childhood history of aggression. Additionally, animal studies have consistently demonstrated an association between low serotonergic activity and aggressive behavior. Increased dopaminergic and noradrenergic activity has also been associated with aggressive behavior. In light of these findings, medications have been considered as a therapeutic option for reducing aggression in violence prone individuals.

Research on the effectiveness of psychopharmacological interventions in reducing violence is mixed and depends largely on the underlying diagnosis, specific type of aggressive behavior, and the population. For example, benzodiazepines (e.g., lorazepam) and certain antipsychotics (e.g., haloperidol) have long been effective means of managing acutely aggressive behavior, primarily through sedation. However, due to global sedation and concerns with dependence, these medications may be impractical in treating chronic aggression. Certain mood stabilizers (e.g., lithium) and atypical antipsychotics (e.g., Rispiridone) have shown some promise in reducing severely aggressive behavior in children and adolescents with disruptive disorders (e.g., conduct disorder). In addition, limited research has shown that medications targeting the serotonergic system (e.g., fluoxetine, paroxetine) within violent populations may reduce anger, impulsive aggression, verbal abuse, and possibly physical and psychological abuse. However, these medications should be used with caution, as there is also evidence that they may increase homicidal and suicidal ideation.

It should be noted that there is currently no drug that specifically targets violence; instead, medication is presumably used to treat the underlying disorder (e.g., depression, psychosis), of which violence may be a byproduct. Due to side effects and concerns regarding the use of multiple medications, adjunctive drug treatments attempting to target violent behavior should be used cautiously.

Despite the potentially positive effects of using medications in the treatment of violent behavior, the notion that chronically violent populations can be treated with medications has been received with a great deal of criticism and skepticism. As with most drug treatments, one criticism of medically managing violent behavior is that the symptoms may be addressed, but the context or environment that contributed to the aggression is ignored; this failure may contribute to the limited efficacy of medication management in the reduction of violence. Additionally, many violence researchers and community advocates worry that medicalizing violence will be perceived as excusing the perpetrator's behavior, voiding them of responsibility. However, others have argued that a biopsychosocial approach to treating violence may be optimally effective in reducing future acts of aggression. Nonetheless, additional research is needed to elucidate the effectiveness of medications in treating violent behavior, with a particular emphasis on the

combined treatment of medication and psychosocial interventions.

Jeff R. Temple and Gregory L. Stuart

See also Batterers, Factors Supporting Male Aggression; Batterers, Personality Characteristics of; Batterers, Treatment Approaches and Effectiveness; Biochemical Factors in Predicting Violence; Legal Issues in the Treatment of Sexual and Domestic Violence

Further Readings

Coccaro, E. F. (Ed.). (2003). *Aggression: Psychiatric assessment and treatment*. New York: Marcel Dekker.

Connor, D. F., Carlson, G. A., Chang, K. D., Daniolos, P. T., Ferziger, R., Findling, R. L., et al. (2006). Juvenile maladaptive aggression: A review of prevention, treatment, and service configuration and a proposed research agenda. *Journal of Clinical Psychiatry*, *67*, 808–820.

Ferris, C. F., Shi-Fang, L., Messenger, T., Guillonc, C. D., Heindelc, N., Miller, M., et al. (2006). Orally active vasopressin V1a receptor antagonist, SRX251, selectively blocks aggressive behavior. *Pharmacology, Biochemistry and Behavior*, *83*, 169–174.

Maiuro, R. D., & Avery, D. H. (1996). Psychopharmacological treatment of aggressive behavior: Implications for domestically violent men. *Violence and Victims*, *11*, 239–261.

Psychophysiological Factors in Predicting Violence

An understanding of psychophysiological factors in complex human behaviors such as violence requires the study of how the brain functions. Brain function is a result of interactive influences from one's genes and input from one's environment. Although genes set the stage for individual potential and range of possible responses and behaviors, the environment helps to determine what particular form behavior will take in any given instance as well as ways in which behavior will fluctuate over time. Brain functions that give rise to emotions, moods, drives, memories, intelligence, personality, and much more are measurable by techniques that monitor psychophysiological responses by the brain and body to environmental input.

Differences in physiological activity of the nervous system, both peripheral (i.e., autonomic) and central (the brain), have been found between people with and without violence, and these differences often reflect an underlying dysfunction of neurotransmitter systems. Numerous studies suggest that stimulation-seeking, impulsivity, aggressiveness, hyperactivity, attention defici/hyperactivity disorder, lack of avoidance responses, and inability to empathize are behavioral correlates of serotonin and dopamine system abnormalities with measurable psychophysiological consequences. Most of the evidence supports the notion that individuals prone to violence and psychopathy have unusually low physiological levels of central nervous system (CNS) and autonomic nervous system (ANS) activity, which appear to be related to high levels of sensation seeking.

Behavior, Stress, and the Autonomic Nervous System

During a highly stressful or provocative situation, various physical responses occur that involve activation of the flight-or-fight mechanism, which is both a biochemical and a physiological process. During this activation, a chain reaction of bodily defenses is orchestrated by the release of several stress hormones that further reinforce the physiological processes that lead to increases in heart rate, blood pressure, and other measurable indices. As a result, energy becomes available to allow a determination of the best course of action, either fighting back or fleeing. Under conditions of severe stress, humans have been known to perform unusual feats of strength and endurance. Even under less severe conditions of stress, however, awareness and attention are heightened and physical strength increases.

According to the suboptimal arousal theory, this system allows humans to be conditioned by environment, for example, by avoiding behavior likely to result in a penalty or punishment or seeking stimulation that will provide pleasure or reward. Most individuals have been conditioned effectively enough to know not to steal or harm others simply due to the threat of punishment or negative consequence. When this stress system is hyperactive, however, it is too quick to respond or it responds without adequate provocation from the environment, such as in panic disorders. On the other hand, when this system is

underactive, the individual does not experience sufficient physiological activation to produce discomfort. The result can be an underactive nervous system: The individual may not be conditionable because, in the absence of physiological and emotional discomfort, he or she will not respond appropriately to punishments or threats of punishments. Research suggests that such individuals cannot be effectively deterred from crime or high-risk behaviors merely with threats of punishment.

Electroencephalogram and Evoked Potentials

Physiological markers indicative of central nervous system instability have been repeatedly found in subjects with violent behavior, as reflected in electroencephalogram (EEG) and evoked potential (EP) differences. In particular, researchers have used the EEG to identify differences in brain activity between people with and without behavioral disorders. Individuals with a history of impulsive aggression tend to show relatively more slow wave activity in their EEG and delays in their EPs as compared to those without aggression. Individuals with a greater amount of the slow waves may not process information as efficiently or effectively; thus, such slowing may be related to cognitive deficits. Delays in EPs as they travel from the brainstem into the center of the brain to be registered also indicate an inefficiency in information processing. Relatively high levels of EEG slowing and EP delays in these subjects are thought to reflect arrested development of the brain and its function. These processes are often a function of irregularities in neurotransmitter systems that alter CNS arousal levels and thus may contribute to excessive stimulation needs, resulting in violence.

Skin Conductance and Heart Rate

Skin conductance (SC) measures the electrical activity in the skin and reflects CNS and peripheral nervous system function, which includes the autonomic nervous system. When SC responses to a stimulus are elevated, electrical activity within the skin is high. This reaction is a sign of the degree to which an individual is aroused and therefore is an indication of emotional state. Most studies of SC and its relationship to aggressiveness or antisocial behavior have focused on psychopaths. Investigators have consistently reported findings of low SC arousal in this population. Deficits in SC arousal are believed to be associated with low autonomic arousal levels that are, in turn, related to low emotionality, poor conditionability, lack of empathy and remorse, and ability to lie easily. In psychopathic and aggressive individuals, such deficits in SC may be outwardly expressed as reduced or inappropriate emotional responses to socially meaningful stimuli. Put simply, individuals who do not respond to emotional stimuli (e.g., a bloody knife) with an emotional response (e.g., fear) are more difficult to deter by threats of punishment and more likely to seek out high levels of stimulation, increasing the likelihood of aggressive behaviors. Because both serotonin and dopamine play a regulatory role in the production of skin conductance in the ANS and frontal cortex, there is speculation that SC deficits result from a neurotransmitter imbalance.

Heart rate is another expression of nervous system function that reflects emotional state. During a resting state, low heart rate has been reliably found in antisocial and aggressive youngsters. These sorts of findings are consistent with the widely tested hypothesis that subjects with antisocial, psychopathic, and repeatedly violent behavior are more likely to be physiologically underaroused and, consequently, seek an unusual amount of stimulation in an inadvertent attempt to arouse their nervous systems.

Neuroimaging Physiology

Neuroimaging measures of brain physiology generally measure either glucose metabolism (the brain's fuel) or blood flow, both reflective of the brain's level or change in activity. Much of the neuroimaging work on violence focuses on psychopathy, a personality trait thought to characterize about 1% of the general population. Psychopathy is much more prevalent among individuals who engage in antisocial, criminal, and, at times, violent activities. The hallmark physiological traits that distinguish psychopathic individuals from those with secondary psychopathy (i.e., with underlying anxiety) and from other clinical and normal populations with similar behavioral outcomes involve the relative lack of autonomic and central nervous system arousal, as described above by studies using EEG, event-related potentials, skin conductance, and heart rate. There is much speculation and

evidence that the relative attenuation of autonomic arousal in psychopaths provides insufficient stimulation to the nervous system and, thus, increases the need for sensation seeking. At the same time, low levels of arousability do not generate an adequate physiological response to produce discomfort, thereby deterring the individual from engaging in behavior that is normally associated with penalties or punishment. In nonpsychopathic subjects, violence or otherwise inappropriate behavior produces measurable increases in physiological responsivity, which may reinforce motivation to avoid behaviors previously associated with penalties (i.e., conditioned responses).

Recent neuroimaging studies using either position emission tomography or functional magnetic resonance imaging have provided additional evidence of neurophysiological involvement in psychopathy and other behavioral disorders often characterized by violent behavior. These studies implicate prefrontal dysfunction as a potential substrate of dysregulated cognitive, behavioral, and emotional expressions in psychopathy. A recent review of 17 neuroimaging studies revealed that low levels of activity in areas associated with aggressive and/or violent behavioral histories, particularly impulsive acts, are located in the prefrontal cortex and the medial temporal regions, a finding which can be explained in the context of negative emotion regulation.

Diana Fishbein

See also Biochemical Factors in Predicting Violence; Neuropsychological Factors in Impulsive Aggression and Violent Behavior; Psychopharmocology for Violence

Further Readings

Blair, R. J. (2003). Neurobiological basis of psychopathy. *British Journal of Psychiatry*, *182*, 5–7.

Bufkin, J. R., & Luttrell, V. R. (2005). Neuroimaging studies of aggressive and violent behavior. *Trauma, Violence, & Abuse*, *6*, 176–191.

Elliott, F. (1992). Violence. The neurologic contribution: An overview. *Archives of Neurology*, *49*, 595–603.

Farrington, D. P. (1987). Implications of biological findings for criminological research. In S. A. Mednick, T. E. Moffitt, & S. A. Stack (Eds.), *The causes of crime: New biological approaches* (pp. 42–64). New York: Cambridge University Press.

Fishbein, D. H. (1990). Biological perspectives in criminology. *Criminology*, *18*, 27–73.

Hare, R. D., & McPherson, L. M. (1984). Violent and aggressive behavior by criminal psychopaths. *International Journal of Law and Psychiatry*, *7*, 329–337.

Lorber, M. F. (2004). Psychophysiology of aggression, psychopathy, and conduct problems: A meta-analysis. *Psychological Bulletin*, *130*, 531–552.

Pallone, N. J., & Hennessy, J. J. (1996). *Tinder box criminal aggression: Neuropsychology, demography, phenomenology*. New Brunswick, NJ: Transaction.

Raine, A., Buchsbaum, M., & LaCasse, L. (1997). Brain abnormalities in murderers indicated by positron emission tomography. *Biological Psychiatry*, *42*, 495–508.

Public Education

The term *public education* refers to programs and activities on local, state, national, or international levels to disseminate information about interpersonal violence that raises awareness, challenges stereotypes and misinformation, and ultimately may change behavior about violence. Public education activities may include ongoing programs to speak to civic groups about interpersonal violence or may be organized media campaigns using more than one strategy or vehicle for reaching a specifically targeted population or the public in general.

Public education is necessary because the social norms surrounding interpersonal violence have condoned the use of violence by one family member against another. Before the recognition that interpersonal violence was a major social problem, many people believed that what goes on behind closed doors was a family matter and societal institutions did not have the right to interfere. Furthermore, this norm was supported by the notion that parents and husbands have a right to physically discipline their children and their wives. Myths such as "women liked to be beaten" or "women secretly want men to rape them" served to condone violence by placing the blame for the violence on the victim. The past and current unresponsiveness by society institutions to consider interpersonal violence as a social, criminal justice, and public health issue is often traced to these norms. To counteract these long-standing norms and myths, organizations and activists in the interpersonal violence field worked to develop and disseminate consistent and factual messages about abuse.

Public education campaigns can also serve as primary prevention strategies. Taking a public health

approach, primary prevention messages are aimed at persons who have not yet experienced interpersonal violence. By providing information about the risk factors of interpersonal violence, public education efforts seek to empower persons to avoid potentially abusive relationships.

According to Julia Coffman of the Harvard Family Research Project, there are two types of public education campaigns. One campaign strategy relies on social marketing to influence the beliefs, knowledge, attitudes, and behavior of individuals in a targeted population. Activities typically undertaken in such a campaign rely on public service programming and advertising on television, radio, Web sites, and in newspapers, magazines, and billboards. Examples of successful public education campaigns to change individual behavior include antismoking, seat belt usage, and drunk driving. Within the interpersonal violence field, the Family Violence Prevention Fund's Coaching Boys to Men campaign specifically targets adult males to teach young boys about how to treat women and girls with respect.

The second type of public education campaign is aimed at creating public will to motivate public support for an issue. These campaigns are focused at raising awareness about the problem among the public and encouraging the public to do something to support local programs. At the local level, public education programs often involve speaking about interpersonal violence directly to community groups. These groups include civic and service clubs, public school and university classrooms, church-affiliated organizations, and other community-based providers. Public will campaigns help increase political and financial support for interpersonal violence programs and provide a vehicle for recruiting volunteers. By reaching an audience that may have coworkers, neighbors, friends, or family members experiencing interpersonal violence, these presentations may also help increase the audience's empathy for victims or survivors, thus increasing the social support that victims or survivors may receive.

Topics covered in public education talks typically include discussions about the definitions of interpersonal violence and services available for both victims or survivors and perpetrators. National, state, and local statistics about lifetime and annual prevalence rates help audiences understand the scope of the problem. Local service statistics including the number of persons receiving community-based domestic violence shelter services, the number of domestic violence arrests, the number of child abuse hotline investigations, and the number of women reported being sexually assaulted attests to the impact of interpersonal violence on an individual community. Other presentation topics often consist of discussions addressing the complexity of the nature and dynamics of abuse including why violence is used and why women stay in abusive relationships. Public education presentations often conclude with ways the audience can assist local organizations to help persons they suspect are being abused.

Although public education talks can reach only one group at a time, mass media campaigns can simultaneously reach larger audiences faster. Media campaigns include Web sites, radio and television public service announcements, magazines, and print ads. The Family Violence Prevention Fund's "There's No Excuse for Domestic Violence" is an example of a public education media campaign whose slogan also appears on posters, coffee cups, buttons, and bumper stickers. The campaign focuses on changing the social norms that tolerate or ignore interpersonal violence.

Although many public education campaigns target the public, specific populations may also be targeted with culturally specific messages. For example, there are specific campaigns to reach African Americans; Latinos; Native Americans; the lesbian, gay, bisexual, and transgender communities; specific faith communities; and older adults.

At the international level, efforts such as World Elder Abuse Day or International V-Day serve to raise awareness about interpersonal violence issues in many countries simultaneously. In the United States, national organizations may work in coordination with federal agencies and coalitions of allied organizations to create campaigns such as Sexual Assault Awareness Month, Domestic Violence Awareness Month, and/or Child Abuse Prevention Month. Efforts to publicize the National Domestic Violence Hotline also serves to raise awareness among the public and serve as a lifeline for abuse victims.

Public education activities of state coalitions of service providers and state governmental agencies often include information clearinghouses, hotlines, presentations, and exhibits at state and local conferences, technical assistance to local community coalitions, and publications such as brochures and leaflets. Community-based organizations and coalitions often sponsor local conferences, Take Back the Night

Marches and vigils, showings of the Clothesline Project, and distribute flyers, brochures, and wallet-sized cards with information about who to contact if someone or a person someone knows is being physically or sexually abused.

Fran S. Danis

See also Clothesline Project; Coordinated Community Response; Culturally Sensitive Intervention; Family Violence Prevention Fund; Prevention Programs, Community Mobilization; Take Back the Night

Further Readings

Coffman, J. (2002, May). *Public communication campaign evaluation: An environmental scan of challenges, criticisms, practice, and opportunities*. Cambridge, MA: Harvard Family Research Project. Retrieved from http://www.gse.harvard.edu/hfrp/pubs/onlinepubs/pcce/index.html

Ghez, M. (2001). Getting the message out: Using media to change social norms on abuse. In C. M. Renzetti, J. L. Edleson, & R. K. Bergen (Eds.), *Sourcebook on violence against women* (pp. 417–438). Thousand Oaks, CA: Sage.

Punking

Punking is a practice of verbal and physical violence, humiliation, and shaming done in public by males to other males. First described by Debby Phillips in 2000, based on research with middle and high school boys, punking behaviors are often interchangeable with bullying behaviors. Her research also examined widespread evidence of punking in the media. For example, popular television shows, like *South Park* and *The Simpsons* regularly include punking and bullying practices performed by male characters in front of others.

Dynamics of Punking

The practice of punking includes the boy or man doing the punk, the verbal or physical act of violence, the victim of the act, and the witnesses. Punking is a strategy used by boys and men to affirm their male identity in Western cultures where the masculine ideal is equated with superiority, dominance, strength, and infallibility. In the case of middle school and high school, punking helps affirm which boys are "in" or cool and popular and which boys are uncool, unpopular, or "outcasts." Older boys punk younger boys, popular boys punk less popular boys, stronger boys punk weaker boys, and athletes punk nonathletic boys. In the media, Bart Simpson is an example of a punking perpetrator. Very popular with middle and high school boys, most episodes of *The Simpsons* include at least one example of Bart punking another character for fun. In *South Park*, also very popular with middle and high school boys, the Kenny character is the victim of verbal and physical punking, bullying, or more extreme violence witnessed by other characters in just about every episode.

Punking is an everyday, everywhere occurrence in the lives of many boys and men. Boys describe that punking happens everywhere in schools and that it is either ignored or kept just under the radar of teachers so that it goes unnoticed. A verbal punk or shameful put-down can happen in class, and if the teacher happens to notice the punker (perpetrator) talking, he will stop his verbal put-down and ask about homework or some academic topic. Verbal punks can include sexual insults about the victim's mother, homophobic taunts, and verbal insults about appearance in front of classmates like telling the victim he is funny looking and ugly or wears uncool (inexpensive) clothes, or other shaming comments like telling the victim he is weak and a "pansy."

Physical punking includes taking a boy's lunch or other belongings, slapping him, throwing him around, or overpowering him in front of an audience by pushing, shoving, kicking, punching, and fighting. It can also include acts like slamming a boy up against a locker and holding him there while verbally shaming him as others watch.

A key dynamic of punking is that it is done in public. Punking is not a personal act between one boy or man and another boy or man done in private. It is a strategy used by a boy or man to increase his status as a male, thereby affirming traits of maleness by demonstrating these in front of others, especially other males. Punking only works if it is witnessed by others. It does not serve a purpose if there are no witnesses.

Intervention by authorities to stop punking is not an option, according to boys in middle and high school. Telling others about the violence (i.e., snitching) reinforces the victim's identity as a lesser kind of

male, and it is a reason for the escalation of punking and increased abuse of the victim. Juvenile and adult males in prison describe similar consequences if they report male violence victimization.

Effects of Punking

The view that punking or bullying are natural and normal rites of passage for boys or that these practices are harmless parts of growing up is more questioned and less accepted than it was in the past. In the wake of the Columbine High School murders and other school violence perpetrated by boys who had histories of being punked and bullied, these practices have been taken more seriously as forms of violence with serious consequences. National statistics vary slightly, but on average about 25% of adolescent males participate in punking and bullying as either perpetrators, victims, or both. Many more participate by witnessing punking and bullying. Correspondingly, many middle-aged men have memories of high school bullies and bullying and the places and people in high school they would avoid to prevent being verbally or physically assaulted or to avoid witnessing another's abuse.

Shame, humiliation, anger, and rage are effects of punking victimization. These can be devastating both immediately and in the long term. Boys and men victimized by punking and bullying state that they feel unpopular and marginalized, like a wimp, a "pussy," and like less of a man. Garbarino, an adolescent psychologist, interviewed adolescent male violent crime offenders and found that they described a pride or death theme and would do anything to save or regain face and prove their masculinity after being disrespected. He found that some boys react immediately to ridicule and shaming, while other boys repress the shame they feel, but remember every incident of ridicule and humiliation.

Gilligan, a past director of mental health for the Massachusetts prison system, also describes the negative effects of marginalization that punking, shaming, humiliating, and disrespecting have on men. Gilligan worked with violent male criminals who told him they would sacrifice everything for their pride, dignity, and self-esteem.

The perpetrators of punking, on the other hand, feel affirmed as men during the act of punking or bullying and state that they punk others to feel powerful and to make other males shut up or back down. Their demonstration of toughness, strength, dominance, and superiority is recognized as a sign of normative masculinity in Western cultures. Circulating widely, these norms are visible in all forms of the media and in most other public cultural arenas where males are most represented as dominant and superior. Boys and men who repeatedly punk and bully others have a need for frequent affirmation of their normative male status. Punking and bullying are pathways to masculine identity affirmation that are available to them.

Debby A. Phillips

See also Bullying; Hypermasculinity; Masculinities and Violence; Media and Violence; Patriarchy; Youth Violence

Further Readings

Garbarino, J. (1999). *Lost boys: Why our sons turn violent and how we can save them*. New York: Free Press.

Gilligan, J. (1997). *Violence: Reflections on a national epidemic*. New York: Vintage Books.

Messerschmidt, J. W. (2000). *Nine lives: Adolescent masculinities, the body, and violence*. Boulder, CO: Westview.

Phillips, D. A. (2005). Reproducing normative and marginalized masculinities: Adolescent male popularity and the outcast. *Nursing Inquiry*, *12*(3), 219–230.

Phillips, D. A. (2007). Punking and bullying: Strategies in middle school, high school, and beyond. *Journal of Interpersonal Violence*, *22*, 158–178.

R

Rape Crisis Centers

The first rape crisis centers emerged in the early 1970s out of recognition that rape was (and still is) very pervasive, as well as the realization that rape victims living in a patriarchal or male-dominated society were not receiving appropriate support or services. Soon after the first rape crisis center, Bay Area Women Against Rape, opened in the San Francisco area in 1971, centers opened in other cities, including Washington, D.C., Seattle, and Boston. Rape crisis centers tended to be formed by one woman or by a small group of women frustrated with the treatment of rape victims by the general public, police, medical practitioners, and legal personnel. Volunteers collectively ran early centers without monetary support from state or government agencies. Their budgets relied on fundraising and donations; sometimes the centers were located in the homes of volunteers.

Rape crisis centers offered a variety of direct services to victims, including hotline counseling and victim accompaniments to emergency rooms, police stations, and court, if necessary. In addition, early rape crisis centers focused on eliminating rape and securing legal changes that would give rape victims more rights and protection, mobilizing efforts for social change, and educating the community about rape. The link between direct services to victims and political activism was most obvious during these beginning stages of rape crisis centers.

In the late 1970s and early 1980s, rape crisis centers began to change as original founders and volunteers, burned out from years of grassroots activism, left. New members joined rape crisis centers, bringing different ideologies and accepting state and federal monetary aid. Since government agencies discouraged radical activism, rape crisis centers had to reduce their level of political activism when they began to receive public funding. In addition, rape crisis centers became more professional, hiring paid staff and formally training all staff and volunteers. Currently, most states require individuals who volunteer at rape crisis centers as counselors or advocates to have 40–50 hours of specialized training. Training may focus on facts and myths about rape and victims, state laws, ways to support victims and significant others immediately after rape, and strategies to advocate for victims during police interviews, medical procedures, and court proceedings. Rape crisis centers also now collaborate with other institutions, such as the medical, criminal justice, and legal systems. Originally, because volunteers viewed these systems as causes of women's subordination and as sources of revictimization for rape victims, collaboration was nonexistent. Instead of working with other institutions to facilitate change as they do now, rape crisis centers criticized institutions for the mistreatment of rape victims.

Although the structure and sources of funding have changed, core services offered have remained constant. Most rape crisis centers offer the following: 24-hour crisis hotlines; crisis intervention; short-term face-to-face counseling for victims and significant others; medical, mental health, and legal information and referrals; advocacy when accompanying victims to emergency rooms, hospitals, police stations, and legal proceedings; and outreach and education to professionals, community members, and middle school,

high school, and college students. Although some rape crisis centers provide long-term counseling, most focus on the victim's needs immediately after the rape and refer victims to other counselors who can help them for longer periods of time.

When providing direct services to victims, rape crisis centers recognize the importance of returning a sense of power to the victim. Some centers offer resources and services in Spanish and other languages and offer specialized services for male victims, teenage victims, victims under the age of 12 years, elderly victims, disabled victims, and gay, lesbian, bisexual, and transgendered victims. All 50 states and the District of Columbia have centers that offer services to rape victims. Information about rape crisis centers in all states is available by contacting the Rape, Abuse & Incest National Network (RAINN). RAINN began in 1994 and is the largest antisexual assault organization in the United States.

Most centers no longer include elimination of rape as a stated goal. It is unclear whether this results from inability to engage in political activism because of funding sources or because members of the rape crisis movement no longer believe that the elimination of rape is possible. Political activism and protest, which were common in the early- to mid-1970s, have been replaced with education and outreach in the form of public speaking engagements and various other methods to raise community awareness of rape and its prevention. Rape crisis centers spend a considerable amount of time educating other agencies and institutions about rape, the need for specialized services for rape victims, and the best way to treat rape victims. The current understanding is that increased collaboration between various agencies and institutions will lead to improvement in the treatment of victims and the services available to them.

Shana L. Maier

See also National Clearinghouse on Martial and Date Rape; Rape/Sexual Assault; Secondary Victimization by Police and Courts; Sexual Assault Nurse Examiner; Sexual Assault Response Team

Further Readings

Campbell, R., Baker, C. K., & Mazurek, T. L. (1998). Remaining radical? Organizational predictors of rape crisis centers' social change initiatives. *American Journal of Community Psychology, 26,* 457–483.

Campbell, R., & Martin, P. Y. (2002). Services for sexual assault survivors: The role of rape crisis centers. In R. M. Holmes & S. T. Holmes (Eds.), *Current perspectives on sex crimes* (pp. 254–266). Thousand Oaks, CA: Sage.

Martin, P. Y. (2005). *Rape work: Victims, gender, and emotions in organization and community context.* New York: Routledge.

Matthews, N. (1994). *Confronting rape: The feminist anti-rape movement and the state.* London: Routledge.

Wasco, S. M., Campbell, R., Howard, A., Mason, G. E., Staggs, S. L., Schewe, P. A., et al. (2004). A statewide evaluation of services provided to rape survivors. *Journal of Interpersonal Violence, 19,* 252–263.

Web Sites

Rape, Abuse & Incest National Network: http://www.rainn.org

Rape Culture

A rape culture is a systematic belief system supporting sexual violence throughout a particular society. A rape culture perpetuates norms of sexual aggression while lacking an understanding of consent; violence becomes sexy. Due to the implicit nature of rape culture, most rapes in the United States go unreported and many survivors of rape are not believed. Rape myths, normative ideas of sexual violence based on rape culture, influence which survivors are deemed credible. Rape culture is often used by feminist scholars connecting gender, socialization, media, and institutions.

Theory

Rape culture is a feminist theory to explain the prevalence of rape, arguing that sexual violence in the United States is normative. This theory is in contrast to criminological theories, which view rapists as social deviants, and sociobiological theories, which argue that male sexual aggression is natural. Sociobiological theories are themselves demonstrative of rape culture in their argument that gender influences sexual violence. However, rape culture theorists argue that this influence of gender on sexual violence is not natural, but learned.

Second-wave (mostly radical) feminist activists in the 1970s challenged that rape is political. Consciousness raising groups focused on the participants' experiences,

which indicated a pattern of sexual abuse. The works of Susan Brownmiller and Diana Russell laid the groundwork for rape culture theory. They argue that dominant sexuality in the United States is focused on force and aggression through the enactment of gender roles. Sexuality outside of rape culture is envisioned as consensual acts between people sharing equal power.

Some rape culture theorists now view rape in a larger context of violence between dominator and dominated, connecting sexual violence against women with other forms of oppression and violence. Herein lies a tension in the theory between connecting sexual violence with other forms of oppression and violence and with isolating sexual violence as a phenomenon requiring focused attention.

A major rift between feminists is over the question of rape culture. Some feminist theorists critique rape culture theories for essentializing women. Rape culture theory has been deemed "victim feminism" and as being antisex by some critics.

Social Categories and Intersectionality

The manner in which sexual aggression is masculinized and sexual passivity femininized is influenced by race, class, sexuality, and age. A rape culture is more accepting of sexual violence by certain men than by others. Historically, phony charges of rape have been used against African American males as an excuse for lynching and incarceration. The myth of the Black male raping White women played a significant role in postslavery racism and continues to influence racism today.

In the United States, an upper-class White man is much less likely to be charged and convicted of rape than an lower-class African American male. White women are likely to fear Black men as potential rapists more than fearing White men as such. Although more rapes are committed by White men than by Black men, there are more Black men in prison for committing rape. In a rape culture, fear (by women and of particular minority group men) is socialized.

Social categories (race, class, sexuality, age) also affect a rape culture's perception of women as victims. Rape is more likely to be seen as deviant when victimizing women with more power. So, for example, when a Latina teenager from a disadvantaged neighborhood is raped, she is much less likely to be believed than a White senior citizen from an upper-class neighborhood.

Rape culture requires and reinforces normative heterosexuality. Within a rape culture, normative sexuality requires an active masculine actor and a feminine individual who is acted upon. Rape culture conflates gender and sexuality. Therefore, cases of sexual violence between same-sex partners and against males are silenced and rarely prosecuted.

Silence and Toleration of Rape

A rape culture tolerates many forms of sexual violence. Many victimized by rape are not only doubted, but also they are blamed for inciting violence against them. Certain types of clothing, consuming alcohol or drugs, and being at particular locations are some examples of "reasons" that a woman can provoke a man into raping her, according to a rape culture. A minority of cases are prosecuted so that the relatively few rapists who are convicted and sentenced to prison serve to mask the larger societal problem. In a rape culture, most occurrences of rape are hidden.

Rape Myths

The foundation of rape culture lies in rape myths. For women, safety from sexual violence in a rape culture can only be felt when internalizing rape myths. Consequently, even though the majority of rapes are perpetrated by someone known to the survivor, women are taught to fear strangers and feel safe with men who are familiar. Even though the majority of rapes occur in a location familiar to the survivor, often in the home, women are taught to fear going out to strange places, especially in poor minority areas. This rape myth reinforces racism and classism as well.

Challenging Rape Culture

Much activism has been organized around challenging rape culture since the 1970s. Many rape crisis centers and U.S. universities and colleges created education programs to challenge rape myths. Organizations including Men Can Stop Rape, Women Against Rape, and Black Women's Rape Action Project were established across the United States. During annual Take Back the Night events, women march the streets to protest sexual violence and rape culture. V-Day has also become an annual event globally, focused around a theatrical production, *The Vagina Monologues.*

Debra Guckenheimer

See also Rape Crisis Centers; Rape/Sexual Assault; Sexual Abuse; Take Back the Night

Further Readings

Brownmiller, S. (1975). *Against our will.* New York: Fawcett Columbine.

Buchwald, E., Fletcher, P. R., & Roth M. (2005). *Transforming a rape culture.* Minneapolis, MN: Milkweed Editions.

Crenshaw, K. W. (1995). Mapping the margins: Intersectionality, identity politics, and violence against women of color. In K. W. Crenshaw, N. Gotanta, G. Peller, & K. Thomas (Eds.), *Critical race theory* (pp. 357–383). New York: New Press.

Russell, D. (1974). *The politics of rape.* New York: Stein and Day.

Rape Kits

Rape kits are sealed containers providing the necessary tools to collect and preserve physical evidence following a sexual assault. They are generally administered when the sexual assault took place no more than 72 hours prior to examination and also include forms and detailed instructions for the collection of evidence, both to ensure complete and accurate specimens and to satisfy chain of evidence requirements. Kits may be used on female, male, adult, and child victims of sexual assault. Rape kit composition and usage vary from state to state and sometimes from jurisdiction to jurisdiction. They provide valuable forensic evidence for law enforcement and the courts and in light of improved testing and use of DNA, can assist in cases that otherwise may have gone unresolved.

Most rape kits are boxes, envelopes, or bags containing a number of tools and receptacles for obtaining and storing forensic evidence. A typical kit contains detailed instructions; forms for documentation; sterile swabs for the collection of saliva, semen, and other bodily secretions; tubes, slides, or other receptacles for blood samples; sticks or similar implements for fingernail scrapings; combs for head and pubic hair; sealable envelopes for holding the collected evidence; and paper bags for the victim's clothing. Kits may also contain brochures for the victim, providing information on her legal rights and/or a list of referrals for advocacy and other support. To maintain the proper chain of evidence, rape kits contain labels and a seal or other means of ensuring that the contents of the kit are not tampered with in any way.

In some areas, rape kits are administered by sexual assault nurse examiners, specially trained to administer the forensic examination, collect evidence, and provide comprehensive care to sexual assault survivors.

Survivors should not pay for their own rape kits. Kits are often provided by the state department of health and/or justice or by the local government in cooperation with law enforcement. Some states have created sexual assault examination payment programs, and pay for the kits through fines paid by convicted criminals.

Storage for rape kits is a critical issue. Where and for how long the kits are stored varies. Kits are often stored with local law enforcement, although in some instances hospitals store the kits. Kits may also go to a central location for DNA and other analysis. Some states have taken advantage of technological advances by creating rape kits that do not require refrigeration, thus making storage more convenient. In Iowa, state law requires that, if the victim wishes to have the evidence preserved, the kits be stored for the duration of the limitations period for criminal prosecution of sexual assault, regardless of whether the victim reports the assault.

In recent years there has been some outcry over the backlog in the analysis of rape kits and the entry of relevant data into the appropriate state DNA databases or the Federal Bureau of Investigation's (FBI's) national convicted criminal DNA database, the Combined DNA Index System. In some instances, sexual assault survivors have waited 6 or 7 years for the analysis of their forensic evidence. This backlog has led to multiple offenders being identified after the statute of limitations expired, thus preventing prosecution of the crime.

In all instances, victims must provide informed consent for the collection and storage of physical evidence, as well as for the release of that evidence to law enforcement. Hospital staff must take care to administer the sexual assault examination in the most respectful, least invasive manner possible and must leave all decisions regarding specimen collection, photographs, and other aspects of the health and evidentiary exam to the victim.

Kimberly A. Tolhurst

See also Legislation, Rape/Sexual Assault; Rape/Sexual Assault; Sexual Assault Nurse Examiner; Sexual Assault Response Team

Further Readings

Moffeit, M., & Greene, S. (2007, July 24). Missing rape kits foil justice. *The Denver Post.* Retrieved from http://www.denverpost.com/evidence/ci_6446990

Rape/Sexual Assault

The definition of rape has evolved over the past 30 years, largely in response to statutory rape reforms. Federal and state governments currently use definitions of rape that capture different types and contexts of sexual victimization. Most jurisdictions define rape as nonconsensual completed or attempted intercourse involving vaginal or anal penetration by a penis, hands, fingers, or foreign object or oral penetration by a penis with the use of force or threat of force or when the victim is unable to provide consent due to age, intoxication, or other factor. Many states have also established statutes criminalizing other physical and verbal sexual acts. The term *sexual assault* often refers to the entire continuum of criminal sexual behaviors, including completed or attempted unwanted sexual contact that may or may not include force, such as intentional grabbing or touching of the genitalia, anus, groin, breast, inner thigh, or buttocks. Noncontact acts, including voyeurism and verbal and behavioral sexual harassment, are also typically defined as sexual assault.

Although the anti-rape movement has improved the responsiveness of legal, health, and social service systems, rape remains a major public health problem in the United States. Rapes continue to be committed, often resulting in physical and psychological consequences for survivors. There is also a high economic toll from rape. In 2003, economic loss due to rape and sexual assault was $42 billion. Female survivors carry the burden of most of these consequences. Rape is a form of gender-based violence due to the disproportionate number of assaults against women. Women are about 10 times more likely to be raped in adulthood compared to men. From 1992 to 2000, 89% of all completed and attempted sexual assaults were committed against females. Most perpetrators of rape are male and many are current or former intimate partners of the survivors.

Prevalence

The National Violence Against Women Survey found that 18% of women reported experiencing a completed or attempted rape during their lifetime compared to 3% of men. Lifetime rates of rape among adult women range from 2% to 97%. The majority of estimates converge around 15%. The variability in prevalence rates is influenced by different sample characteristics and research methodologies used across studies. Higher estimates have been reported among some populations of women, including those who are surveyed in health care settings and on college campuses and military bases. The use of behaviorally specific questions (e.g., using force or threatening harm) is associated with higher reporting rates compared to questions that rely on jargon, such as *rape* and *sexual assault* about which even researchers disagree. The use of such terms contributes to underreporting among women who do not label their experiences as rape due to the lack of force, familiarity with the perpetrator, or impairment by alcohol or drugs. Prevalence rates based on crime report surveys also underestimate the size of the problem. Approximately 5% to 36% of rape survivors appeal to the criminal justice system for assistance. Common barriers to reporting include fears of being blamed for the assault and expectations of receiving little or no help.

Risk Factors

Survivor Characteristics

Women first experience rape at a young age, typically before age 18. Single marital status, low socioeconomic status, and low education level are also associated with increased risk of sexual victimization. The literature on ethnic differences suggests that American Indian women are more likely to report being raped compared to all other races; however, the findings are largely based on studies that group all American Indians in one category. Comparisons across tribes show that some tribes have higher estimates of rape compared to the general population, whereas others have lower or similar rates. Ethnic differences are also subject to the effects of minority status, frequently characterized by exposure to poverty and life stressors and lack of educational and employment opportunities. Rape vulnerability among women is also associated with history of sexual victimization, mental or emotional difficulties, alcohol and drug abuse, and certain personality traits.

Perpetrator Characteristics

Men who commit sex offenses are more likely to have deviant sexual arousal, pro-offending attitudes, antisocial characteristics (e.g., impulsivity), and

unstable social resources. Male sexual aggression is also linked to childhood behavior problems and abuse of alcohol or drugs.

Sociocultural Factors

Rape vulnerability also includes the larger social context that promotes violence against women. Rape-prone environments, such as college campuses with high rates of binge drinking, and specific social groups (e.g., college fraternities, athletic teams) have received increased attention. Some fraternities, but not all, are at increased risk of sexual violence. Fraternities at greatest risk are characterized by a culture of excessive drinking, peer support for sexual violence, and reinforced pro-offending beliefs (e.g., hostility toward women and stereotypical views of masculinity and heterosexuality).

Consequences

Rape results in many immediate and long-term physical and psychological consequences. Responses to rape vary by individual. Some women experience chronic, long-lasting psychological symptoms, whereas others report few or no symptoms at all. Responses to rape are influenced by a number of factors, including the nature of the assault, previous mental or emotional difficulties, history of victimization, life stressors, coping skills, social support, and other available resources.

Physical Consequences

Acute Injuries

About a third of female rape survivors sustain some type of injury. Physical injuries include scratches, bruises, lacerations, broken bones, head and spinal cord injuries, muscle sprains, internal injuries, and dental damage. A woman is at increased risk of injury if the perpetrator threatens to harm or kill her or someone close to her. In the most extreme cases, rape is accompanied by death; however, rape-related deaths are rare.

Chronic Health Problems

Rape survivors are vulnerable to health problems that persist over time, including gastrointestinal disorders and chronic pain located in the back, neck, head, face, and jaw. Gynecological problems following a rape, such as chronic pelvic pain, premenstrual symptoms, irregular vaginal bleeding, and painful intercourse, are also common. Survivors are also at increased risk of HIV and other sexually transmitted diseases (STDs), infertility due to untreated STDs, and unwanted pregnancies.

Psychological Consequences

Immediate Responses

Immediately following a rape, survivors may react with intense fear, shock, anxiety, confusion, disbelief, helplessness, withdrawal, guilt, shame, and low self-esteem. Some survivors report symptoms of posttraumatic stress disorder (PTSD), including flashbacks and sleeping problems. It is also common for survivors to avoid sexual intimacy and experience diminished interest in sex, reduced arousal, and difficulties achieving orgasm shortly after the assault.

Posttraumatic Stress Disorder

One of the most common, longer-lasting psychological outcomes of rape is posttraumatic stress disorder (PTSD). As defined by the American Psychiatric Association, a PTSD diagnosis is based on an exposure to an identifiable traumatic event that produces intense fear, helplessness, or horror and the presence of specific symptoms, such as reoccurring recollections of the event, persistent avoidance of trauma-related stimuli, numbness, and increased alertness to potential threats. Estimated rates of PTSD among survivors are between 30% and 65%. Most survivors experience a reduction in PTSD symptoms within a few months; however, for others, the symptoms become chronic and remain elevated for months or years. Some researchers and practitioners argue against using PTSD as a primary diagnosis for rape survivors because it does not capture the complex responses reported by some survivors. It is particularly ill fitting for women who have experienced repeated or escalating forms of sexual violence. Two alternative diagnoses are complex PTSD and disorders of extreme stress not otherwise specified.

Other Psychological Consequences

Rape initiates or exacerbates many other forms of psychological distress, including anxiety, major depression, sexual dysfunction, disordered eating behaviors, physical symptoms without the presence of

medical conditions, and severe preoccupations with physical appearances. Rape survivors are also more likely to have suicidal thoughts and to attempt or commit suicide more often than nonvictims. Some survivors engage in self-mutilation and high-risk behaviors (e.g., driving while intoxicated, unprotected sex, and alcohol and drug abuse). Rape also contributes to elevated likelihood of future sexual assault. Rape may have a negative impact on survivors' perceptions of themselves and the world around them. Some women blame themselves for the assault and perceive the world to be hostile and dangerous. Distorted and negative beliefs contribute to heightened distress among survivors. Strained relationships with family, friends, and intimate partners are also common.

Economic Cost

Rape is costly in the United States. In 1996, for example, the estimated costs of sexual violence in Michigan alone were more than $6.5 billion. The economic toll of rape consists of expenses for medical care, mental health treatment, victim services, and criminal justice responses and lost productivity from injury and other consequences. A third of women who sustain an injury seek medical treatment and most receive services from hospitals. In general, rape survivors seek medical assistance more often than nonvictims. Costs are also associated with high rates of poverty and unemployment following victimization.

Prevention

The three levels of prevention in public health may be applied to rape. Primary prevention seeks to reduce the likelihood of rapes being committed in the first place. Primary prevention approaches focus on increasing rape awareness and changing environments that are conducive to sexual aggression. This change is often accomplished with prevention and education programs on rape awareness, healthy relationships, alcohol and drug use, and self-defense and resistance techniques. Programs typically target adolescents, parents, teachers, and college students. Programs for men emphasize rape myth acceptance, rape empathy, power dynamics, relationship expectancies, and coercive sexual behaviors. Prevention programs are effective in increasing rape knowledge and altering rape attitudes, but the long-term effectiveness on behavioral variables and incidence of sexual assault remains unknown. Secondary prevention efforts attempt to reduce the impact of rape after it has occurred. They include violence screening practices and early intervention approaches. Violence screening tools facilitate early detection of victimization and treatment referrals. Tertiary prevention consists of treatment services to reduce the likelihood of chronic problems and long-term disability. Interventions for rape survivors are discussed in the following section.

Prevention and intervention approaches for male perpetrators are beyond the scope of this entry; however, a brief comment on prevention is provided to highlight the responsibilities of perpetrators. Prevention strategies targeting perpetrators attempt to decrease first offenses, reduce the likelihood of repeat offenses, and minimize escalation among those who have already perpetrated an illegal sex act. Prevention methods also include efforts by the criminal justice system to deter offending, including prison terms, probation, mandatory registration, community notification, and civil commitment.

Intervention

Treatment Approaches

No single therapeutic approach for rape survivors has been shown to be dramatically more effective than all others. Recommended treatments include therapies that have been proven effective in rigorous scientific investigations. These therapies, referred to as empirically based treatments, incorporate cognitive and behavioral techniques. Cognitive approaches attempt to reduce distress by helping survivors identify and change negative thoughts related to the traumatic event. Behavioral approaches typically consist of exposure techniques that guide the survivor in reliving memories of the traumatic act and other difficult experiences that developed during the aftermath. Most of these therapies may be implemented in individual and group formats. Alternative treatments that have not undergone as much scientific testing, such as eye movement desensitization and reprocessing, are also shown to alleviate distress among survivors.

Advocacy and Public Policy

Improvements in the care of rape survivors are largely the result of victim advocacy work and legislation on violence against women. Rape work began as a grassroots movement in the 1970s that led to the

development of rape crisis centers, state coalitions, and national organizations to address the inadequate responses offered by medical providers and law enforcement. The Violence Against Women Act (VAWA) of 1994, the first legislation on violence against women, recognized the serious harm inflicted on survivors of physical and sexual violence and allotted resources to assist survivors, children, and families. Two reauthorizations of the law include VAWA 2000 and 2005. VAWA 2005 includes development of programs for underserved communities (e.g., homeless, disabled, elderly, Native Americans, ethnic minorities, legal immigrants, and survivors from rural areas) and increased attention to violence prevention.

Given the current period of limited funding, there is a need to maximize efforts to prevent rape and reduce the impact on survivors. Recommendations include strategies for combining resources and developing collaborations across diverse disciplines. Survivors would benefit from more coordinated community responses among health care, criminal justice, and legal systems. Increased communication and integration of community services is especially relevant for populations of women who have limited access to specialized victim services, including women who are homeless, from ethnic minority backgrounds, or who live in rural areas. More collaboration among researchers and community providers would help reduce the gap between effective practices and what is actually available to survivors in the community. Partnerships with policymakers are also equally important to develop a dialogue that matches the needs of the field with legislative vehicles for enhancing resources and influencing the work that is done. Together, these collaborative efforts may accelerate progress in creating environments that are safe for all women and responsive to those who have survived rape so that they may obtain the resources they need to recover.

Nicole P. Yuan and Mary P. Koss

See also Anti-Rape and Rape Crisis Center Movements; Date and Acquaintance Rape; Martial Rape/Wife Rape; Posttraumatic Stress Disorder; Violence Against Women Act

Further Readings

Briere, J., & Jordan, C. E. (2004). Violence against women: Outcome complexity and implications for assessment and treatment. *Journal of Interpersonal Violence, 19,* 1252–1276.

Rennison, C. M. (2002). *Rape and sexual assault: Reporting to police and medical attention, 1992–2000.* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Rozee, P. D., & Koss, M. P. (2001). Rape: A century of resistance. *Psychology of Women Quarterly, 25,* 295–311.

Tjaden, P., & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of violence against women.* Washington, DC: U.S. Department of Justice, National Institute of Justice.

Rape Shield Laws

Rape shield laws place limits on evidence and evidentiary testimony that can be admitted during rape trials. Rape shield laws specifically restrict the introduction of sexual history evidence that is irrelevant to the charge at hand and that is introduced solely to call the victim's character into question. Rape shield laws, which shield rape victims from the public scrutiny that might follow the introduction of sexual history evidence, were passed to protect the rape victim's privacy rights. It was further argued that extending this sort of protection might encourage the reporting of rape. The first rape shield law was passed in Michigan in 1974 and since that time, all 50 states, the District of Columbia, and the federal government have passed rape shield laws.

Women's and victim's rights advocates have long argued that rape victims, more than any other class or group of victims, are revictimized at the hands of the criminal justice system. In addition to less than supportive receptions in the early stage processing, victims of rape had historically been subject to a public airing of their private lives at trial. Victims of rape often faced grueling cross-examination by defense attorneys who called into question virtually every aspect of the victim's sexual history in attempts to discredit the current rape claim. Moreover, the sexual history evidence that was occasionally leaked and inevitably came out at trial frequently found its way into the public domain through the media. The rape victim often found herself in the untenable position of being a victim on trial. Those who endorse this view argue that this revictimization—or rather, the fear of it—has contributed to the vast underreporting of rape.

Evidence from the National Crime Victimization Survey (NCVS) suggests that official police counts of

rape underestimate rape victimization by at least 60%, and many argue that the NCVS figure is itself an underestimate of rape victimization. Rape victims might refuse to report rape victimization for any number of reasons, but most acknowledge that this secondary victimization is chief among them.

Under rape shield laws, evidence regarding a rape victim's prior sexual history is generally inadmissible unless it is directly relevant to the case at hand. The American Prosecutors Research Institute has compiled state rape shield laws, classifying them on the basis of what is generally inadmissible, what exceptions are permissible, and the circumstances for those exceptions. The most frequently appearing exceptions are those around former sexual conduct with the defendant. Other fairly common exceptions include exceptions granted when the introduction of such evidence might shed light on the source of semen, disease, injury, or pregnancy or when the evidence might rebut character evidence offered by the prosecution. When exceptions to the rape shield law are made, they are typically made on the basis of the relevance and probative value of the evidence that would otherwise be excluded. Because states have adopted varying means for dealing with exceptions, rape shield laws have been grouped into four broad categories: those that legislate exceptions, those that require exceptions when the defendant's constitutional rights might be compromised, those that grant judges broad discretion as to what is admissible and what is not, and those that require the consideration of evidentiary purpose.

Natasha A. Frost

See also Rape Crisis Centers; Rape/Sexual Assault; Rape Trauma Syndrome; Victims' Rights Movement

Further Readings

American Prosecutors Research Institute. (2006). *Rape shield statutes.* Alexandria, VA: Author.

Anderson, M. J. (2002). From chastity requirement to sexuality license: Sexual consent and a new rape shield law. *George Washington Law Review, 70,* 51–162.

Rape Trauma Syndrome

Prior to the 1970s, rape was shrouded in secrecy and shame. It was during the late 1960s and 1970s when women began to meet in consciousness raising groups that rape and other forms of violence against women began to be identified and discussed in public. *Rape trauma syndrome* was a term coined by researchers Ann Burgess and Lynda Holmstrom following their preliminary and pioneering research on the effects of rape on a cohort of women who had been raped and then treated medically at a Boston hospital emergency room. They originally published their findings in 1974. Theirs was one of the first published descriptions of rape based on research findings as a traumatic stressor and its effects as posttraumatic responses; it anteceded by 6 years the publication of the diagnosis of posttraumatic stress disorder (PTSD) in the *Diagnostic and Statistical Manual III* in 1980. Since then, women's responses to rape have been conceptualized within the PTSD framework, since symptoms closely resemble those within each of the three primary criteria of PTSD (intrusive, avoidant, and hyperarousal phenomena).

Rape trauma syndrome refers to both immediate (acute) and longer-term (chronic and reorganization) effects in the aftermath of a rape. Burgess and Holmstrom noted that many rape victims experience similar reactions following assault. The acute phase, including impact reactions such as shock and disbelief and somatic reactions having to do with any physical trauma, was characterized by disorganization lasting from several hours to several weeks. The reorganization phase, a longer-term process, consisted of active lifestyle changes and chronic disturbances such as fear, shame, and nightmares. The following are the most common psychological aftereffects that have been identified as part of the rape trauma syndrome: fear and anxiety; all symptoms associated with PTSD, including fear and avoidance, feelings of unreality, physical symptoms, depression, reexperiencing, nightmares, startle response, and general hyperarousal; depression, including in some cases a high level of suicidal ideation and attempts; negative self-esteem including self-blame, guilt, and shame; negative impact on social adjustment, including poorer overall economic and social, work, leisure, and intimate relationship and/or marital adjustment; problems with sexual functioning, including avoidance and low sexual satisfaction; feelings of anger, hostility, alienation, and confusion; and feelings of fatigue. Additionally, rape victims turn to drugs and alcohol more often than nonvictims, and some develop severe psychopathology subsequent to their rape.

Rape trauma syndrome has largely been substantiated in follow-up research; however, it is now recognized that not all victims respond in the same way and not all develop PTSD immediately or later. Variables such as prior psychological functioning (including any prior victimization, major life stressors, and/or PTSD), severity of the assault (including level of violence) and resultant physical damage, identity of the perpetrator, cognitive appraisals and perceived threat, initial level of distress, participation in the criminal justice system, presence of social support from significant others, and personal attributions all contribute to severity of reactions.

Christine A. Courtois

See also Posttraumatic Stress Disorder; Rape/Sexual Assault

Further Readings

Burgess, A. W., & Holmstrom, L. L. (1974). Rape trauma syndrome. *American Journal of Psychiatry, 136,* 981–986.

Reasonable Efforts

Reasonable efforts is a term used in child welfare to describe the casework and treatment services required to prevent the removal of children from their parents or guardians when children are at risk of abuse or neglect. If removal is necessary to keep children safe, reasonable efforts must be made to return children to their parents or guardians and if this is not possible, to place the children into permanent families. The purposes of these requirements are to preserve families or if this cannot be achieved safely and quickly, to integrate the children into stable and nurturing families and prevent children from shifting between foster care placements, causing disruptions to their parental attachments, schooling, and peer relations.

The 1980 Adoption Assistance and Child Welfare Act (P.L. 96-272) required that states provide services to keep children safe while preventing removal from their families. Prior to approving the removal of children, the courts must rule that reasonable efforts have been made to prevent placement or that the safety of the children cannot be protected while services are provided in the home. Once children are removed, P.L. 96-272 requires the state agency to provide services to children and their parents and guardians to allow the children to be safely returned home. P.L. 96-272 did not supplant the Indian Child Welfare Act, which requires the child welfare agency to provide active efforts to prevent removal and to reunify families, a higher standard, for children eligible for membership in Indian tribes.

Although reasonable efforts are not defined in P.L. 96-272, generally the courts determine if the child welfare agency offered services that were directed at the issues that jeopardized the children's safety and that were accessible, affordable, and culturally responsive to the families served. Child welfare agencies help families meet basic needs by providing funding or by linking the families to agencies that provide housing, utilities payments, clothing, food, and transportation. Funding for treatment services may be provided by community agencies, Medicaid, and by the child welfare agency when families cannot afford to pay for the needed services. If the reasonable efforts are directed toward reunification, ongoing visitation between parents and children is required if children can be protected both emotionally and physically.

In 1997, the Adoption and Safe Families Act added reasonable efforts requirements for child welfare agencies to find permanent homes for children if the children cannot be safely reunited with their parents or guardians. In addition to searching for appropriate adoptive parents, states are required to search for relatives who can raise the children safely within the extended family.

Christine Robinson

See also Adoption and Safe Families Act of 1997; Adoption Assistance and Child Welfare Act of 1980; Foster Care; Kinship Care

Further Readings

Katz, L., Spoonemore, N., & Robinson, C. (2000). *Concurrent planning: From permanency planning to permanency action* (Rev. ed.). Seattle, WA: Lutheran Social Services of Washington and Idaho.

National Council of Juvenile and Family Court Judges. (2000). *Adoption and permanency guidelines: Improving court practice in child abuse and neglect cases*. Reno, NV: Author.

Recidivism

Recidivism is the act of a person repeating a behavior. In regard to interpersonal violence, it might mean repeating the same act of interpersonal violence a second time (or third or fourth or more) or include committing another different act of interpersonal violence (e.g., a batterer who goes on to commit child abuse or rape). In a criminal justice system context, recidivism means a return to crime. This act may mean returning to repeat the same crime for which one was previously caught, or it may mean returning to repeat any criminal behavior. How one defines recidivism depends on the topic of interest. Differing definitions, measurements, and samples upon which studies are based contribute to the widely fluctuating recidivism rates reported in the field of interpersonal violence. When assessing recidivism findings it is important to know exactly how recidivism was defined and how it was measured. Understanding what factors, if any, affect recidivism and, more importantly, what factors reduce the rate of recidivism is a priority of those who work to prevent violence and to assess the effectiveness of criminal sanctions, interventions, and other responses.

The rate of recidivism is thought to vary depending on the characteristics of the offender and on others' responses to the violence. In the field of interpersonal violence, most research has found that the best predictor of recidivism is a perpetrator's past behavior, including the number and severity of prior offenses. Those who have repeated the behavior in the past are more likely to repeat it in the future. Those who committed more severe acts in the past (e.g., who committed injury-producing acts) are more likely to reoffend. Perpetrators of interpersonal violence are a diverse group, and it is unlikely that any one characteristic alone will be highly predictive of recidivism. Factors that have been examined and shown to be of some use in predicting recidivism for some groups of offenders have been such things as personal history, including exposure to violence in family of origin; other aggression or offending behaviors; concurrent risks, such as substance abuse, unemployment, and access to victims; and disorders of mood and personality, such as depression and antisocial and borderline characteristics. It is important to recognize that offenders cannot be characterized by one set of dominant characteristics—personality, social, or otherwise. A wide range of perpetrators is reported.

Responses to interpersonal violence perpetration that are studied to determine their influence on recidivism include criminal justice responses, such as arrest, conviction, or incarceration; social responses, such as societal, family, and coworker disapproval or sanction; social service responses, such as a family intervention, therapy, or mental health treatment; and victim responses, such as shock, fear, removal of affection, divorce, disappearance, retaliation, or rejection.

Defining and Measuring Recidivism

It is important to understand how a study of interest or an author using the term recidivism defines it. Such definitions may vary considerably; one should know if recidivism in a particular study means any reoccurrence of the specific behavior or is defined as reoccurrence of a similar behavior or any new criminal acts. The definition is reflected in and dramatically affected by what one is able to reliably measure. To detect recidivism, reports obtained from a variety of sources are recommended. These include offender self-reports, victim reports, and criminal justice or child protective system reports.

Given that most acts of interpersonal violence occur in private and are known only to the offender and the victim and because some of the victims may be children or may be incapacitated in ways that make them unable to detect the crime (e.g., unconscious or rendered unconscious by the perpetrator), the person who is ostensibly in the best position to know if a repeat of the behavior has occurred is the offender. Of course, there are many factors that make it unlikely that offenders will give accurate reports of their reoffending behaviors, although some steps can be taken to make self-report more likely, such as providing anonymity or confidentiality.

Often recidivism is measured by obtaining follow-up reports from the victim. To the extent that the victim is comfortable with such reporting and can be located, such reports may provide a good measure of recidivism, especially for crimes against intimate partners or against family members. This method of measuring recidivism, however, does not permit us to detect new offenses against others, such as a new partner, other children, acquaintances, or strangers.

Other, more traditional, methods for measuring recidivism have been to use official criminal justice system records of probation revocation, parole violation,

re-arrest, or reconviction. In addition, some measures of recidivism in interpersonal violence, such as child or elder abuse, may use official records of a report or a substantiated new report to the state division of social services that handles such cases. Each type of measure is subject to biases in the application of these sanctions or processing of reports. When using either the criminal justice system or social services records one needs to decide whether a new report or arrest is sufficient to count as recidivism or if reconviction or substantiation of a new case is required. Such official records have limitations in measuring recidivism because new incidents of interpersonal violence known to agencies in other jurisdictions may not be detected.

Agency measures of recidivism present further difficulties in that such measures do not depend solely on the behavior of the offender, but also on the behavior of others, including the willingness of victims and others to report to these authorities. Recidivism—when it is measured as re-arrests, convictions, or substantiations—may reflect the policy of the police, courts, parole agents, or child protective services workers or administrators, and these policies may change over time.

Another important factor in understanding the meaning of information on recidivism is the period of time over which recidivism was measured—that is, what was the length of the follow-up period? Did it involve follow-up for 6 months, a year, 3 years, 10 years, or longer? Research has shown that a longer period (years, not months) of follow-up often is needed to detect recidivism for many acts of interpersonal violence. This, in part, may be because for some types of offenses or for some offenders the behaviors are infrequent, or it may be because the violence occurs but is frequently unreported or undetected.

Linda M. Williams

See also Child Protective Services; Cycle of Violence; Legal System, Criminal Justice Strategies to Reduce Interpersonal Violence; Prosecutorial Practices, Child Maltreatment; Prosecutorial Practices, Interpersonal Violence; Prosecutorial Practices, Intimate Partner Violence; Risk Assessment; Risk Assessment Instruments, Child Maltreatment; Risk Assessment Instruments, Elder Abuse; Risk Assessment Instruments, Interpersonal Violence; Risk Assessment Instruments, Intimate Partner Violence; Risk Assessment Instruments, Youth Violence

Further Readings

Marshall, D. B., & English, D. J. (1999). Survival analysis of risk factors for recidivism in child abuse and neglect. *Child Maltreatment, 4,* 287–296.

Murphy, C. M., Morrel, T. M., Elliott, J. D., & Neavins, T. M. (2003). A prognostic indicator scale for the treatment of partner abuse perpetrators. *Journal of Interpersonal Violence, 18,* 1087–1105.

Refugee/Asylee

A refugee is a person who has fled his or her country because of fear of persecution. Under U.S. immigration law, a refugee is a person who has been or has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and who is unable to avail him- or herself of the protection of that country. This definition mirrors the definition of refugee adopted in the UN Convention Relating to the Status of Refugees in 1951. This definition focuses on persecution as the defining characteristic and thus excludes people who have been displaced because of civil war, ethnic strife, any sort of natural disaster, or for economic reasons.

An asylee is a person who has shown that he or she meets the definition for refugee—meaning, he or she has a well-founded fear of persecution based on one of the five enumerated grounds—and has been provided asylum.

Asylum status and refugee status are closely related. Their major difference lies in where a person applies for asylum or refugee status. Applicants requesting refugee status do so outside the United States, while those seeking asylum status request it from within the United States. However, all people who are granted asylum must meet the definition of a refugee. Both refugees and asylees have the right to live and work indefinitely in the United States and to apply for lawful permanent residence after one year. Additionally, both refugees and asylees are eligible for certain assistance from the Department of Health and Human Services Office of Refugee Resettlement. This assistance includes, among other things, cash and medical assistance, employment preparation and job placement, skills training, English language training, legal services, social adjustment, and aid for victims of torture.

Asylum law, international and national, has begun acknowledging that women often suffer unique persecution such as forced abortion and female genital mutilation and are more likely to experience certain forms of persecution such as rape and domestic violence. These types of cases are often referred to as *gender-based asylum* because the persecution is inflicted for reasons related, at least in part, to the victim's gender.

Both the United Nations and the United States have issued guidelines for dealing with gender-based persecution and asylum, respectively. In 1991, the UN High Commissioner for Refugees issued its *Guidelines on the Protection of Refuge Women*. Four years later, the CIS (then INS) released guidelines for gender-related asylum claims.

One such notable asylum case is *Matter of Kasinga.* In a landmark decision, the U.S. Board of Immigration Appeals (BIA) granted Fauziya Kasinga asylum. Kasinga had fled Togo, her country of origin, so as not to undergo female genital mutilation, a common practice in Togo from which the Togo Republic does not provide protection. Although *Matter of Kasinga* addresses asylum from a gendered lens, this remedy is limited and available to only a small percentage of women who face sexual abuse.

In another notable case, *Matter of R-A-,* Rodi Alvarado, a Guatemalan woman, suffered years of violence at the hands of her husband. Despite her repeated attempts to obtain government protection, the police and the courts refused to intervene. Alvarado eventually fled to the United States, where she sought and was granted asylum based on grounds of political opinion and membership in a particular social group. Her political opinion claim stated that her refusal to accept male domination was a political opinion protected under asylum law. Her social group claim was defined by the immigration judge as "women intimately involved with male companions, who believe that women are to live under male domination." The BIA reversed the immigration judge's decision and ordered Alvarado's deportation.

In January 2001, then Attorney General Janet Reno overturned the BIA decision and asked them to issue a new decision in Alvarado's case after the issuance of proposed Department of Justice regulations on the subject of gender asylum. Those regulations have not been finalized.

Leslye Orloff and Amanda Baran

See also Department of Homeland Security and Immigration Service; Female Genital Mutilation; Immigrant and Migrant Women

Further Readings

Preda, M. F., Olavarria, C., & Orloff, L. (2005). Alternative forms of relief for battered immigrants and immigrant victims of crime: U visas and gender-based asylum. In *Breaking barriers: A complete guide to legal rights and resources for battered immigrants.* New York: Legal Momentum.

RELIGION

Religion has been defined as a personal or institutionalized system grounded in the belief in and reverence for a supernatural power or powers regarded as creator and governor of the universe. Relatedly, spirituality has been defined as thinking about one's self as part of a larger spiritual force or the personal path of the soul consciousness. And along similar lines, one's faith can be defined as confident belief in the truth, value, or trustworthiness of religion or spirituality.

As domestic violence victims search for means of coping with, living with, or leaving an abusive partner, many turn to their religious institutions and religious families for strength, comfort, and support. Research has found that many survivors of domestic violence identify spirituality and their identity within their faith community as integral components of their identity and experience. Many identify their God or spirituality as a source of strength or comfort for them and report attending religious services. As a result, many survivors view both their experience of abuse and recovery from abuse as occurring within the context of their faith. Survivors have expressed feelings of spiritual anguish in the midst of the abuse.

Many abused women, especially those in closed religious or ethnic communities, are more likely to disclose their experience of violence within their religious communities. Some of these communities have minimized, denied, or enabled the abuse. Others have provided much needed social support, practical assistance, and spiritual encouragement. Some abused women find that other women within these communities discreetly and informally provide them with much needed forms of support. Social support from religious

institutions (e.g., churches, synagogues, mosques) has been found to be a key factor in many women's abilities to rebuild their lives and family relationships. Unconditional love and acceptance from their supreme being (i.e., God) and the desire for a loving religious family is an expressed need for many survivors. Those women with a welcoming, caring religious experience have reported feelings of hope for healing after an abusive relationship. Spiritual healing groups, therefore, have been identified as a need for those who are survivors of family violence. Researchers have concurred that because of the importance of spirituality in the lives of many victims of family violence and the spiritual distress that can be caused by victimization, spiritual healing is necessary in order to restore one's sense of meaningfulness of and power over their lives.

Tameka L. Gillum

See also Spirituality and Family Therapy

Further Readings

Gillum, T. L., Sullivan, C. M., & Bybee, D. (2006). The importance of spirituality in the lives of domestic violence survivors. *Violence Against Women, 12,* 240–250.

Nason-Clark, N. (2000). Making the sacred safe: Woman abuse and communities of faith. *Sociology of Religion, 61,* 349–368.

Repressed Memory

Repressed memory is a complex and controversial phrase that suggests that the memory of an event is kept from conscious awareness because of the overwhelming anxiety associated with the memory. More recently, phrases used to describe the process by which a memory is forgotten are *traumatic forgetting* or *dissociative amnesia,* with phrases such as *re-remembering* and *recovered memory* describing the process of the memory returning to awareness. These phrases assume neither a particular theoretical orientation nor underlying mechanisms or motivations. Numerous studies, some of them quite meticulous in their methodology, acknowledge that a substantial minority of adult survivors of childhood abuse report that there was a time in their lives during which they had forgotten some memories of the abuse and later remembered them. They may re-remember abuse memories as knowledge, fragments, or a sensory or emotional state, or they may never remember them. The methodological rigor of these studies makes it clear that memories can indeed be forgotten and later recovered.

Controversy

Some authors contest these findings, suggesting that most individuals would not forget such evocative abuse or other traumatic memories or that recovered memories are confabulated. These false memories are purported to occur because of suggestive techniques used either knowingly or unknowingly by therapists. Indeed, a knowledge base does acknowledge the possibility that memories can be partially or completely confabulated. These studies often involve experimental conditions in which researchers induce memories for far more benign events than those of sexual abuse. Of concern as well are studies of eyewitness accounts in which individuals are not fully accurate reporters of what they witness or experience. Further, memories of an event may change over time as they are filtered though individuals' current lives. Thus, research is also clear that memory is imperfect and susceptible to suggestion.

That memory is fallible leaves survivors of abuse and professionals alike in a quandary. How do survivors and those who work with them know if their memories are valid recollections? They cannot, unless they have independent verification. Yet scientists believe that the fallibility of recall is typically in the details of events and that survivors are less likely to confabulate entire histories of abuse. However, the uncertainty of memory only adds fuel to the controversy. For survivors who simply want to know what happened to them, there will always be a level of uncertainty to their memories.

Rebecca M. Bolen

See also Betrayal Trauma; False Memory; Posttraumatic Stress Disorder

Further Readings

Courtois, C. A. (1999). *Recollections of sexual abuse: Treatment principles and guidelines.* New York: W. W. Norton.

Freyd, J. J. (2002). Memory and dimensions of trauma: Terror may be "all-too-well-remembered" and betrayal buried. In J. R. Conte (Ed.), *Critical issues in child sexual abuse: Historical, legal, and psychological perspectives* (pp. 139–174). Thousand Oaks, CA: Sage.

Resiliency, Protective and Risk Factors

Resilience has variously been described as a process, as a goal, and also as a characteristic within a particular individual. Generally, those people who do not develop negative outcomes and/or who adapt successfully when exposed to challenging and stressful circumstances are considered to be resilient. Research in this area has focused primarily on children's reactions to difficult and traumatic events. A number of terms have been used to characterize those children, such as *invulnerable, stress resistant*, and more recently, as *survivors of adversity.*

Qualities of Resilience

Developmental psychopathology research, which focuses on children exposed to a variety of stressful and high-risk family environments, has succeeded in identifying children who appear to adapt well despite the obvious challenges posed to their adjustment. The qualities of resilience have been studied for children in a variety of traumatic circumstances, including homeless children, children living in foster care, children living in poverty, and children having parents with severe psychopathology. Children exhibiting resiliency in these situations are characterized as having survived adversity, as being successful in achieving developmental expectations, and as functioning well across domains.

Resilience and Interpersonal Violence

A review of research on possible harmful effects of the impact of interpersonal violence on children covers a range of outcomes, from relationships with significant people in the family to the child's social development, emotional adjustment, cognitive development, and school readiness, as well as potential physiological responses. Despite the great amount of diversity in the functioning of individuals exposed to interpersonal violence, there is little research on positive outcomes, such as their coping and resilience. Instead, the main outcomes are generally confined to indices of psychopathology or failures in adaptation. Approximately 50%–60% of children exposed to intimate partner violence have behavioral problems in the clinical range on measures of child adjustment. Features of the other 40%–50% who do not show evidence of psychopathology have not been fully explored.

Yet by studying the processes through which individuals overcome adversity, researchers can learn about both normal and abnormal development. Studies of individuals at risk alert researchers to a number of salient factors that contribute to the detriment or enhancement of adjustment following exposure to negative events. There are key probable risk and protective factors that have generalized influences following a substantial stressor, such as a child's exposure to interpersonal violence. These factors are used in research studies as predictor variables, correlates, and moderators of both competence and psychopathology.

Protective Factors

Children in high-risk families may be protected from negative outcomes by the presence of buffering circumstances. The impact of interpersonal violence may be moderated by a host of protective factors, such as family income, social support, positive peer and sibling relationships, and effective parenting style. In some instances, protective factors may be the opposite of risk or vulnerability factors, for example, having an educated mother who is not depressed, being older, or living in a family with higher income.

There may also be unique elements of protection that can be identified. Protective factors specifically associated with lower levels of psychopathology for children exposed to interpersonal violence have included elements particular to the child, the parent, and the broader environment. Individual protective factors take the form of characteristics such as older age, sociability, or physical attractiveness. Family level protective factors are family cohesion, flexibility, and connections with extended family or the presence of a helpful relative. Community level protective factors are identified as resources such as school programs that address violence or the availability of daycare. In some cases, risk and protective factors may not be mutually exclusive, for example, the child

fights with a sibling as well as receives support from the sibling. Further, both risk and protective factors may not necessarily be characteristic of the child or the family across different contexts or settings.

Risk Factors

Various models have been developed to explain the impact of risk factors on children exposed to traumatic situations. In the late1970s, Rutter demonstrated that children with a single risk factor were no more likely to exhibit adjustment problems than those with no risk factors. However, the addition of a second risk factor predicted a fourfold increase in the likelihood of negative outcomes. In other studies, the prediction of adjustment problems for children increased exponentially with the number of additional risk factors in the child's environment. Thus, it appears that risk is related to the quantity as well as to the quality or strength of risk factors. Therefore, additive studies that aggregate risk factors (e.g., the presence of multiple forms of violence) may present the most informative view of risk factors.

Just as with protective factors, elements of risk may exist at each level of the system in which the individual functions, from individual features (e.g., young age, having a physical disability) to family risks (e.g., having a parent with a mental health problem) and community level risks (e.g., living in a violent neighborhood, violence at school). Finally, risks may be transactive or mutually influencing in nature, thus exponentially escalating their effects.

Research on Resilience, Risk, and Protective Factors

Much can be learned from research on children who cope successfully with other forms of adversity. By studying the features of children who appear to adapt in the face of severely distressing circumstances, researchers can develop new ways of promoting strengths and creating change in families where children are abused and maltreated. Therefore, it is essential to evaluate factors that may reduce or ameliorate, as well as contribute to, the negative impact of interpersonal violence on children.

Little is known about the life course of children who fare well despite exposure to interpersonal violence. Perhaps children who seem resilient in the immediate aftermath of witnessing violence may develop problems later in life. Conversely, children who appear to be suffering may do better over time. Such information could be used to develop intervention strategies as well as to anticipate outcomes for children. Additionally, because very few studies of resilience have specifically examined ethnicity and the cultural context of the family, extensive research is needed in this area.

Despite the gaps in current research, great strides have been made in recent decades. Only a few years ago, many researchers did not recognize the hardships children experience when exposed to violence. A broader understanding of interpersonal violence that incorporates both risk and protective factors may allow children to receive the assistance they need to live healthy lives in spite of exposure to family violence.

Sandra A. Graham-Bermann
and Kathryn H. Howell

See also Child Exposure to Violence, in Media; Child Exposure to Violence, in War Zones; Child Exposure to Violence, Role of Schools; Ecological Models of Violence

Further Readings

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human ability to thrive after extremely adverse events? *American Psychologist, 59*(1), 20–28.

Cicchetti, D. (2004). An odyssey of discovery: Lessons learned through three decades of research on child maltreatment. *American Psychologist, 59*(8), 731–741.

Hughes, H. H., Graham-Bermann, S. A., & Gruber, G. (2001). Resilience in children exposed to domestic violence. In S. A. Graham-Bermann & J. L. Edleson (Eds.), *Domestic violence in the lives of children: The future of research, intervention, and social policy* (pp. 67–90). Washington, DC: American Psychological Association.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227–238.

Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry, 147,* 598–611.

Sameroff, A. J., Seifer, R., & Bartko, W. T. (1997). Environmental perspectives on adaptation during childhood and adolescence. In S. S. Luthar, J. A. Burack, D. Cicchetti, & R. J. Weisz (Eds.), *Developmental psychopathology: Perspectives on adjustment, risk, and disorder* (chap. 22). New York: Cambridge University Press.

Restorative Justice

Restorative justice is an approach to crime aimed at repairing the harm to victims and the community caused by a criminal act. It seeks to elevate the role of crime victims and community members, hold offenders directly accountable to the people they have violated, and restore, to the extent possible, the emotional and material losses of victims by providing a range of opportunities for dialogue, negotiation, and problem solving. It offers an alternative to contemporary justice systems that are offender driven, that are focused primarily on violations of the law and punitive action, and that regard actual crime victims as subsidiary to the justice process.

Although the restorative justice movement is relatively young, its acceptance and promotion are underscored by the fact that the United Nations has adopted a set of principles that encourage use of restorative justice programming by member states. In addition, the Council of Europe supports its use in criminal matters, and the American Bar Association promotes the use of victim offender mediation (VOM)—which is the oldest, most widely used, and empirically grounded form of restorative justice—in courts throughout the United States. Restorative justice initiatives have been developed in many parts of the world including, among others, Australia, New Zealand, European countries, South Africa, and Japan. Close to 30 states in the United States have restorative justice principles in their mission statements or policy plans.

Roots of Restorative Justice

The values, principles, and practices of restorative justice are found in numerous Indigenous cultures throughout the world. Among these are Native American tribes within the United States, the Aboriginal/First Nation people of Canada, and the Maori in New Zealand, whose beliefs hold that we are part of a single whole and are interconnected through relationships. Crime violates the interdependent nature of human existence. In addition, the values of restorative justice are rooted in the ancient principles of Judeo-Christian culture that has always emphasized that the harm caused by crime creates a breach in the relationships between people and between the community and God. Restorative justice is also informed by both the penal abolition movement, which questions the use of punishment as a legitimate response to harm, and alternative dispute resolution processes that seek alternative approaches to the adversarial model and use of the court system.

Restorative Justice Dialogue

Restorative justice dialogue is the most widely used form of restorative justice. It involves all stakeholders to the extent possible in a voluntary and structured process of face-to-face dialogue to share stories of their experience of the offense, identify their needs, and agree upon a set of actions that may foster healing and make things right. In some instances, indirect dialogue involving a shuttle diplomacy may be implemented. Where one party is unwilling to participate, dialogue with a surrogate or panel may be substituted. Primary stakeholders include the immediate victim and offender and members of the community who are directly affected. The state and its legal system also have an interest as stakeholder, but are more removed from direct impact.

Restorative Justice Approaches

The three most common restorative justice modalities are VOM, family group conferencing (FGC) and peacemaking circles. VOM usually involves a victim and offender in direct mediation facilitated by one or sometimes two facilitators. Support persons such as parents or friends of the victim and/or offender are often present as well. FGC routinely involves support persons for the victim and offender as well as additional participants from the community. Peacemaking circles include even wider community member participation, either as interested persons or as additional circle-keepers or facilitators. The circle process involves the use of a "talking piece" that is passed around the circle to designate who may speak. In addition to these three modalities, there are other programs such as reparative boards with citizen representation or other community-based programs that invite the victim and offender to participate together in determining an appropriate response to the offense. Increasingly over time distinctions across these approaches have begun to blur. Many VOM programs, for example, routinely include support persons and occasional community members affected by the crime. The three approaches follow a broadly shared process that includes three stages: preparation, meeting, and follow-up. The

amount of time required, who is involved, and emphasis devoted to these stages, however, varies considerably within and across these approaches, reflecting differences in philosophy and goals.

Restorative justice dialogue programs are offered by the justice system; private, not-for-profit community-based agencies; and churches or church-related agencies and may be used to address crime at different points of prevention, diversion, incarceration, and reentry. VOM programs for juvenile offenders in the United States, for example, are likely to occur after an offender has been apprehended but prior to any formal finding of guilt or at postadjudication and before disposition of the case occurs. The vast majority of these programs are for minor crimes—for example, property crimes, simple assault, and burglary. VOM programs for violent and serious crime—for example, homicide, aggravated assault, and rape—are also called Victim-Offender Mediated Dialogue or Victim Offender Dialogue and more frequently occur during postsentence incarceration.

Research on Effectiveness

Studies show that victims participate in restorative justice dialogues to help the offender, hear why the offender committed the crime, and communicate to the offender the impact of the crime and to work toward the offender not recidivating. Although the desire for restitution may have been an initial motivator, victims report what is most important is the opportunity to talk to the offender. Offenders participate to pay back the victim, get the experience behind them, impress the court, or to apologize to the victim. Surveys indicate that participant satisfaction is consistently high or fairly high for both victims and offenders who participate in VOM, FGC, and peacekeeping circles. Moreover, youth who participate in VOM recidivate at approximately a 32% lower rate than non-VOM participating youth, and when they do reoffend, they tend to commit less serious offenses than youth who did not participate in VOM.

The Future of Restorative Justice

Restorative justice is expanding its reach to consider the use of dialogue in severe political violence and/or national healing, domestic violence, sexual abuse, and hate crimes as well as the use of surrogate victims for in-prison programs or surrogate offenders when dialogue with the actual offender is not possible. Its goal is to provide an opportunity to build a more accountable, understandable, and healing system of justice and law that can lead to a sense of community through active victim and citizen participation in restorative initiatives.

Marilyn Peterson Armour

See also Family Group Conferencing; Mediation; Peacemaking Circles; Victim Offender Mediation and Dialogue

Further Readings

Armour, M. P., & Umbreit, M. S. (2007). Victim-offender mediation and forensic practice. In D. Springer & A. R. Roberts (Eds.), *Handbook of forensic mental health with victims and offenders: Assessment, treatment, and research* (pp. 519–539). New York: Springer.

Umbreit, M. S., Vos, B., Coates, R. B., & Brown, K. (2003). *Facing violence: The path of restorative justice & dialogue.* Monsey, NY: Criminal Justice Press.

Zehr, H. (2002). *The little book of restorative justice.* Intercourse, PA: Good Books.

Restore Order and Leave

See Police, Response to Domestic Violence

Restraining and Protective Orders

One of the recent significant innovations in judicial responses to domestic violence has been the widespread adoption of statutes and policies encouraging judges to grant injunctive orders to immediately stop abuse. These can be called restraining orders, protective orders, injunctive orders, or simply court orders. There is virtually no disagreement that domestic violence victims need protective orders in cases of the threat of repeat violence. In one recent study, 68% of women seeking a restraining order had been victimized by prior violence. Another study reported that more than 50% of women applying for restraining orders had been injured during the incident that led to the issuance of the order.

Research in two Colorado counties reported that women filing for temporary restraining orders experienced an average of 13 violent acts in the year before filing. Similar findings were reported in Dane County, Wisconsin, where approximately one third of women filing for ex parte orders were assaulted at least 10 times in the 3 months before filing.

Restraining orders may be permanent or preliminary in nature. Orders of shorter duration are called temporary restraining orders (TROs). These are frequently granted on an ex parte basis, meaning that the party being restrained need not be represented at the temporary hearing before a hearing for a permanent injunction is held. Civil restraining orders were developed, in fact, expressly as a technique for advocates of battered women to circumvent the reluctance of police, prosecutors, and criminal courts to properly handle domestic violence cases.

Between 1976 and 1990, all 50 states and the District of Columbia enacted laws providing victims of domestic violence direct access to courts via protective orders or restraining orders. Before these statutes, women typically had to initiate divorce proceedings to be eligible for a protective order in the context of a divorce or family court.

In addition, pursuant to the Violence Against Women Act, the Federal Bureau of Investigation (FBI) now operates a national registry for restraining orders as part of its National Crime Information Center (NCIC). FBI data show between 600,000 and 700,000 permanent orders are entered annually. It is well known that this number substantially understates the actual number of restraining orders, since eight states do not participate in the NCIC registry, and many states have incomplete coverage. Similarly, temporary orders of protection are not counted; although some of these might be superseded by a permanent order, most of them are simply not counted. It is estimated that there are over one million such orders granted nationally.

The Process of Obtaining Court Orders

Protective orders differ from a criminal prosecution in that they may be heard in general purpose or family courts and rely on the civil powers of the court to judge disputes or a specialized family court's authority to resolve marital and familial matters. Since the issuance of a restraining order is not typically a criminal case, civil rules of procedure and evidence apply. The proceedings are explicitly designed to prevent future unlawful conduct rather than to punish past criminal behavior. Hence, in most states the evidentiary standard is "preponderance of the evidence," rather than the more rigorous criminal standard of "beyond a reasonable doubt." Courts typically attempt representation of both parties at a hearing prior to issuance of any permanent or even most preliminary injunctions. If the matter is urgent, however, such as when there is a threat of imminent violence, courts may authorize ex parte orders to remain in effect for a short time without the alleged offender being present (hence, ex parte).

In addition, although not directly related to their customary mission, several jurisdictions have given criminal courts the power to issue permanent and preliminary injunctions and temporary restraining orders apart from an ongoing criminal case. This power has the potential to dramatically enhance criminal courts' ability to divert appropriate cases from the criminal justice system without relying on another court to assume jurisdiction. Although protective orders are customarily issued by civil courts, they are directly relevant to the criminal justice system. Violation in the context of domestic violence is now punishable not only by a contempt of court finding, but also it constitutes an independent ground for justifying, or in many states mandating, a warrantless arrest. In Massachusetts, a fairly typical state, violation of a civil order is a misdemeanor punishable by incarceration for up to 30 months in the County House of Corrections. In other states, violation remains punishable by contempt of court, the traditional mechanism for enforcement. This method might be slow and cumbersome, but it does allow for severe punishment.

Several types of domestic violence-related protective orders have become common. In addition to general civil protection orders or TROs, which have been specifically adopted for domestic violence cases in all states and the District of Columbia, most states have enacted protection orders ancillary to a divorce or other marital proceeding. Although specific statutes vary, divorce-related orders require evidence of likelihood of improper conduct before issuing an order, typically for past physical abuse to the plaintiff-divorcee or the children. The broad scope of marital orders parallels that of the generalized protective order statutes. In addition, because these are coupled with interim custody and support orders, their immediate impact may be considerable.

Advantages of Obtaining Court Orders

For a variety of reasons, civil protective orders have the potential to assume a central role in society's response to domestic violence. First, the courts have far wider discretion to fashion injunctive relief, unlike strict sentencing restraints that are typically imposed on many judiciary proceedings. Most states confronting the issue have expressly provided judges the authority to grant any relief that is available and warranted by their state constitution. For example, courts often issue the following protective orders in domestic violence cases:

- orders prohibiting further contact with the victim, in person, by telephone, or through the mail;
- orders for the offender to enter counseling;
- orders limiting visitation rights to minor children;
- orders to vacate a domicile;
- orders to allow the victim the exclusive use of certain personal property, such as a car, even if title is in the name of the restrained party; and
- orders to prevent stalking.

This list should not be viewed as exhaustive in that this is a court's equity power to fashion suitable relief. To accomplish this, a court may restrain any type of improper conduct and will not be limited to granting any particular remedy. Instead, the provisions of an order are meant to be tailor-made for the specific situation.

Second, protective orders give the judicial system an opportunity for prospective intervention to prevent likely abuse. This ability avoids the necessity of requiring proof of past criminal conduct beyond a reasonable doubt. This is particularly useful for cases in which threats, intimidation, or prior misdemeanor activity suggest that the potential for serious abuse is quite high, yet the serious violence is only threatened and has not yet occurred.

Third, because violation of an order is now a criminal offense in all states, the existence of the order itself provides a potent mechanism for police to stop abuse—that is, the right to arrest and subsequently convict for violation of its terms.

Fourth, at least until the *Castle Rock* decision described below, when the police respond to a protective order they may be more inclined to take action to limit their own legal liability. Otherwise, the victim's counsel might later present such an order to establish that an officer failed to carry out required duties.

Fifth, obtaining a protective order from a court may have the effect of empowering the victim. Specifically, an order will usually give the victim unfettered control over her or his home and other essential assets. Knowledge that the local police can enforce such an order should make the victim more secure and most offenders less likely to resume abuse.

Sixth, in many dimensions, civil protective orders incur far fewer victim costs than criminal prosecution. Specifically, the mere issuance of a protective order does not jeopardize the job of an offender as might arrest, conviction, or even possible incarceration.

Seventh, divorce-related injunctive orders have an additional unique role. Counselors familiar with obtaining injunctive orders typically represent divorcing women.

Eighth, civil relief can be far timelier than in criminal cases. Because civil protective orders are meant to deter future abuse rather than sanction past criminal activities, there are far fewer delays from the time relief is sought until granted. In a civil court, a preliminary hearing can usually be scheduled within 1 to 2 days after the complaint is filed. In contrast, criminal hearings often are delayed due to failure to serve the defendant, an overwhelmingly crowded court docket, or continuances.

Finally, protective orders can be useful if criminal case prosecution would be problematic. Examples include situations in which the evidence of actual assault is unclear, if the victim would be a poor or reluctant witness, or when, because of alcoholism or drug abuse, the victim might be unlikely to get a conviction.

Limitations of Court Orders

Despite statutory provisions to use protective orders in domestic violence cases, a number of factors have limited their use. First, at least in the past, the primary obstacle was that the actual issuance of an order relied on judicial discretion, and enforcement was problematic at best.

A second difficulty is that, as a practical matter, the process of obtaining an injunctive order must be both initiated and pursued by the victim. There are often seemingly arcane procedural requirements and indifference, or sometimes even hostility, of court personnel or the judiciary. Similarly, victims often hesitate to file restraining orders because of fear of retaliation by the perpetrator, fear of disbelief, and even fear of unfamiliar and unfriendly courtroom rituals.

Third, police departments must have obtained copies or at least have a readily available reliable source of the terms of the order for it to be effective. Although the victim might receive a copy, it may not be readily available, and the police might legitimately worry that they are exceeding terms of the order or it might have expired, thereby exposing them to charges of false arrest.

Fourth, there is still no uniformity of statutes or policies in granting protective orders, and the availability of such protective orders for any particular case may be greatly limited by statute or, even more frequently, by arcane and often unpublished court administrative rules. A list of some representative restrictions is useful, however:

- Lifestyle factors of the victim and offender often curtail the ability of granting an order. Several states do not allow orders to be issued to former spouses, and some do not allow orders to be issued to people who have never been formally married, even if they are intimates.
- Administrative limitations have been placed on the type of past conduct that may be used to justify imposition of a restraint. Some states have required proof of actual physical abuse and refuse to grant protective orders in cases of threats or intimidation.
- Limitations have been administratively placed on ex parte TROs, arguably the most important form of protective order given the strong potential for immediate violence. These continue to reflect the judiciary's ambivalence toward using what they see as an extraordinary remedy.
- Numerous procedural limitations exist in many states, including filing fees (which may be waived) or an inability of a victim to obtain an emergency order at nighttime or on weekends, precisely the time when the victim is most at risk.

Fifth, there is a real danger of such orders being inappropriately used to undermine domestic violence enforcement by claiming that society "has done all we can do" to help its victims and, therefore, advocates should be satisfied.

Sixth, there is some evidence that the statutes allowing restraining orders are not evenly applied.

Finally, an argument can be made that criminalizing the violation of a civil restraining order may limit its ability to protect victims. Criminalizing the violation of a civil protective order if enforced would act to protect the victim by providing a relatively easy method to arrest an offender who is unable to control conduct demanded by a court. A mandatory arrest upon breach of a restraining order may limit the victim's autonomy, much the same way that mandatory arrest has been believed to limit the victim's ability to determine the outcome. Conversely, prosecutorial discretion and the existence of ever increasing criminal caseloads may simply mean that the victim really has no advocate in the system who will ensure priority for the enforcement of a breached order.

Effectiveness of Court Orders

A number of studies have reported differing findings on the actual efficacy of the TRO process. The distinction between these studies may be how effectiveness outcomes were measured. If "effectiveness" is measured on the basis of preventing further acts of violence, little positive impact is shown by these studies; however, this does not mean that when reabuse occurs police will ignore the subsequent event. In fact, the police and official reaction to the protective order might affect future abuse. Other studies now clearly demonstrate that women feel empowered or protected by such orders and the lifting of fear is itself valuable.

There is not yet a consensus as to which factors predict when restraining orders will be violated and reabuse will occur; however, it is extraordinarily difficult to determine generally the efficacy of restraining orders. Researchers know that a substantial number of domestic violence victims who seek restraining orders will be subject to reabuse. There are some factors, such as the presence of minor children, lower levels of income, and, perhaps most important, past criminal history of the offender, that appear to predict the likelihood of reabuse and hence, in the broadest sense, make a restraining order ineffective. It may be premature to marginalize the role of restraining orders, especially because, as noted earlier, most victims believe that the issuance of protective orders does have merit.

Judicial Enforcement of Court Orders

A recent Supreme Court case, *Castle Rock v. Gonzales,* 545 U.S. 748 (2005), has cast significant doubt on the judiciary's willingness to mandate the enforcement of restraining orders by government agencies. Actual enforcement of these orders is extremely important. If they are not enforced, it is

obvious that their value will be limited. Further, batterers may interpret this failure as a continued lack of societal concern over their abusive behavior. There is a fundamental principle of law that "deprivations of law require remedies."

The facts of the case suggest that the Castle Rock (Colorado) Police did a poor job of enforcing an existing restraining order. In 1999, three girls, ages 7, 8, and 10, were shot to death by their father at an amusement park where he had taken them. Their mother had asked the Castle Rock Police Department to inform the Denver Police Department of a violation of the restraining order. The police could have easily intercepted the father and the girls, since there was only one way in and out of the amusement park. The Castle Rock Police Department, however, refused.

Jessica Gonzales sued the police department for $30 million, claiming that she was deprived of her right for procedural due process by the police department's effective dismissal of the protective order, in clear violation of the Colorado state statute that required them to use "every reasonable means to enforce it."

The U.S. District Court granted the defendant's motion to dismiss, finding that the plaintiff had failed to state a claim for which relief could be granted (*Gonzales v. City of Castle Rock,* 2001, U.S. Dist. LEXIS 2618 (D. Colo. 2001). On appeal, the 10th Circuit Court of Appeals reversed the District Court. The U.S. Supreme Court in *Gonzales v. City of Castle Rock* 545 U.S. 748 (2005) reversed the court of appeals and dismissed the lawsuit. In a 7–2 decision written by Justice Antonin Scalia, the Court found that a person protected by a restraining order has no "property right" in that order. Therefore, the person has no right to sue when a police department refuses to enforce the restraining order. In doing so, the Court appears to have ignored the intent of the state legislature when it created mandatory action on the part of the police. While it is still too early to determine the effect of this decision, it potentially has a devastating impact on the role of restraining orders in protecting victims, at least in some jurisdictions.

Eve S. Buzawa

See also Legal System, Advocacy Efforts to Affect, Intimate Partner Violence; Legal System, Civil Court Remedies for Intimate Partner Violence; Legal System, Criminal Justice System Responses to Intimate Partner Violence; Legislation, Intimate Partner Violence; Mandatory Arrest/Pro-Arrest Statutes; Police, Response to Domestic Violence

Further Readings

Buzawa, E. S., & Buzawa, C. G. (2003). *Domestic violence: The criminal justice response* (3rd ed.). Thousand Oaks, CA: Sage.

Keilitz, S. L., Hannaford, P. L., & Efkeman, H. S. (1997). *Civil protection orders: The benefits and limitations for victims of domestic violence: Executive summary.* Washington, DC: U.S. Department of Justice.

Miller, N. (2005). *What does research and evaluation say about domestic violence laws: A compendium of justice system laws and related research assessments.* Alexandria, VA: Institute for Law and Justice.

Risk Assessment

Risk assessment in the human services field is a structured or unstructured process whereby an attempt is made to predict harmful future behavior. Examples include predicting whether parents who are reported to child welfare authorities will subsequently maltreat their children, parolees will commit a violent crime upon release, and male batterers will injure or kill their intimate partner. Such assessments are used to help clinicians, judges, police officers, and other human services professionals make decisions that minimize the risk of harm to individuals and communities. In general, such assessments are presented as classifications of increasing risk ranging from low to high or very high.

There are three types of approaches to the assessment of risk: *clinical judgment*, *consensus or expert-driven measures*, and *actuarial measures*. Clinical judgment is based on case study, intuitive judgment, or professional experience and is usually the least predictive form of risk assessment. There are many reasons for this shortcoming, but these reasons mainly center on the inability of human beings to accurately weigh and combine large amounts of disparate and often conflicting information. In essence, too much data can cause human services providers to base their decisions on information that is unrelated to actual risk.

Formal risk assessment measures are an attempt to address these concerns. Such tools are, essentially, lists of variables (e.g., caregiver and child characteristics or attributes, abuse circumstances, or environmental circumstances) that have been found to predict an outcome of interest (e.g., the initial occurrence or the recurrence of abuse). Consensus-based or expert-driven

risk assessment instruments are tools that are compiled by experts in the field who draw upon previous research findings, clinical experience, or a combination of both, but an empirical study is usually not conducted to develop the instrument or to make sure that it is working well. Actuarial instruments, on the other hand, are developed by empirically identifying a set of risk factors with a strong statistical relationship to the behavioral outcome, and these factors are then weighted and combined to form an assessment tool that optimally classifies families or individuals according to the risk that they will exhibit the behavior. Although there has been a fairly long history of controversy in psychology about the use of actuarial versus clinical judgment and consensus-based prediction, actuarial tools have been found to clearly outperform both clinical judgment and consensus-based approaches.

Because predicting human behavior is inherently difficult, classifications of risk are generally used to inform rather than to determine service decisions. Risk assessment instruments are simply predictive tools. They are not designed to assess such things as family dynamics or other important functional issues, nor do they constitute treatment plans. Clinical and professional expertise is used to place risk assessment findings in context and to arrive at ways to prevent and/or minimize the consequences of future behavior.

Aron Shlonsky

See also Risk Assessment Instruments, Child Maltreatment; Risk Assessment Instruments, Elder Abuse; Risk Assessment Instruments, Interpersonal Violence; Risk Assessment Instruments, Intimate Partner Violence; Risk Assessment Instruments, Youth Violence

Further Readings

Dawes, R. M. (1994). *House of cards: Psychology and psychotherapy built on myth.* New York: Free Press.

Gambrill, E., & Shlonsky, A. (2000). Risk assessment in context. *Children and Youth Services Review, 22*(5–6), 813–837.

Grove, W. M., & Meehl, P. E. (1996). Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures. *Psychology, Public Policy, and Law, 2*(2), 293–323.

Rycus, J. S., & Hughes, R. C. (2003). *Issues in risk assessment in child protective services: Policy white paper.* Columbus, OH: North American Resource Center for Child Welfare, Center for Child Welfare Policy.

Shlonsky, A., & Wagner, D. (2005). The next step: Integrating actuarial risk assessment and clinical judgment into an evidence-based practice framework in CPS case management. *Children and Youth Services Review, 27*(3), 409–427.

Risk Assessment Instruments, Child Maltreatment

Risk assessment procedures are used by human services professionals to identify children who may be at risk of harm as a result of maltreatment. Most often, such assessments are conducted by child protection agencies charged with investigating allegations of child abuse. In such instances, risk assessment generally involves determining the likelihood of future maltreatment and deciding whether action is needed to reduce the risk of future harm. The definition of child maltreatment can vary with regard to scope, frequency, and severity, but it generally entails an act of commission or omission that is damaging or harmful, or can result in damage or harm, to the child's physical or psychological well-being. Child maltreatment is categorized into specific acts of physical abuse, sexual abuse, neglect, and emotional abuse including witnessing domestic violence.

Historically, social services workers have relied upon clinical skills derived from a mixture of professional judgment and intuition to make attributions of risk. However, clinical judgment may be an inadequate predictor of future risk and can result in poor decisions that have serious implications for children and families (i.e., children are mistakenly left in homes that are abusive or children are mistakenly separated from their caregivers). Commonly found circumstances contributing to uncertainty in cases of alleged child maltreatment can include differences in parenting styles, cultural variations in parenting, environmental characteristics, the values and policies of agencies and the broader community toward child maltreatment, worker training related to decision making, and the organizational context of child welfare agencies.

Standardized risk assessment measures have been developed in child welfare in an effort to address these shortcomings and to target scarce resources, and these have been adopted widely across the United States, Canada, and Australia. Standardized risk assessment instruments have been used for many

years in other practice fields, including medicine, health, and criminology. In general, their improved reliability, validity, and objectivity enhance decision making. Standardized risk assessment tools differ regarding their scope, construction, and reliance on various factors to predict risk, but they share a common goal: to help social service workers more accurately determine the likelihood of child maltreatment based on the presence of certain family characteristics and environmental conditions considered to be highly associated with maltreatment.

Standardized tools generally involve three separate functions: (1) screening for potential maltreatment in the general population, (2) assessing the risk of recurrence of maltreatment in populations being investigated by child protection services, and (3) assessing the risk of maltreatment among children who have been returned to their parents after residing in foster care. Although these categories overlap to some extent, the factors that predict initial occurrence are not necessarily the same factors that predict maltreatment recurrence. Instruments developed within these three areas differ in terms of their underlying construction (e.g., consensus-based vs. actuarial), sources of information (e.g., caregiver, child, caseworker), number of risk factors included, and scoring of risk factors (e.g., range of choices for each category). Although most of the items appear to have been derived or at least supported by empirical studies, many factors have not been validated for use in risk assessment instruments.

Risk Factors for Child Maltreatment

Programs targeting high-risk families have had some degree of success at decreasing the incidence of child maltreatment, and risk assessment can be used to more accurately identify high-risk children and families. Factors that have been identified as related to initial maltreatment include maternal and paternal depression, substance abuse, unemployment, social isolation, unrealistic expectations of the child, parental history of being abused, and increased caregiver stress. Factors specific to initial physical maltreatment include young maternal age, single parent status, parental history of physical abuse, spousal violence, unplanned or negative attitudes toward pregnancy, history of parental substance abuse, parent social isolation, maternal psychiatric impairment, low maternal education, low socioeconomic status, and large family size. Factors related to the initial risk of sexual maltreatment include living in a family without a natural parent; living in one in which there is a poor relationship between parents, there is the presence of a stepfather, or there are poor child–parent relationships; or living in a family when there was a low maternal age or there was a parental death.

Assessing risk of recurrence for cases where there has been an allegation of child maltreatment fall into two broad categories: safety assessment and risk assessment. Safety assessment generally involves answering a series of questions related to the immediate threat of harm, while risk assessment generally refers to the longer-term likelihood that a child will be reabused if he or she remains with the caregiver(s) (usually a birth parent). Many factors have been associated with recurrence of maltreatment including prior incidents of maltreatment, unrealistic expectations of the child by the parent, contact between the child and the perpetrator, the number of children in the home, poor parenting skills, the child's fear of a parent, the child's continued contact with the perpetrator, and the presence of multiple subtypes (i.e., physical abuse, neglect, and/or sexual abuse) of maltreatment. In a rigorous systematic review examining 15 studies from the United States and one study from Australia, Hindley, Ramchandani, and Jones found that the four most consistent factors predicting future maltreatment included the number of previous episodes of maltreatment, neglect (as opposed to other forms of maltreatment), parental conflict, and parental mental health problems.

Risk factors found to be related to the risk of maltreatment among children who have been returned to their parents after residing in foster care include young age at return to parents, child health problems, placement in foster care with nonrelatives, increased placement moves while in foster care, and shorter stays in foster care.

Instruments

General Screening

One of the more commonly used tools to screen the general population of maltreatment risk is the Child Abuse Potential Inventory (CAPI). Developed by Milner, the CAPI is a 160-item self-report questionnaire designed to describe parenting attitudes and beliefs, parental psychological functioning, and parents' perception of their relationship with their child, family, and

community. However, screening approaches for initial risk of child maltreatment, including the CAPI, have been found to have unacceptably high false-positive rates. That is, many parents are incorrectly identified as having high maltreatment potential.

Assessing the Risk of Recurrence of Maltreatment

In terms of risk of maltreatment recurrence, some of the more commonly used instruments include the Washington Risk Assessment Matrix (WRAM), the California Family Assessment Factor Analysis (CFAFA or the Fresno model), the Alaska model, the Child at Risk Field, the Child Emergency Response Assessment Protocol, the Child Well-Being Scales or the Family Risk Scales, Risk Assessment Model, and the actuarial risk assessment instruments developed by the Children's Research Center (CRC).

Although the evidence of individual risk assessment models is mounting, most tools do not meet established standards for reliability and predictive validity. Nonetheless, a wide range of studies from many fields have found that actuarial (statistically driven) prediction is at least as good, and most often better, than unassisted clinical prediction. Investigations of the CANTS 17B, a child abuse and neglect tracking system, and WRAM, the Washington Risk Assessment Matrix, have found them to be to be inadequate predictors of maltreatment recurrence. In one of the few studies to compare the relative validity of different systems, Baird and Wagner compared the WRAM and a derivation of the CANTS 17B (the CFAFA), both consensus-based instruments, with Michigan's actuarial Family Risk Assessment of Abuse and Neglect (FRAAN). Not surprisingly, FRAAN's actuarial approach substantially outperformed the other tools in terms of correctly classifying high-risk families who later maltreated their children. Extending these findings, prospective validation of CRC's California Family Risk Assessment found that the instrument was able to correctly classify potentially maltreating families into low, moderate, high, and very high risk categories at levels beyond chance.

Reentry to Foster Care

Less rigorous research has been focused on developing and evaluating instruments measuring the risk of reentry into foster care. This lack is likely due to the relatively low rate of recidivism, making it difficult to generate sample sizes large enough to create a reliable, valid risk assessment tool.

Conclusion

Predicting human behavior is inherently difficult; therefore, classifications of risk are generally used to inform rather than to determine service decisions. Risk assessment instruments are simply tools used to predict. Assessment tools are not designed to assess such things as family dynamics or other important functional issues, nor do they constitute treatment plans. Placing risk assessment findings in context and arriving at ways to prevent and/or minimize the consequences of future behavior requires clinical and professional expertise.

Aron Shlonsky and Michael Saini

See also Brief Child Abuse Potential Inventory; Child Neglect; Child Physical Abuse; Child Sexual Abuse; Foster Care; Risk Assessment

Further Readings

Baird, C., & Wagner, D. (2000). The relative validity of actuarial- and consensus-based risk assessment systems. *Children and Youth Services Review, 22*(11–12), 839–871.

Cash, S. J. (2001). Risk assessment in child welfare: The art and science. *Children and Youth Services Review, 23*(11), 81 1–830.

Courtney, M., Piliavin, I., & Entner Wright, B. R. (1997). Transitions from and returns to out-of-home care. *Social Service Review, 71*(4), 652–667.

DePanfilis, D., & Zuravin, S. J. (1998). Rates, patterns, and frequency of child maltreatment recurrences among families known to CPS. *Child Maltreatment, 3*, 27–42.

Fluke, J., Edwards, M., Bussey, M., Wells, S., & Johnson, W. (2001). Reducing recurrence in child protective services: Impact of a targeted safety protocol. *Child Maltreatment, 6,* 207–218.

Gambrill, E., & Shlonsky, A. (2000). Risk assessment in context. *Children and Youth Services Review, 22*(5–6), 813–837.

Grove, W. M., & Meehl, P. E. (1996). Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures. *Psychology, Public Policy, and Law, 2*(2), 293–323.

Hindley, N., Ramchandani, P., & Jones, D. P. H. (2006). *Risk factors for recurrence of maltreatment: A systematic*

review. Archives of Diseases in Childhood Press Releases. Available at http://adc.bmj.com/

Lyons, P., Doueck, H. J., & Wodarski, J. S. (1996). Risk assessment for child protective services: A review of the empirical literature on instrument performance. *Social Work Research, 20*, 143–155.

MacMillan, H. (2000). Preventive health care, 2000 update: Prevention of child maltreatment. *Canadian Medical Association Journal, 163*(11), 1451–1458.

Milner, J. (1986). *The Child Abuse Potential Inventory manual* (2nd ed.). Webster, NC: Psytec.

Rycus, J. S., & Hughes, R. C. (2003). *Issues in risk assessment in child protective services: Policy white paper.* Available at http://www.narccw.com

Shlonsky, A., & Wagner, D. (2005). The next step: Integrating actuarial risk assessment and clinical judgment into evidence-based practice framework in CPS case management. *Children and Youth Services Review, 27*, 409–427.

Wald, M. S., & Woolverton, M. (1990). Risk assessment: The emperor's new clothes? *Child Welfare, 69*, 483–511.

Risk Assessment Instruments, Elder Abuse

Elder abuse risk assessment instruments are specifically designed tools for gathering information about older adults and their circumstances in order to evaluate the possibility of abuse occurrence. They target the identification of risk factors, conditions empirically linked to the presumed causes of elder abuse. Risk assessment instruments offer a framework for deciding what strategies may be appropriate for problem intervention. There is broad recognition that accurate and efficient tools are needed. However, many existing risk assessment instruments have limited application or lack established validity or reliability.

The Importance of Risk Assessment

Elder abuse risk assessment is important for three reasons. First, it improves the accuracy of problem identification by revealing characteristics of the victim, perpetrator, or environment key to determining the likelihood of elder abuse. Second, risk assessment provides information for planning service interventions. Interventions can be suitable or unsuitable depending on the nature and scope of risk factors present in the situation. Third, risk assessment helps avoid inappropriate use of resources. Services can be wasted or poorly timed if danger is miscalculated.

Risk assessment has specific qualities and purpose. Ideally it should be organized, timely, accurate, and thorough. In addition, it should focus on uncovering any risk factors for abuse occurrence, indicating their frequency, severity, longevity, and effects. For example, assessment may discover an adult son's alcoholism and then explore how often he drinks, how much alcohol is consumed, whether or not he or others believe a drinking problem exists, and how he behaves under the influence of alcohol. Alcoholism on the part of the perpetrator is well documented through research as a risk factor for elder abuse.

Elder abuse risk assessment is not abuse screening. Assessment and screening are interrelated, but they differ in two ways: timing and depth. Screening comes before and is preliminary to assessment. For instance, detecting elder abuse through screening precedes evaluating the problem through assessment. Moreover, screening aims at determining the presence or absence of elder abuse based upon observed or reported examples or signs. Examples represent illustrations of the problem, and signs represent the consequences of abuse occurrence. For physical abuse, examples might include slapping or using a knife against an older adult, and signs might include resulting bruises or wounds. In contrast, risk assessment explores the dimensions of identified risk factors as described above.

The Function of Risk Assessment Instruments

Elder abuse risk assessment instruments assist health care, social service, and law enforcement professionals to identify possible elder abuse situations and to understand the etiology of detected elder abuse. In most states these professionals have legally mandated elder abuse reporting responsibilities. Since older adults may not report their own harm or danger for reasons that include inability or fear, professionals in contact with this population assume a critical role in ensuring their safety. Unfortunately, reporting rates tend to be low in part because of the limited and inconsistent research delineating elder abuse risk factors. Without the identification of risk factors, there is no clear understanding of the antecedents to elder abuse or sound basis for developing risk assessment tools.

Risk assessment tools are useful at two levels. At the case level, they help ensure that elder abuse risk factors are identified. For this, they formalize the information gathering process of observation and interviewing. At the population level, they provide data for research. In turn, study findings establish the foundation for policy development and program planning around problem prevention and treatment.

Variation Among Elder Abuse Risk Assessment Instruments

There are five types of variation found among existing elder abuse risk assessment instruments. Three types concern targeted populations or settings, and two address format. Some tools target both the possible victim and perpetrator or caregiver, others only the victim. Some tools are applicable across professions; others are geared to only one, such as nursing or medicine. Some tools are tailored for in-home use and others for an organizational context, such as a hospital. Some tools represent simple checklists or indices; others are narrative guidelines, outlines, or questionnaires. Finally, some tools are quite lengthy, involving dozens of items; others are brief, referencing only a few risk factors.

Selecting the most appropriate risk assessment instrument should consider intended use. For example, shorter forms may be more appropriate to busy or fast-paced settings, like hospital emergency departments. However, instrument selection can be difficult. There are many instruments available. Most have not been subjected to rigorous testing. Several include a confusing array of elder abuse examples and signs along with the risk factors. Some ambitiously attempt to cover assessment areas more indirectly related to elder abuse etiology, such as physical health or finances.

The variety of available tools is evident in the following list. Since there is no universally accepted elder abuse risk assessment instrument, those identified represent well-known and generally well-regarded tools.

Health, Attitudes, Living Arrangements, and Finances

Protective Services Risk Assessment

Sengstock-Hwalek Elder Abuse Screening Test

Risk of Elder Abuse in the Home

The Elderly Assessment Protocol

American Medical Association Diagnostic and Treatment Guidelines on Elder Abuse and Neglect

Brief Abuse Screen for the Elderly and Indicators of Abuse Screen

Actual, Suspected, and Risk of Abuse Tools

Elder Assessment Instrument

Georgia J. Anetzberger

See also Elder Abuse; Risk Assessment

Further Readings

Anetzberger, G. J. (2001). Elder abuse identification and referral: The importance of screening tools and referral protocols. *Journal of Elder Abuse & Neglect, 13*(2), 3–22.

Fulmer, T., Guadagno, L., Dyer, C. B., & Connolly, M. T. (2004). Progress in elder abuse screening and assessment instruments. *Journal of the American Geriatrics Society, 52*(2), 297–304.

Meeks-Sjostrom, D. (2004). A comparison of three measures of elder abuse. *Journal of Nursing Scholarship, 36*(3), 247–250.

National Research Council. (2003). *Elder mistreatment: Abuse, neglect, and exploitation in the aging America.* Washington, DC: National Academies Press.

Risk Assessment Instruments, Interpersonal Violence

Assessing risk is important if researchers and human services professionals are to predict who is most likely to perpetrate or experience interpersonal violence. Although numerous controversies exist in this field, a large number of assessment instruments have been designed to determine the likelihood of becoming involved in interpersonal violence. These instruments vary in focus, but they can be broadly categorized as to whether they are administered to victims or perpetrators. Some instruments (e.g., Revised Conflict Tactics Scale, CTS2) assess both victimization and perpetration in a single scale.

Victim-Administered Instruments

Demographic variables appear to be significant indicators of future victimization among women, and most

assessment protocols include evaluation of known risk factors such as income and/or socioeconomic statues, minority and relationship status, and age. Other instruments focus on frequency and severity of discrete violent or high-risk behaviors. The CTS2 reliably discriminates violent from nonviolent relationships by measuring the extent to which partners engage in physical and psychological disagreements with one another. An alternative scale used to measure mental impact of abuse is the Psychological Maltreatment of Women Inventory. This self-report survey indicates frequency of emotionally distressing events as recalled by women. A third scale, the Index of Spouse Abuse, also looks at the severity of emotional and psychological abuse perpetrated by one's spouse. The Danger Assessment, originally developed by Campbell in 1986 and revised in 2004, uses victim information to predict future domestic violence rather than frequency and severity of violent or high-risk behaviors. This measure assesses severity of victimization by asking women to indicate on a calendar when battering occurred and how severe the altercation was. In addition, women are asked 20 dichotomous questions regarding possible risk factors associated with intimate partner violence. These items are scored using a weighted scoring system. This measure has been utilized in a variety of settings including domestic violence shelters and health care settings and has shown both high internal consistency and reliability.

Perpetrator-Administered Instruments

A variety of measures primarily administered to males have been developed to assess predisposition to abusive behavior. Perpetrator surveys range from the examination of general criminality and aggression to perpetration or recidivism specific to partner abuse. The Partner Abuse Prognostic Scale (PAPS) and the Propensity for Abusiveness Scale (PAS) both gather information from adult males to predict their risk of battering. The PAPS examines prognostic indicators for abuse recidivism, while the PAS profiles potential perpetrators by assessing variables such as attachment style, emotional and abusive history, and self-concept stability. Similarly, the Spousal Assault Risk Appraisal Guide screens for risk factors associated with family violence by conducting a clinical checklist with those suspected of or being treated for domestic assault. This measure explores 20 risk factors linked with spousal abuse recidivism. Kerry's Femicide Scale is used to identify factors that may make it more likely for a man to kill his intimate partner. These factors go beyond physical and emotional aspects of abuse by investigating the way in which men from both community and prison populations regard women.

Several scales exist that assess attitudes toward women that may be associated with higher risk for interpersonal violence. These scales are based on a burgeoning literature examining individual differences associated with increased abuse perpetration or risk. The Hostility Toward Women Scale consists of 30 true-false statements designed to uncover men's aggression toward women. The Inventory of Beliefs About Wife Beating completed by both males and females assesses attitudes toward spousal abuse. These measures are used to further the understanding of why such abuse occurs and how men and women differ in their views on interpersonal violence.

Scales measuring a man's risk of becoming violent in general have also been used to predict likelihood of abuse perpetration against intimate partners. The Psychopathology Checklist—Revised and the Historical, Clinical, and Risk Management Violence Risk Assessment Scheme are structured interviews that obtain information from multiple sources. These include case histories, families, and criminal and psychiatric records. The Violence Risk Scale as well as the Violence Risk Appraisal Guide (VRAG) predicts recidivism of abusive behavior in soon to be released incarcerated violent offenders by using past history and situational factors. Individuals perceived to be at risk are targeted for treatment. The Violence Prediction Scheme (VPS) is a combination of the VRAG and a short list of clinical criteria referred to as the ASSESS. The VPS is also used in the prediction of violent behavior in adult male prison populations. The predictive accuracy for this measure is found to be as long as 10 years from assessment. Finally, the Multidimensional Anger Inventory (MAI), while not specifically designed to assess domestic violence, examines anger on a global level. High scores on the MAI may indicate which individuals may be more likely to perpetrate spousal abuse.

The aforementioned risk assessment instruments offer great insight into the possibility that an individual will become involved in interpersonal violence at some point in his or her life. However, it is critical to obtain information from outside sources to retain a more holistic view of the situation. Knowledge of socioeconomic variables,

family history of violence, and criminal records are all mitigating factors in the prediction, prevention, and treatment of domestic violence.

Selection of Instruments

Selection of a risk appraisal instrument is contingent upon a variety of important factors. For example, when assessing risk of involvement in interpersonal violence contextual variables must be taken into account. Type of setting, treatment history, and individual status (i.e., victim or perpetrator) are all situational components that should be determining criteria in the assessment selection. In addition, it is important to note base rates of violent behavior in a population when attempting to make predictions as well as to note the purpose for the risk appraisal. Finally, it may be particularly important for researchers to consider what instruments show the greatest reliability and validity in specific subsamples of abuse perpetrators and victims (e.g., college students vs. rural minority samples). Without such commonly agreed upon protocols, it is difficult to assess abuse severity across studies.

Claire S. Oxtoby, Vanessa Handsel, and Caroline Clements

See also Battered Women; Conflict Tactics Scales; Danger Assessment Instrument; Measurement, Interpersonal Violence; Risk Assessment, Intimate Partner Violence

Further Readings

Campbell, J. C. (1986). Nursing assessment for risk of homicide with battered women. *Advances in Nursing Science, 8,* 36–51.

Hudson, W., & McIntosh, S. (1981). The index of spouse abuse: Two quantifiable dimensions. *Journal of Marriage & Family, 43*, 873–888.

Tolman, R. M. (1989). The development of a measure of psychological maltreatment of women by their male partners. *Violence and Victims, 4*, 159–177.

Tyagi, S. V. (2003, November). Risk assessment measures in prediction of domestic/interpersonal violence: Brief overview of some measures and issues (Report No. 2003:01). In *Professional education for community practitioners: Technical paper series*. Toronto, ON: Counterpoint Counselling and Educational Co-operative. Retrieved from http://www.womanabuseprevention.com/html/Risk%20Assessment%20instruments.htm

Risk Assessment Instruments, Intimate Partner Violence

In the United States, domestic violence occurs at a base rate of 16,000 per 100,000 families. Approximately 1,600 women in the United States are murdered each year by their current or former partners. Many of these homicides are preceded by a history of violence, and many cases of nonfatal domestic violence are followed by more severe assaults. Numerous professionals within the criminal justice system and other various medical and community settings are called upon to make predictions concerning the level of future danger that domestic violence perpetrators pose to the women they have abused. These predictions may concern the likelihood that the woman will be assaulted again by the perpetrator, the probability that the perpetrator will act on previous threats made to the woman, or the potential severity of a future assault (e.g., lethal). Some of the professionals have specialized training and expertise in the area of domestic violence (e.g., shelter counselors assisting in safety planning, staff at batterer intervention programs, specialized police officers). Other times, less-specialized professionals may be in a position of making these judgments (e.g., emergency room doctors and nurses, family doctors, psychiatrists, psychologists, social workers, and family therapists). These predictions may be made in informal contexts (e.g., when treating and counseling victims or perpetrators) or formal contexts (e.g., when testifying in legal matters with respect to sentencing, treatment placement, or supervision intensity). A relatively new but rapidly growing science designed to assist these professionals in their decision making and predictions is the development of intimate partner violence risk assessment instruments.

The Need for Risk Assessment Instruments

Historically, prediction of future assault was based on professional experience and intuition. More recently, predictions may be based on standardized risk assessment procedures and protocols that utilize instruments outlining various factors empirically associated with increased likelihood of future violence. These tools were developed in response to findings that various professionals are often unable to make unguided accurate predictions based on their experiences and

clinical judgment beyond chance levels. These findings were of tremendous importance to criminal justice systems concerned with the balance between the safety of communities and the rights and freedoms of perpetrators. A false positive prediction could unnecessarily restrict a perpetrator's freedom. By contrast, a false negative prediction could jeopardize the safety of a victim and create a missed opportunity to institute appropriate safeguards to prevent future assault. Criminal justice systems demand sensitive and specific decision-making methods that would correctly classify the large number of cases being processed. Sensitivity refers to the ability to correctly detect true cases of recidivism and to predict them while minimizing false negatives and specificity refers to the ability to correctly discriminate cases in which no violence will occur and to not predict violence while minimizing false positives. Similarly, predictions in family court in regard to child custody and visitation involve the safety of adult victims and their children.

One indicator of risk that deserves special note is the victim's perception of risk from the perpetrator. Research and clinical wisdom support the notion that a victim's sense of being in danger should be taken very seriously. At the same time, half of victims who are murdered did not perceive lethal danger, but rather thought of their expartner as annoying or harassing. Some researchers have stressed the importance of a structured approach to history by using a calendar to accurately identify the full history and possible escalation of violence. Given the tendency of many victims to minimize the severity of violence, risk assessment tools may help professionals educate victims about the need for safety planning.

Existing Risk Assessment Instruments and Their Characteristics

At the time of this writing, nine intimate partner risk assessment scales exist with some amount of empirical support for their use. There is variation among these instruments in their sources of information (such as interview with victim, or perpetrator, or both). Some tools require lengthy interviews with victims, and others stress brevity and immediately accessible information for professionals such as the police.

Benefits and Limitations

In addition to increasing predictive accuracy, given the large number of domestic violence perpetrators and victims that come into contact with the aforementioned systems, these instruments also enable professionals to prioritize and manage cases. This prioritization facilitates a system response whereby victims at greatest risk of experiencing severe future violence can receive timely safety planning strategies and perpetrators most likely to inflict such violence can receive more immediate risk-reduction intervention. Additionally, these instruments provide a common language for all professionals across systems so that communication of danger is clearly understood.

Intimate partner violence risk assessment instruments are not without their limitations and controversies. Many instruments are still limited in their predictive validity. The tools are often capable of correctly classifying and predicting recidivists and nonrecidivists in the study samples from which they were derived; however, they often do not maintain the same level of predictive accuracy when used with new groups or study samples. This problem is in part due to the fact that the initial studies are retrospective rather than prospective (or longitudinal). A relatively low base rate of recidivism and homicide cases creates significant challenges in predictions. Reliability and validity measures also influence classification rates. Relatively low base rates of a behavior, in combination with certain psychometric properties of the instruments (e.g., poor validity) may lead to a propensity for false positives. A complication in prediction is the fact that risk may be static or dynamic. Some perpetrators may be a risk as a function of an antisocial personality, while other perpetrators may be dangerous based on situational factors such as separation or job loss. Currently, there is no agreement on which measure is objectively the best.

Future Directions

Research into intimate partner violence, domestic violence risk assessment, and risk assessment, in general, is still in its infancy. As research continues, improvements to measures are expected to be made so that limitations are minimized. The future of intimate partner violence risk assessment depends on extensive research that is based on prospective, multisite, and longitudinal studies. Risk assessment will ultimately be valued as part of a comprehensive and coordinated approach to safety planning and risk reduction.

Peter G. Jaffe, Claire V. Crooks, and Marcus Juodis

See also Batterers; Danger Assessment Instrument; Familicide; Femicide; Intimate Partner Violence

Further Readings

Campbell, J. C. (Ed.). (2003). *Danger Assessment Scale.* Baltimore: Johns Hopkins University.

Dutton, D. G., & Kropp, P. R. (2000). A review of domestic violence risk instruments. *Trauma, Violence, & Abuse, 1*, 171–181.

Heckert, D. A., & Gondolf, E. W. (2004). Battered women's perceptions of risk versus risk factors and instruments in predicting repeated reassault. *Journal of Interpersonal Violence, 19,* 778–800.

Hilton, N. Z., Harris, G. T., Rice, M. E., Lang, C., Cormier, C. A., & Lines, K. J. (2004). A brief actuarial assessment for the prediction of wife assault recidivism: The Ontario Domestic Assault Risk Assessment. *Psychological Assessment, 16,* 267–275.

Kropp, P. R. (2004). Some questions regarding Spousal Assault Risk Assessment. *Violence Against Women, 10,* 676–697.

Risk Assessment Instruments, Youth Violence

Identifying youth at risk for committing future acts of violence is important for effectively implementing the services and interventions needed to curtail youth violence. Risk assessment instruments are used to predict future violence and are informed by a number of different components, including youth risk and protective factors, treatment needs, and likelihood of responsivity to treatment. Risk assessments are administered in various formats, including open-ended interview, self-report, and analysis of collateral information. These assessments are conducted by multiple stakeholders and across different contexts, such as clinical, legal, and research settings.

Assessment Components

Research has identified specific risk factors that are associated with an increased likelihood of future violence among youth. In particular, a history of violent behavior or exposure to violent behavior (e.g., abusive relationships, family violence), mental illness (e.g., psychopathic traits, substance abuse), and maladaptive environmental influences (e.g., delinquent peers, neighborhood disorganization) have all been linked to risk for future violence among youth. However, risk factors are typically only one component of risk assessment instruments used to predict youth violence. For example, treatment needs, or risk factors that are amenable to change (e.g., antisocial attitudes), are often assessed to identify interventions and services that may decrease the likelihood of future violence among at-risk youth. Responsivity factors, such as an individual's motivation to change, are also measured in risk assessment instruments and are thought to index how responsive at-risk youth will be to treatment interventions. Lastly, some risk assessment instruments take into account protective factors, which are characteristics associated with a reduced likelihood for engaging in future violence, such as strong social support and prosocial attitudes.

Assessment Formats

Risk assessment instruments can be administered in a variety of formats, including structured, semistructured and unstructured clinical interviews, self-report and informant-report questionnaires, or a combination of these methodologies. Historically, determinations of risk for violence were based primarily on the opinion of a clinician following an unstructured interview and/or a review of collateral data (e.g., criminal records, school reports). However, the use of unstructured clinical interviews to identify youth at risk for violence has largely been replaced by more standardized risk assessment formats that use scientifically supported criteria (e.g., risk factors, protective factors) to predict future violence. For instance, the Psychopathy Checklist: Youth Version (PCL: YV) is highly correlated with risk for violent behavior and uses a semistructured clinical interview and review of records to rate youth on a checklist of 20 characteristics associated with psychopathic tendencies (e.g., early behavioral problems). Although standardized risk assessment measures are generally preferred over unstructured assessment formats because they are thought to be less susceptible to bias and inconsistency, highly structured violence risk assessments cannot be tailored to the complexities of an individual case and thus may ignore important individual-level factors in predictions of future violence.

Contexts of Use

Risk assessment instruments are administered by multiple stakeholders, including law enforcement, social

workers, psychologists, and attorneys. As such, assessments are administered across multiple contexts. Prominent examples of use occur within clinical (e.g., therapy), legal (e.g., juvenile justice, courts), and research (e.g., university) settings. The purpose and implications of youth risk assessments are often dictated by the settings within which they are administered. For example, the PCL: YV has been used in research settings to better understand the development of psychopathic traits in youth; the PCL: YV has also been administered in legal settings to determine whether a youth should be tried in court as an adult. Additionally, risk assessments like the Youth Level of Service/Case Management Inventory (YLS/CMI) and the Juvenile Assessment Intervention System (JAIS) from the National Council on Crime and Delinquency include measures for gauging youths' needs and the likelihood that they will respond positively to a particular intervention (i.e., responsivity). Thus, the YLS/CMI and the JAIS are more often administered by frontline service providers (e.g., probation officers and social workers) in order to target intervention and rehabilitation.

Dilemmas

Though risk assessments can provide standardized, cost-effective, and efficient means to assess youth violence capacity, they have been critiqued on multiple grounds. Perhaps the strongest critique levied against the use of risk assessment instruments revolves around their imperfect predictive power. That is, risk assessments cannot always accurately measure and predict risk. This inability is due to the complex nature of risk whereby individual, family, neighborhood, and cultural factors must all be considered. Furthermore, risk is a dynamic phenomenon that changes over time and across settings. Most risk assessment instruments, however, provide a snapshot of the youth at a particular moment in time and reduce the many facets of risk and development into a single indicator (e.g., number or category) of risk. Nevertheless, this imperfect indicator of risk can and often does have far-reaching consequences for youth. For example, a risk assessment can determine the type of services youth receive, the criminal charge for an offense, and the harshness of sentencing in court.

Another critique notes that a majority of risk assessment instruments are designed to measure risk for male youth. This critique is significant given that assessments were developed in large part through the consideration of risk factors for males. However, female youth violence may be characteristic of differential risk. For example, a history of violence may be a less powerful predictor of violence for girls when victimization history is taken into account. Therefore, the assessment of risk for violence in female youth may be less valid.

Shabnam Javdani and Naomi Sadeh

See also Peer Influences on Youth Violence; Resiliency, Protective and Risk Factors; Risk Assessment; Youth Violence

Further Readings

Borum, R. (2000). Assessing violence risk among youth. *Journal of Clinical Psychology, 56,* 1263–1288.

Forth, A. E., Kosson, D. S., & Hare, R. D. (2003). *Hare Psychopathy Checklist: Youth version.* Toronto, ON: Multi-Health Systems.

Hoge, R. D. (2002). Standardized instruments for assessing risk and need in youthful offenders. *Criminal Justice and Behavior, 29*, 380–396.

Hoge, R. D., & Andrews, D. A. (2002). *Youth Level of Service/Case Management Inventory (YLS/CMI).* North Tonawanda, NY: Multi-Health Systems.

Ritualistic Abuse

Ritualistic abuse (also satanic ritual abuse) refers to the psychological, sexual, and/or physical assault on an unwilling victim (often a child) that is committed by one or more members of a religious or satanic cult as a means of performing a ritual sacrifice or offering. Since the 1970s, several thousand accusations have been made alleging widespread abuse, torture, and murder of children by members of satanic cults in North America and in Western Europe. However, Kenneth Lanning, a special agent at the Federal Bureau of Investigation's (FBI's) Behavioral Science Unit, has uncovered no credible evidence to support these claims.

Many allegations of ritualistic abuse have been directed at adult supervisors and workers in daycare centers and preschools. Many adults have been tried, convicted, and imprisoned based on the testimony of young children. Later, all these charges were dropped and those

in jail were freed when social scientists demonstrated that a child's testimony is easily influenced by overzealous prosecutors, psychologists, and social workers using questionable interviewing techniques.

Other allegations of ritualistic abuse have been made by women after experiencing recovered memories of childhood physical and sexual abuse committed by family members and family friends. The recovery of these memories occurred during therapy sessions in which therapists (mostly psychologists and clinical social workers) were employing hypnosis, guided imaging, and age regression techniques. However, only a few of these allegations have been supported by credible evidence. In numerous studies, Elizabeth Loftus has shown that false memories may implant in subjects and may be remembered as actual occurrences. Supporting her conclusions, the social psychologist Richard Ofshe found that therapeutically recovered memories may be the consequence of questionable therapeutic and interviewing techniques used by investigators, psychologists, and therapists. The validity of recovered memories is a controversial and hotly debated issue.

Stories of ritualistic abuse are examples of urban legends. Taking extreme actions based on these stories constitutes moral panics. Urban legends are stories told as if true and often believed to be true that serve as cautionary tales or apocryphal stories relating to the fears of living in modern urban areas. Stories of ritualistic abuse warn parents of the potential danger of leaving their children with nonfamily members for long periods of time. Given a modicum of parental guilt, a Christian persecution narrative, a strong belief in Satan and evil, and unbounded credulity, it is a short step to taking action against perceived evil by inciting a moral panic. However, most children are abused by people they know, not by strangers.

Moral panics involve actions taken by people based on a false or exaggerated claim that some group or organization poses a severe threat to their own or society's safety. Framed in moral terminology, the attacks on those in question often are vicious and merciless, for example, Nazi attacks on Jews in the 1930s and 1940s and the anti-Communist campaigns of the 1950s. The moral panic brought about by stories of ritualistic abuse was precipitated by the book *Michelle Remembers.* Documenting a case of ritualistic abuse, the book was written as fact, but was actually a hoax. After engaging in dozens of radio and television appearances, print interviews, and as consultants on over 1,000 cases, the authors were instrumental in fueling a moral panic, often with tragic consequences for innocent individuals and families.

Dan E. Miller

See also Child Abductions, Nonfamily; Child Physical Abuse; Child Sexual Abuse; False Memory; Repressed Memory

Further Readings

Lanning, K.V. (1992). *Investigators' guide to allegations of "ritual" child abuse.* Quantico, VA: FBI Academy, National Center for the Analysis of Violent Crime, Behavioral Science Unit.

Loftus, E. (1994). *The myth of repressed memory: False memories and allegations of sexual abuse.* New York: St. Martin's.

Miller, D. E. (1992). Snakes in the greens and rumor in the innercity. *Social Science Journal, 29,* 381–393.

Nathan, D., & Snedeker, M. (1995). *Satan's silence: Ritual abuse and the making of a modern American witch-hunt.* New York: Basic Books.

Ofshe, R., & Watters, E. (1996). *Making monsters: False memories, psychotherapy, and sexual hysteria.* Berkeley: University of California Press.

Pazder, L., & Smith, M. (1980). *Michelle remembers.* New York: Congdon and Lattes.

Victor, J. S. (1993). *Satanic panic: The creation of a contemporary legend.* New York: Open Court.

Road Rage

See Intermittent Explosive Disorder

Robbery

Robbery may be defined as the taking away of valuable items or goods from a victim in a potentially lethal manner, for example, purse snatchings, bank holdups, and muggings when a weapon is used. The primary difference between theft and robbery is that the latter has an inherent risk of violence, while the former does not. For instance, while both involve stealing something of value, the potential threat of physical harm is absent in theft, where the criminal places emphasis on obtaining the desired object and

little else. In robbery, on the other hand, if the victim does not acquiesce to the criminal's demands, the victim may be physically harmed, up to and including death. Thus, while both are felonies, theft is usually viewed as being less serious than robbery, with the result being a lesser prison sentence for someone convicted of grand or petit larceny.

Robbery Statistics

In 2002, there were an estimated 420,637 robberies, accounting for 3.5% of the Crime Index, as well as comprising an estimated 29.5% of violent crimes. In 1994, 21% of all U.S. households were victims of various property crimes, including burglary, larceny, and motor vehicle theft, whereas the rate dropped to 13% by 2003. The Bureau of Justice Statistics reported in 2003 that over 16 million families had at least one member who was traumatized by violent and/or property victimization. In 1994, when the United States had about 14 million fewer households, over 25 million families suffered criminal victimization. In terms of violence, roughly 3.5 million households suffered a violent act in 2003, but in 1994, more than 7 million U.S. households had a member who had experienced a violent victimization.

One essential component of robbery is the use of weapons. In 2002, the Uniform Crime Report (UCR) showed that during 42% of all robberies, the offenders used firearms, while another 40% used martial arts tactics involving hands, fists, or feet. In addition, criminals used knives or cutting instruments 8.7% of the time, with the remaining weapons being clubs, sticks, and other objects.

No data exist regarding the race, gender, age, or socioeconomic status of potential robbers; however, the research clearly indicates that most robberies are committed by men. According to the FBI, 90% of all robbery arrests are male, with 61% under the age of 25. In terms of race, 54% of robbers are Black, 44% are White, and the remaining 2% are other races. Unlike victims of other assaults, robbery victims seldom know their assailant. In addition, unlike other crimes, robbery is most likely to be committed by more than one offender.

No one specific setting dominates where robberies tend to occur. For example, in 2002, almost 43% took place on a street or highway, while 15% transpired in public settings (restaurants, taverns, hotels) and almost 14% happened in private residences. Convenience stores were the location of 6.5% of robberies, service stations 2.7%, and banks 2.3%. The remaining 17.7% of robberies occurred at other venues.

Given the severity of the crime and the lengthy prison sentences if convicted, one would expect the amount of money (or the property) stolen would be significant. However, in 2002, throughout the United States, the average monetary value of property stolen during a robbery was $1,281. On the other hand, victims' total amount lost was estimated to be $539. For commercial robbery, banks lost an average of $4,763 for each individual crime, while other public entities (e.g., supermarkets, department stores, restaurants, taverns, finance companies, hotels, motels) lost an average of $1,676 per robbery. The estimated value of losses incurred from robberies of residences averaged $1,340, and robberies on streets or highways averaged a loss of $1,045 per robbery.

Types of Robberies

Criminologists and various federal agencies have categorized robberies of institutions as *commercial robbery* (e.g., banks, stores) and robberies of individuals as *street robbery.* According to the UCR, approximately 75% of all robberies may be classified as street robberies, with the remaining 25% being commercial robberies.

Commercial Robbery

In essence, commercial robbery may be defined as the taking or the attempt to take anything of value from the care or custody of a commercial or financial establishment. The most famous (due to the romanticizing of Hollywood and popular culture) is bank robbery. In the United States, this type of crime is commonly called a *bank heist.* The single most notorious type of bank robbery is a *takeover robbery,* mythologized in countless Tinseltown favorites, such as *Dog Day Afternoon* and *The Getaway.* According to UCR computation summary data, in 2001, a bank robbery occurred every 52 minutes in the United States, with a total loss of approximately $70 million. During 2001, the conviction rate for bank robbers was approximately 58%, with only murderers being charged and convicted at a higher rate (62.4%). Modern security measures, such as hidden security

cameras, have made robbing banks a losing proposition for many criminals.

The United States has glorified bank robbers at various moments in its history. The glory days for this type of criminal occurred during the 19th century and ever since have become a staple of American popular culture. Countless films, books, songs, and comic books have been written, with many having the bank robber cast as an antihero, an individual both warm-hearted and icy-cold. Interestingly, other countries more lax in security have fewer robberies per capita than the United States does. Many social scientists feel that a primary reason for this is the glorification of bank robbers in American culture. In terms of the law, bank robbery is penalized as a federal crime since banks are federal institutions, with deposits of up to $100,000 insured by the federal government. Thus, robbing banks is a felony in every state, and bank robbers are more likely to receive a more severe federal punishment, such as no parole, a life sentence, or even the death penalty, when compared to other criminals.

Individual or Street Robbery

The robbery of an individual, or what is called street robbery, is the most common type of robbery, and the most common place for an attack is on the street, especially when someone is walking to or from his or her car. In fact, almost half of all robberies occur on streets and in parking lots. Other locations, such as subway and train stations and indoor ATMs, make up 14% of these robberies. When a robbery of this sort occurs, approximately 60% of the time the victim will be forced to give up his or her money or other valuables due to the presence of a deadly weapon (especially firearms). Overall, street robbery can be categorized into the following: acquaintance robberies, bike-jackings, bullyboys, carjackings, dial-a-victim, domestic, home invasion, homeless, pack robbery, predatory (crude), predatory (professional), and purse snatching.

Most individual robberies occur in what are commonly called *fringe areas*. Fringe areas is a generic term for describing places in between where one has gone and where one is going, where robbers usually operate and where victims are more likely to be attacked. Few people view these areas as being dangerous, since normally they are not inherently hazardous. In general, fringe areas are places that people pass through on their way to something else or on their way back from something; for example, walking from a shopping mall to one's car. From the victim's perspective, a fringe area is transitional; hence, most individuals have their minds focused on where they are headed or on something they plan to do. Regardless of the reason, most people fail to pay close attention to this area. On the other hand, from the criminals' perspective, a fringe area is a perfect place to sit and wait for victims, since it is a safer place for them to commit their crime. One fringe area frequented by robbers is a small parking lot, since it is dark and most stores do not have security cameras watching their parking lot. Other fringe areas include elevators or stairwells, ATMs, outside an event or location, public restrooms, and apartment laundry rooms.

Several tips can effectively help an individual keep from being robbed while entering a fringe area. First, it is important to look around and observe what the normal behavior is for people in that area. For example, in parking lots, people tend to walk or drive in and out instead of loitering. In other words, in a parking lot if someone is loitering without an immediately identifiable reason, it is not a normal behavior. Second, it is essential to measure how long would it take for help to get to you (a potential victim) if someone attacked you. It takes about 30 seconds for a mugger to commit a robbery. If you are robbed and scream for help, would or could anyone hear the cries for help?

Cary Stacy Smith and Li-Ching Hung

See also Media, Representations/Distortion of Crime; National Crime Victimization Survey; Uniform Crime Reports

Further Readings

Federal Bureau of Investigation. (2003). *Crime in the United States.* Retrieved November 20, 2006, from http://www.fbi.gov/ucr/cius_02/html/web/offreported/02-nrobbery05.html

Hall, D. (1993). *Survey of criminal law.* Albany, NY: Delmar.

Swierczynski, D. (2002). *This here's a stick-up: The big bad book of American bank robbery.* New York: Alpha Press.

Runaway and Thrownaway Children

According to recent national incidence statistics, an estimated 1,682,900 youth, including those living in households and residential facilities, ran away or were thrown away at least once during 1999. The typical runaway or thrownaway is an older teenager (68% are between the ages of 15 and 17) who is gone less than one week (77%). Less than one in four (23%) travels a distance of 50 miles or more away from home, and only 9% leave the state.

Most runaways or thrownaways do not qualify as missing children because they either go to the homes of friends or relatives or to shelters or social service agencies whose locations are well known to their caretakers or because, particularly in the case of thrownaways, the whereabouts of the child is unknown, but the caretaker is not concerned. This lack of concern explains why only 37% of the runaway or thrownaway children were missing in 1999, but only 21% were reported missing to law enforcement. Even so, runaways or thrownaways constitute the largest component of children reported missing to authorities, accounting for almost half (45%) of all children reported missing and dwarfing the numbers who are reported missing because they are abducted, lost, or injured.

There is considerable variation in the severity and danger associated with runaway or thrownaway episodes, and the stereotype of the troubled teenager living on the streets and falling prey to pimps, drug dealers, and violent crime is one extreme of the continuum. At the other extreme are those who go to the homes of friends and relatives or shelters where they are well looked after.

Nevertheless, many runaways or thrownaways are in the company of violent, sexually exploiting, or drug-abusing companions or suffer an actual or attempted assault while away from home. The majority of runaway or thrownaways, an estimated 1,190,900 children (71% of the total), are likely to have been endangered during their episode by virtue of factors such as substance dependency, use of hard drugs, sexual or physical abuse, exposure to criminal activity, or extremely young age (13 years old or younger).

These youth need assistance far beyond simply locating their whereabouts and returning them to their homes. In fact, for some youth, such as the physically and sexually abused, being returned to their homes may increase rather than alleviate their danger. For this reason, any law enforcement response to runaway or thrownaway youth should be accompanied by a strong social service and mental health component that can attend to the child maltreatment, family conflict, substance abuse, and traumatic stress that often precipitate and complicate these episodes. Only one third (32%) of runaways or thrownaways are brought to the attention of law enforcement regardless of the reason. The relatively low level of police contact may prompt some policymakers and practitioners to urge more police reporting. However, more research is needed to determine whether families and children would benefit from greater, or even possibly less, police involvement in runaway or thrownaway episodes.

Heather Hammer

See also Child Abductions, Family; Child Abductions, Nonfamily; Children Missing Involuntarily or for Benign Reasons

Further Readings

Hammer, H., Sedlak, A. J., & Finkelhor, D. (2002). Runaway/thrownaway children: National estimates and characteristics. In *Office of Juvenile Justice and Delinquency Prevention bulletin series*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Rural Child Abuse

One enduring myth is that crime infrequently occurs in rural society. It is a myth with wide and continuing popularity, expressed as frequently by criminology scholars as by the popular press and public opinion.

Examining the issue of child abuse in rural communities of the United States provides one way to bust this myth. The most recent and comprehensive report that compares rates in rural and urban communities is the Third National Incidence Study of Child Abuse and Neglect (NIS-3). The NIS-3 is based on detected and substantiated child maltreatment, which means that it is an approximation of the real prevalence of child abuse since much of it can go unreported. The NIS-3 was conducted in 1993, but the Fourth National

Incidence Study is currently underway, providing both a much needed update and an opportunity to compare trends in relation to urban and rural places.

The NIS-3 estimates a rate of child maltreatment based on the *harm standard,* which is described as a child who has experienced some form of obvious or demonstrable abuse, or serious harm from neglect. In turn, *harm* is defined in various ways, depending upon the type of abuse or neglect. Altogether, there are three forms of abuse and a fourth category for types of neglect:

1. Physical abuse is any physical, mental, or emotional injury from physical abuse that can be observed on the victim for at least 48 hours.
2. The harm standard for sexual abuse assumes that any kind of molestation or genital intrusion is emotionally injurious and that other forms of sexual abuse (exposure, fondling) must cause moderate physical or emotional harm.
3. Emotional abuse includes confinement (restriction to a small space, binding or tying up, etc.) plus verbal and emotional threats or assaults. To meet the harm standard, there must be direct evidence of physical or emotional injury.
4. Finally, there are three forms of neglect, including physical (refusal or delay to seek health care, abandonment, expulsion, inattention to avoidable hazards in the home), educational neglect (allowing prolonged absences from school for no reason, failure to enroll a child in school, and inattention to special educational needs), and emotional neglect (lack of or withdrawal of affection, extreme spouse abuse that emotionally affects a child, encouragement of drug use or delinquent behavior, and refusal or delay in providing psychological care).

According to the harm standard, abuse or neglect must have been from a parent, guardian, or some other caregiver with direct responsibilities for the child's welfare. Altogether, there were about 1,554,000 incidents of maltreatment, for a rate of 23.1 per 1,000 children. The largest share of abuse is neglect (about 57%), followed by physical abuse (about 1 in 4 cases), sexual abuse (about 1 in 7), and emotional or psychological abuse (about 1 in 7). This increase is substantial over the rates estimated in NIS-2 in 1986 (14.8) and NIS-1 in 1980 (9.8).

Based on the moderate harm standard, the NIS-3 estimated the rate of maltreatment at 7.1 per 1,000 children residing in large urban counties (located within the 20 largest metropolitan areas), which was statistically different from the rate of 16.5 per 1,000 children in other urban counties (smaller-sized metropolitan areas). The rate for rural or nonmetropolitan counties was 14.0. The NIS-3 tested for underestimation of the large urban county rate due to data collection problems and determined there was no bias in its estimate; however, they do note that the rate for rural counties was less precise due to a lower number of cases and a smaller population base.

Despite the various limitations that go into any attempt to estimate the incidence of child abuse, the rates reported in the NIS-3 indicate that rural child abuse is not only real, but also is equivalent to and possibly greater than rates for children from cities and suburbs in the United States. Further, changes in the rate of abuse from the NIS-2 to NIS-3 were not related to place, indicating that rural child abuse has been and continues to be a real and long-standing problem and not simply the artifact of a single statistically based study.

More localized research further substantiates the extent and pattern of rural child abuse. A study in Colorado noted a distinct pattern of surges in reported cases of child abuse in rural counties, and suggested that these sentinel events may be triggered by plant closings and crop failures, as well as noting that rural culture is more tolerant of harsher treatment of children. A study of child abuse in rural Iowa found higher rates in counties with high proportions of single-parent families and divorce, and in rural communities with high rates of elder abuse, indicating that rural child abuse may be part of a larger cultural syndrome in some localities. Another study notes the link of methamphetamine use and the welfare of children, including various forms of abuse, in the rural Midwest where the methamphetamine problem is quite serious.

Although it is difficult to know the true extent of child abuse in general, and rural communities specifically, it is an important issue to address due to the serious and long-term consequences of abuse on children. Rural populations have less access to professional health services and aspects of rural culture may create formidable obstacles to the prevention, detection, and treatment of child abuse cases.

Joseph F. Donnermeyer

See also Child Abuse Prevention; Child Neglect; Child Physical Abuse; Child Sexual Abuse; Office on Child Abuse and Neglect

Further Readings

Fryer, G. E., Jr., & Miyoshi, T. J. (1995). A cluster analysis of detected and substantiated child maltreatment incidents in rural Colorado. *Child Abuse & Neglect, 19*, 363–369.

Haight, W., Jacobsen, T., Black, J., Kingery, L., Sheridan, K., & Mulder, C. (2005). In these bleak days: Parent methamphetamine abuse and child welfare in the rural Midwest. *Children and Youth Services Review, 27*, 949–971.

Sedlack, A. J., & Broadhurst, D. D. (1996). *Third National Incidence Study of Child Abuse and Neglect.* Washington, DC: National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services.

Weissman, A. M., Jogerst, G. J., & Dawson, J. D. (2003). Community characteristics associated with child abuse in Iowa. *Child Abuse and Neglect, 27*, 1145–1159.

Rural Woman Abuse

The abuse of women in rural communities takes many forms. This entry focuses on intimate partner violence and forms of emotional abuse including threatening and intimidating behavior that may qualify as assault in a court of law.

With a few exceptions researchers have often ignored intimate partner violence and abuse in rural communities. There are a number of possible reasons for this neglect. It is not easy to study rural communities and people who live in rural areas tend to be suspicious of outsiders. Even telephone surveying is more difficult in rural communities because rural telephone subscription rates are lower than their urban counterparts. In addition, there is often a presumption that rural regions are more tranquil and less violent, and researchers may not have considered the possibility that intimate partner violence is a likely occurrence. However, it is clear that although crimes such as robbery and aggravated assault are much lower in rural communities, intimate partner violence occurs at rates similar to those found in urban centers.

Rural battered women talk of both physical and geographical isolation. Some complain of having no friends. Public transportation is limited, and it is sometimes difficult to engage in community life, especially if a batterer controls access to the family vehicle or the woman cannot drive. It is important to remember that sometimes batterers select the social and physical isolation in rural settings to make it easier to regulate their families and partners.

Isolation also affects how battered women deal with their abusive situations. Fleeing a home in a remote rural location is a very different proposition from leaving an urban residence. Without a telephone or with limited cell phone reception, calling the police is often more challenging for a rural battered woman. These effects of isolation vary greatly by region. For example, battered women living up a hollow in rural Kentucky will face challenges different from those living in rural Montana or upstate New York. In parts of rural Alaska, regardless whether battered women have access to a phone, it may take police up to a week to reach a remote location if the weather is severe. Isolation clearly affects battered women's survivability. The longer it takes emergency medical personnel to attend a life-threatening act of domestic violence, the greater a woman's chance of dying.

Researchers often find more stereotypical gender roles in rural communities and these sometimes invite, feed, or compound woman abuse. It is also the case that rural women earn less in comparison with rural men than urban women in comparison with urban men. A rural woman's diminished economic opportunities may limit her ability to survive independently of a violent man. Given the dearth of well-paid jobs in rural communities and the rise of the service sector over the last generation, economic opportunities for battered women who want to break free of the violence leave a lot to be desired.

These stereotypical gender roles sometimes influence rural police officers, especially those working for smaller, more poorly trained departments. These officers may be more likely than their urban peers to believe it is a man's right to control his wife or partner's behavior, at times condoning or turning a blind eye to violence. Ethnographic research from Kentucky supports this observation.

The illegal drug trade can also affect the policing of domestic violence cases. If police officers ignore this trade or worse still are somehow complicit in it, then it becomes more difficult for them to arrest domestic violence offenders who know of the officers' involvement. Such compromises in policing have been reported by battered women in states such

as Arizona, particularly in areas close to the Mexican border where the illegal drug trade is pervasive. A similar phenomenon is found in acutely impoverished rural eastern Kentucky where occasionally batterers know of local officer acquiescence or connivance in drug manufacture and trafficking.

A "good ol' boys" network is alive and well in parts of rural America and sometimes works against the interests of battered women. Many men have known each other for very long periods of time and if friendly with each other may be reluctant to enforce the law, jail the offender, or provide various supports for women attempting to escape violent relationships. We see these compromises more often with elected sheriffs and, perhaps to a lesser extent, with elected judges. Both groups may be less willing to enforce domestic violence laws if they depend upon an abuser's family for votes at the next election.

With a much lower tax base, many rural communities suffer from a dearth of health and social services. Battered women may have considerable distances to travel to the nearest shelter. In rural communities where people know each well, some women report difficulties with keeping their personal information private. Word can get back to an abusive husband that his wife has shared her plight with a social worker or health worker, thus endangering her and making the construction of safety plans more challenging. With limited childcare facilities in rural communities, it is also more challenging for abused women become economically independent.

Undocumented farm working women, many of whom live and work in isolated rural communities face peculiar challenges in the event that they are battered. They often report feeling reluctant to call the police, perhaps because they fear deportation, or perhaps because they have a fear of the police from earlier experiences in the countries they came from. In some cases men who abuse migrant women claim that they are disciplining their wives rather than abusing them and that such behavior is a part of traditional cultural heritages.

Neil Websdale

See also Battered Women; Battered Women: Leaving Violent Intimate Relationships; Intimate Partner Violence; Police, Response to Domestic Violence

Further Readings

Bachman, R. (1994). *Violence against women: A national crime victimization survey report.* Washington, DC: Bureau of Justice Statistics.

Bachman, R., & Saltzman, L. (1995). *Violence against women: Estimates from the redesigned survey*. Washington, DC: Bureau of Justice Statistics.

Websdale, N. (1998). *Rural woman battering and the justice system: An ethnography.* Thousand Oaks, CA: Sage.

Websdale, N., & Johnson, B. (1997). The policing of domestic violence in rural and urban areas: The voices of battered women in Kentucky. *Policing and Society, 6*, 297–317.

S

Sacred Circle National Resource Center to End Violence Against Native Women

In the mid-1990s, four national resource centers focused on domestic violence were created. This original network included (1) the National Resource Center on Domestic Violence, (2) the Battered Women's Justice Project, (3) the Resource Center on Domestic Violence: Child Protection and Custody, and (4) the National Health Resource Center on Domestic Violence. These centers comprised the original Domestic Violence Resource Network (DVRN). In 1997, Sacred Circle National Resource Center to End Violence Against Native Women became the fifth member of DVRN.

The DVRN was designed to support the development of local responses in jurisdictions. Indian tribes, as sovereign nations, have a unique historical, political, and legal relationship with the United States that is not race-based and is unlike any other jurisdiction. For the vast majority of tribes, domestic violence response was virtually nonexistent. It immediately became obvious that these resource centers, while invaluable, could not meet the needs of 562 sovereign Indian tribal nations, each able to pass their own laws and operate their own institutions.

The leadership of the original DVRN had preexisting, working relationships with Native women's leadership. Their work included development of the Violence Against Women Act, including tribal set-asides. In a historic act illustrating the strength of women's relationships and meaning of accountability, DVRN advocated to create a Special Issues Resource Center specific to the development of tribal domestic violence response. Each resource center willingly reduced their budgets for one year to establish a native-specific resource. Cangleska, Inc., a nonprofit chartered by the Oglala Sioux Tribe on the Pine Ridge Reservation, was awarded the grant to create the native resource center.

The work of Sacred Circle is based on the premise that restoration of Native sovereignty is a prerequisite to the restoration of safety and dignity of Native women. Faced with the daunting task of assisting 562 tribal nations, most existing under Third World conditions as colonized nations, Sacred Circle works to reclaim belief systems of traditional, Native life ways where the status of women is sacred. The organization has developed Native specific materials that acknowledge domestic violence as an impact of colonization, with technical assistance and consultation based on the unique situation of each individual tribe.

Activities include the development of customized information packets, annual training schedules, Workshop Partnership Program, On-Site Visit Project, Web site, and sample tribally specific policy and codes. To date, Sacred Circle has worked with over 150 tribes, emphasizing the establishment of advocacy-shelter programs. As a strategy to support fledgling advocacy programs, Sacred Circle established a relationship with elected tribal leaders through the National Congress of American Indians (NCAI) which led to the NCAI Task Force to End Violence Against Native Women. Sacred Circle also continues to educate tribal leaders through its woman-centered publication, *Restoration of Sovereignty, Restoration*

of Safety for Native Women, providing information and recommendations on violence against women issues.

Karen Marlene Artichoker

See also Domestic Violence Resource Network; Tribal Issues; Violence Against Indigenous Children, Youth, and Families; Violence Against Women Act

Web Sites

Domestic Violence Resource Network: http://www.nrcdv.org/
Sacred Circle National Resource Center to End Violence Against Native Women: http://www.sacred-circle.com/

Sadistic Rape

See Serial Rape/Serial Rapists

Safe Houses

The term *safe houses* refers to a number of different housing arrangements that domestic violence programs have made to offer safe, confidential, and temporary refuge to a woman and her children who are fleeing an abusive relationship. The term safe houses can refer to individual apartment units or houses or the use of hotel and motel rooms. Because women are often more at risk for abuse when they decide to leave an abusive relationship, the first step in securing their personal safety and that of their children is having a safe place to go where the abuser cannot find them. Therefore, keeping the location of safe houses confidential is of the utmost importance. The number of days someone can stay at a safe house varies with respect to the individual sponsoring program.

Historically, many domestic violence programs began offering free, safe, and confidential places to stay to battered women through the use of safe homes. This arrangement allowed many domestic violence programs to begin offering services before they were able to secure a facility large enough to provide shelter services on-site. Although a beginning step in providing safety to battered women, many domestic violence programs still maintain safe houses as a way to address situations when the requests for shelter are more than the number of shelter beds available and to address the circumstances of special populations of abused persons. Domestic violence programs in rural areas may also feel that using safe houses scattered throughout the community is preferable to having one facility whose confidential location can be compromised.

Safe houses can be a collection of individual houses or apartments that are owned and maintained by a community-based domestic violence program. Safe houses can also be a network of volunteers throughout the community who provide a room or a house for a woman and her children to stay temporarily.

Domestic violence shelters with limited bed capacity may also place women in a hotel or motel room temporarily until a bed or beds open up in the shelter. The domestic violence program may purchase these rooms, or the hotel or motel might provide them free of charge, particularly if they have rooms unused at the time.

Some domestic violence programs prefer to house specific populations of abused persons away from their primary shelter site and at a safe house. One example may be sheltering persons with physical disabilities at a handicapped accessible motel room when the shelter residence is not compliant with the Americans with Disabilities Act. Sometimes a domestic violence shelter prefers to house a woman with a teenage son(s) at a hotel or motel in consideration of the privacy of other women at the shelter. Heterosexual or gay men who are abused may also be placed at safe houses in consideration of the privacy of women residents.

Fran S. Danis

See also Shelters, Battered Women's; Transitional Housing Programs

Safety Planning

Safety planning is a process that involves ongoing assessments of risks, resources, and priorities and the creation of strategies to maximize safety and to pursue goals in this context. Although they may not use the term *safety planning*, people who experience threats to their safety, including those who are being or have been abused, engage in this process on an ongoing basis as they try to establish and sustain lives of well-being for themselves and their families. Generally, if threats persist, their plans evolve over time to include

responding to immediate crisis situations as well as exploring resources aimed at reducing or preventing future risks. Because most safety planning has been developed in the context of domestic violence services and the majority of survivors who seek help from these services are women who have male abusive partners, the female pronoun is used in this entry; however, the gender of both the survivor and the abusive-violent partner is of course a consideration that will affect safety plans.

Safety planning has been used most commonly to describe a process used with survivors of domestic and sexual violence. In the early days of specialized crisis services (the 1970s and 1980s) in the United States, domestic violence advocates, in particular, encouraged survivors to develop safety plans to escape future violent situations. Such plans usually included arranging for safe and accessible places outside of the residence to store the identification papers, keys, money, contact information, and minimal essential clothing that would be needed to flee from an abusive episode. Plans also sometimes included coded signals to friends or family so that they could call for help or provide an emergency place to stay.

As domestic violence policies changed and the range of services expanded during the 1990s (and later), survivors with more complex needs began to contact programs. They were also increasingly likely to connect with specialized advocates outside the program context: in court, at a hospital or welfare office, and through child protection agencies and others. Advocates also became increasingly aware that many survivors of domestic violence did not want to leave their abusive partners, at least not in the short term, but wanted to remain in the relationship and have the violence end. These changes in services and survivors' needs and/or desires called for an expanded approach to safety planning.

Contemporary safety planning involves an advocate working with a survivor of domestic and/or sexual violence to address needs for safety in a comprehensive way, including physical, sexual, emotional, psychological, and economic dimensions. It begins with a conversation to learn more about how the survivor understands her situation: what she wants to do about the relationship, how and when the violence-abuse occurs, what she has tried to do about it and how her strategies have worked, what resources she has (friends, family, financial, housing, transportation, and others), and what she most hopes and fears. Answers to these questions determine the starting point for safety planning. Everyone's safety plan will differ and will change with new circumstances. The survivor's age, primary relationships, gender, sexual orientation, race-ethnicity, economic situation, and access to an array of resources will all affect what the most effective safety plan will look like.

Ideally, safety plans address the combination of safety considerations at multiple levels and take into account both short-term and longer-term goals. First and foremost, a plan will focus on individual safety and actions. What can the survivor do to improve her safety? Change locks on doors and windows? Carry a cell phone with her at all times for emergency calls, including having one next to her bed at night? Hide and/or identify potential weapons? Make arrangements with family or friends? Review with children what to do if or when violence occurs? There are many potential individual steps, and each should be reviewed for its implications. Does involving family or friends put them at risk? Could any of them provide information to her abusive partner that would undermine the effectiveness of her plan?

Of course, all individual safety plans are contingent on the abusive partner's behavior and patterns. A survivor does not ultimately have control over her safety. Creating an effective safety plan, then, is also necessarily based on detailed knowledge of what the violent person has done and might do. What are warning signs of impending violence? Are there days or times or situations when violence occurs most commonly? How does he present himself and his actions to others who might be involved, such as family, friends, coworkers, or institutional staff? What economic, legal, social, medical, and/or child protection leverage does he have, and how might he use it? Can he withhold vital resources (such as access to health care or money to pay for housing) from the survivor?

Safety plans may include seeking support from major institutions, such as the criminal or civil courts, welfare offices, job training programs, specialized housing programs, and others. These institutions can provide legal or medical protections or avenues toward leaving the relationship and attaining self-sufficiency. Each option should be reviewed carefully before becoming part of a safety plan. Advocates should have access to as much detailed knowledge about each agency as possible. Are there particular individuals who are known to understand violence and survivors' concerns who could work with this particular woman? What are the agency's policies and practices about eligibility and waiting time, the length

of time it takes to obtain the desired resource (an apartment, a welfare check, a restraining order, etc.)? How is information stored, and how and/or when is it shared and with whom? Strict confidentiality policies are often crucial to effective safety planning. Is information easily obtained by a spouse or guardian? Is it shared with other agencies? What are the agency's relationships with particular communities? For example, some areas have specialized services for specific ethnic or cultural groups. Those agencies may provide the most culturally relevant services, but confidentiality could be an issue. These are all important considerations in safety planning that includes community agencies. Each may provide a particular kind of help, but pose potential risks as well.

To summarize, safety planning is a process that begins with the survivor of violence—her experience, her knowledge of risks, her concerns for children or other family members, and her goals. It evaluates potential resources for her potential risks and benefits and the ways each one could interact with others. Since safety plans are crafted collaboratively and based on individual circumstances, they will change as situations change. Safety planning is a crucial part of trying to reduce or prevent violence.

Eleanor Lyon

See also Battered Women: Leaving Violent Intimate Relationships; Domestic Violence Enhanced Response Team; Help-Seeking Behaviors of Abused Women; Intersectionality; Legal System, Criminal Justice System Responses to Intimate Partner Violence; National Resource Center on Domestic Violence; Resiliency, Protective and Risk Factors; Risk Assessment; Victim-Witness Advocacy Programs

Further Readings

Davies, J., Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women: Complex lives/difficult choices*. Thousand Oaks, CA: Sage.

Goodkind, J., Sullivan, C. M., & Bybee, D. I. (2004). A contextual analysis of battered women's safety planning. *Violence Against Women*, *10*(5), 514–533.

Sullivan, C. M. (2000). A model for effectively advocating for women with abusive partners. In J. P. Vincent & E. N. Jouriles (Eds.), *Domestic violence: Guidelines for research-informed practice* (pp. 126–143). London: Jessica Kingsley.

Same-Sex Intimate Partner Violence

Domestic and sexual violence occurring in same-sex (two men or two women) couple relationships has increasingly been acknowledged in the last decade, but services continue to be limited. Most mainstream service agencies do not address same-sex partner violence in their outreach materials, and there continues to be a lack of trust on the part of abused survivors that they can call crisis lines and be treated with dignity. Societal homophobia—the belief that same-sex relationships are wrong and unnatural—is the main hindrance to access to shelters and other services. One positive development is the increase in anti-violence projects around the country started by lesbian, gay, bisexual, and transgender (LGBT) people providing services for LGBT survivors of violence.

Studies over the past 2 decades have shown that similar numbers of same-sex couples experience battering in their relationships as do heterosexual couples. Fewer studies have examined sexual violence, but results do show high numbers of sexual assaults that are same-sex. Whether the numbers are higher or lower, however, is not the point; lesbians, gay men, and bisexual individuals experience battering and sexual violence and need the same recognition, validation, and services for their healing and recovery as heterosexual survivors of intimate partner violence (IPV).

It is important to examine both similarities and differences between same-sex partner violence and what is known about heterosexual domestic and sexual violence. It is the unique aspects of same-sex IPV that have prevented same-sex domestic and sexual violence from achieving the same level of attention that heterosexual violence has gained.

Similarities

The types of abuse in same-sex and heterosexual relationships are the same in that the abuse may be verbal, psychological, physical, sexual, or financial. The patterns of behavior of the abusive person, the threats and isolation, and the fact that battering occurs across racial-ethnic, social class, and religious groups are also the same. Abusers in same-sex relationships feel the same entitlement as heterosexual abusers do; they also choose to abuse their partners while often blaming

their partners, the children's behavior, stress at work, or alcohol for their abuse. Domestic violence can be lethal, regardless of sex of the perpetrator or victim. Child witnesses to domestic violence are affected similarly, regardless of the sex of their parents.

Differences

Victims of same-sex IPV have fewer services and less support available to them than heterosexual victims do. Not only might the LGBT survivor be isolated from family and friends because of the control of the abusive person, but also he or she might be concealing his or her homosexual relationship. Furthermore, LGBT communities have often been silent about domestic and sexual violence, adding to the sense of isolation of the survivor. There is little spoken or written about same-sex sexual violence, so the vast majority of survivors do not seek help after a sexual assault. This reaction differs from a heterosexual woman raped by a man, who may call a rape crisis center or law enforcement. A major difference, therefore, is that a survivor of same-sex violence has to "come out" about his or her relationship in a societal environment that questions the legitimacy of these relationships. Isolation is also extended to friendship circles—the LGBT subcommunity is often small within the towns or cities where LGBT people live, and a survivor often cannot confide in a friend. This friend is often friends with the abusive person as well.

Another difference is that due to homophobia, an abusive person has another source of control over his or her partner: the threat to tell family, employers, or others about the relationship (to "out" the victim). As a control mechanism, the abused person might fear losing his or her job, family ties, or even his or her children if an exspouse or family member takes him or her to court as an unfit parent based on his or her sexual orientation. These are real fears adding to the pain and terror of domestic violence.

Gay males have an additional stigma to confront in that people question the masculinity of the survivor of battering or sexual assault. Coming out as gay as well as being a man who could not prevent an assault are two significant barriers that prevent gay males from seeking help. There are no battered men's shelters and only a handful of services that pay for a few nights of safety in a motel. There are truly fewer options for male survivors of same-sex IPV.

Unique Issues

Same-sex partner violence has been impacted on every level by the unique issues of homophobia and heterosexism (i.e., the belief that heterosexuality is normal, natural, and right). Homophobia and heterosexism are standards in society, in the media, and in social institutions to the extent that the majority of people have some level of doubt about the acceptability of same-sex behaviors. All the major religions teach that homosexuality is wrong, for example. Some politicians make significant campaigns by condemning homosexuality and homosexual relationships. An example of this is the "one man–one woman" marriage amendments that are being considered or adopted in many states. The "don't ask, don't tell" policy in the military is another example of federally sanctioned homophobia. Given this political and social climate, domestic and sexual violence agencies often ignore survivors of same-sex abuses.

The LGBT media nationwide have also been affected, and they tend to ignore the issues of partner abuse. Primarily this reaction is a self-defensive measure. To admit to this violence might give more negative "talking points" to homophobic individuals who campaign against LGBT civil rights or even commit hate crimes against LGBT people. Consequently, there has been silence around this issue, minimizing such problems in the LGBT community.

LGBT survivors of domestic and sexual violence suffer in many of the same ways as other victims of abuse. Yet their needs have been ignored. The posttraumatic stress symptoms, lack of safety, and real physical injuries continue undetected by outsiders who ignore that battering and sexual assaults affect LGBT people. Homophobia and heterosexism prevent LGBT people from being honest about what is happening in their lives. All survivors of abuse need access to services as do the perpetrators of this violence.

Lori B. Girshick

See also Battered Women's Movement; Female Perpetrators of Interpersonal Violence; Homophobia; Legislation, Intimate Partner Violence

Further Readings

Girshick, L. B. (2002). *Woman-to-woman sexual violence: Does she call it rape?* Boston: Northeastern University Press.

Kaschak, E. (Ed.). (2001). *Intimate betrayal: Domestic violence in lesbian relationships.* New York: Haworth Press.

Leventhal, B., & Lundy, S. (Eds.). (1999). *Same-sex domestic violence: Strategies for change*. Thousand Oaks, CA: Sage.

Renzetti, C. M. (1992). *Violent betrayal: Partner abuse in lesbian relationships.* Newbury Park, CA: Sage.

Scarce, M. (1997). *Male on male rape: The hidden toll of stigma and shame.* Cambridge: Perseus.

School-Based Violence Prevention Programs

Violence prevention initiatives have gained great popularity for several reasons. First, the prevalence of violence suggests that public health approaches (including widespread education and prevention) are more effective than relying on treatment of youth deemed to be violent. Second, the consequences of violence are such that any efforts that reduce violence will result in less pain and suffering for victims. Third, successful violence prevention initiatives have a double impact—they can prevent current violence (such as bullying in schools), but also interrupt trajectories of aggression and prevent future violence (such as domestic violence among adults). Most violence prevention programs focus on relational aggression (such as bullying, peer violence, and dating violence) because the vast majority of interpersonal violence occurs in relationships (as opposed to stranger violence).

Role of Schools in Preventing Violence

Schools are an optimal setting for the delivery of prevention programs. They have access to virtually all children and the structured environment that allows for integrated and cohesive programming, and there is not the stigma of being selected to attend a special program, as all children and youth participate in the prevention program. School-based programs are also important because school is where much relational aggression occurs. In addition, violence in schools has a profound negative impact on youths' ability to learn.

Ineffective Prevention Programs

Some prevention programs have gained considerable popularity because they sound good and promise a quick fix to youth violence (such as juvenile awareness programs that take youth to correctional facilities and boot camps). Some characteristics of ineffective programs include insufficient duration, lack of developmentally appropriate focus, and mismatch with accepted theories of the development of violent behavior. Furthermore, zero tolerance programs have not been found to be effective. Programs that offer a quick fix should be viewed with skepticism. Violence is a complex phenomenon with many different contributors, and effective programs address these multiple factors.

Best Practice Principles

Effective violence prevention programs are based on theoretically sound principles and research findings. Based on the U.S. Surgeon General's Report in 2000 and the Blueprints Violence Prevention Initiative, successful programs:

(a) *Are comprehensive in nature.* Effective programs target multiple levels of influence, such as individuals, parents, school climate, and teacher training. They can also be comprehensive with respect to addressing overlapping risk behaviors (such as the Life Skills Training program, which concurrently addresses substance use and violence). By definition, a comprehensive approach suggests a reasonable duration and cannot be achieved through single activities such as a guest speaker or assembly alone.

(b) *Focus on skills.* Most typically communication and problem-solving skills are taught in effective programs. These programs use interactive, skill-based strategies (such as role-play), and do not rely on information and didactic approaches to transfer skills.

(c) *Pick appropriate targets for change.* Effective programs target factors known to be related to the problem behavior. Attitudes and skills, school connectedness, and coping skills are examples of appropriate prevention targets because they are all implicated in the development and use of violence. Bystander involvement is another excellent target because of the role played by bystanders in violence (particularly bullying).

(d) *Use peers in the delivery of the program.* Effective programs may include peer facilitators, a peer mentoring component, or youth committee. The use of peers increases the salience of the material as youth identify more readily with these role models.

(e) *Include parents.* Although the extent and nature of appropriate parental involvement depends on the developmental stage of the youth, some parental involvement is regarded as a critical component for effective prevention programs.

(f) *Attempt to change the larger environment.* Effective programs recognize the complex ecology of youths' lives and work to change these environments. For example, in school-based programming, attempts to change the environment may include altering norms about help-seeking and building the capacity of teachers and administrators to respond to violence.

(g) *Attend to implementation issues.* Effective programs understand that implementation issues are as critical as the program materials themselves. In the school setting, providing adequate resources for teacher training is essential. Furthermore, training needs to be ongoing rather than a one-time event to address teacher turnover and to prevent program drift.

Effectiveness of School-Based Prevention Programs

Bullying programs have had the most evaluation research to date. Results of these evaluations show that comprehensive programs that follow best practice principles are effective in reducing school-based violence. Longitudinal follow-up data suggest that these effects last well beyond the intervention. Dating violence prevention programs have mostly been evaluated with self-report attitudinal data. These studies suggest that changing attitudes is possible; however, the extent to which these attitudinal changes translate to behavioral change is less clear. Interested readers are directed to the Blueprints project of the Center for the Study and Prevention of Violence for a list of the most rigorously evaluated and successful programs.

Future Directions

There are several trends emerging for future school-based violence prevention programs and research. Integration into school curriculum has been heralded as an important shift away from "add-on" programs. Programs are moving away from a one-size-fits-all approach to one that allows flexibility for unique cultural and geographic considerations. Programs with developmentally appropriate components for each grade level are replacing programs that are implemented only during one grade. Finally, research for dating violence prevention programs specifically requires outcome measures beyond self-reported attitudes.

Claire V. Crooks, Peter G. Jaffe, and David A. Wolfe

See also Violence Prevention Curricula for Adolescents

Further Readings

Elliott, D. S. (1997–2004). *Blueprints for violence prevention*. Boulder, CO: Center for the Study and Prevention of Violence.

Mihalic, S. F., Fagan, A., Irwin, K., Ballard, D., & Elliott, D. (2004). *Blueprints for violence prevention*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

U.S. Public Health Service & Office of the Surgeon General. (2000). *Youth violence: A report of the Surgeon General*. Washington, DC: Department of Health and Human Services.

Wolfe, D. A., Jaffe, P. G., & Crooks, C. V. (2006). *Adolescent risk behaviors: Why teens experiment and strategies to keep them safe*. New Haven, CT: Yale University Press.

School Violence

School violence includes physical attacks, fights, and threats with or without weapons; robbery; sexual battery other than rape; and rapes that occur on school property both between students and directed at teachers. With more than two thirds of schools reporting violent incidents, time youth spend at school and the role of school in society make school violence significant in the study of interpersonal violence.

Incidents of school violence are not always reported to authorities, however, perhaps due to victim fear, related school policy, or offenders not being caught. Each of these factors leads to underestimates in official police reports. For example, whereas officials in 71% of the nation's public schools report violence, only 36% report them to police. Similarly, when it comes to serious violence, 20% report incidents, but only 15% report them to police as well. School officials report more violence in middle and secondary schools than in elementary and more serious violent crimes at urban schools than at less urban or rural schools. Urban school officials are more likely to report them to police. Additionally, the percentage of schools reporting violence increases with the percentage of minority students, free or reduced-fee lunch, and number of students. School homicides, however, in spite of popular misconceptions and media accounts, have decreased since 1990. The School Crime and Safety Report shows a drop in averages from 31 between the 1992–1993 and 1998–1999 school years to 14 between those of 1999–2000 and 2001–2002.

The National Crime Victimization Survey (NCVS) shows that overall violent crime victimization in schools decreased and that serious violence—rape, sexual assault, robbery, and aggravated assault—have remained relatively stable from 1995 to 2003. In the same period, within each grade level and as grade level increases, violent crime victimization decreases. The 2003 Youth Risk Behavior Survey (YRBS) shows that fighting on school property also decreases by grade level during high school and overall between 1993 and 2003. The NCVS shows that violent victimization of teachers increases from primary to secondary schools and is higher in public than in private schools, is greater in urban than in suburban or rural schools, and is higher for male than for female teachers. Reports of being threatened or injured with a weapon at school decreases in high school, according to the YRBS.

Similarly, the NCVS shows that violent victimization is highest among males ages 12 to 14 and among urban school students. The YRBS indicates that student threats, injuries with weapons, and the likelihood of fighting on school property are higher among males. Racial and ethnic minorities and urban students are more likely to get into fights. Violent victimization rates are highest among Blacks and lowest among Hispanics.

Several school-based initiatives have been developed to reduce school violence. Among them are the Safe Schools/Healthy Students initiative, the Hamilton Fish Institute, the Gang Resistance Education And Training program (G.R.E.A.T.), and the OLWEUS bully prevention program.

Jeb A. Booth

See also Bullying; Delinquency and Violence; School-Based Violence Prevention Programs; School Violence, School Shootings; Youth Violence

Further Readings

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance System. (2003). *Youth Risk Behavior Survey*. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/HealthyYouth/yrbs/pdf/questionnaire/2007MiddleSchool.pdf

DeVoe, J. F., Peter, K., Noonan, M., Snyder, T. D., & Baum, K. (2005). *Indicators of school crime and safety: 2005* (No. NCES 2006–001/NCJ 210697). Washington, DC: U.S. Departments of Education and Justice, Government Printing Office.

Gottfredson, D. C. (2001). *Schools and delinquency.* Cambridge, UK: Cambridge University Press.

Hinkle, W. G., & Henry, S. (Eds.). (2000, January). School violence. *Annals of the American Academy of Political and Social Science*, 567.

Sexton-Radek, K. (2005). *Violence in schools: Issues, consequences, and expressions.* Westport, CT: Praeger.

U.S. Department of Justice, Bureau of Justice Statistics. (1992–2003). *National Crime Victimization Survey*. Washington, DC: Author. Retrieved from http://www.ojp.usdoj.gov/bjs/cvict.htm#Programs

School Violence, Media Coverage of

The tragic school shootings at Columbine High School and Virginia Tech University highlight the problems associated with the media coverage of school violence and raise concerns about how the media cover such events. These events generate tremendous news

coverage, which creates the impression that serious school violence is common and is increasing in severity and frequency. In fact, there are fewer than one homicide and/or suicide per one million students. In addition, the news coverage fails to report on the more common forms of violent victimization such as bullying, fights, and minor assaults because they lack the lurid and shocking images that are found in these tragic incidents. Not only does the media coverage mislead the public about the common forms of school violence, but also it ignores the downward trend in school violence. Since 1992, there has been a reduction in school violence and other forms of criminal victimization at school while media coverage of school violence and crime in general has dramatically increased. Finally, students are more likely to be a victim of violence away from school than they are at school.

Television may be the primary culprit of this misrepresentation since the majority of Americans report that the television media is their primary source of news, a report which is problematic because television news coverage displays a distinct selection bias in its reporting. Television news stories are selected using the old adage "if it bleeds, it leads" because television networks are competing for ratings and advertising dollars in an even more competitive market since the introduction of 24-hour news channels and the expansion of cable television. Therefore, the news coverage has become more selective, focusing on unusual, shocking, or frightening stories. This selection bias becomes more important because most viewers are passive recipients of the news, meaning the average viewer takes the news coverage at face value and does not explore the issues raised in greater detail.

Producing Fear

One concern about the way the media cover stories of school violence is that they may produce fear in students, their parents, and the community. In order for the media coverage to produce fear in its viewers, the coverage must be perceived as credible and unbiased. Fear is created by distorting the audience's perception of the severity and likelihood of the school violence by focusing on rare events such as the tragic events at Columbine High School and Virginia Tech University.

Students may develop an unreasonable fear that their school will fall victim to one of these rampages despite the fact that schools are relatively safe places and these events are extremely rare. The more a student resembles one of the victims, the more likely he or she is to empathize with the victim and be afraid that he or she will become a victim of a similar crime. Ironically, these same students do not fear events that are much more likely to occur and lead to their death, such as car accidents.

The impact of the media coverage is not uniform. The level of fear generated by the media coverage will vary based on a variety of factors such as the viewer's demographic and psychological characteristics, previous victimization, and level of exposure. For example, female students will be more likely to experience fear after viewing the media coverage than male students because women are more fearful of crime in general and because the coverage has suggested that several of the perpetrators were targeting their female classmates. In addition, the more media coverage a person is exposed to, the more likely he or she is to report feeling afraid.

Creating Copycats

Another concern for the way the media handle the coverage of school violence is that it may lead to copycat behavior from other troubled teens. Culturally, the culprits are elevated to the status of minor celebrity through excessive media attention. After all, the public usually can recall the names of the school shooters such as Eric Harris and Dylan Klebold (Columbine High School), and Cho Seung-Hui (Virginia Tech University), but typically not the names of the victims. The media attention acts as a tantalizing reward for copycat behavior while providing very little disincentive for such behavior. A troubled teen may engage in copycat behavior in order to receive the media reward of 15 minutes of fame. Clearly, media exposure does not produce a copycat effect in most viewers, but for those who are suffering from a psychological disorder or social problems, the media coverage may produce such an effect.

School's Response

A final concern raised by the media coverage of school violence is that it may impact school policy and security measures. The media coverage may cause the parents and school officials to overreact to

the threat of school violence and implement target hardening security measures, which include strict enforcement and punishment such as zero-tolerance policies and more security officers, operational changes such as lockdown procedures and response teams, and high-tech solutions such as metal detectors and video cameras. Instead of focusing on the more common forms of criminal victimization that occur at school such as bullying, minor assaults, and larceny-thefts, these hardening security measures focus on the type of criminal victimization that is extremely rare and therefore will have little to no impact on the likelihood of school victimization. In addition to not reducing criminal victimization at school, the security measures implemented after a frenzy of media attention on an incident of school violence may create a climate within the school that is not conducive to learning. In fact, the school may begin to feel more like a detention center than a school. Lastly, the security measures may heighten the fear that the students are already experiencing after their exposure to the news coverage instead of calming or reassuring the students as was intended.

Ann Marie Popp

See also Campus Violence; Media, Representations/ Distortions of Crime; School Violence; School Violence, School Shootings; Youth Violence

Further Readings

Burns, R., & Crawford, C. (2000). School shootings, the media, and public fear: Ingredients for a moral panic. *Crime, Law and Social Change*, *32*, 147–168.

DeVoe, J. F., Peter, K., Noonan, M., Snyder, T. D., & Baum, K. (2005). *Indicators of school crime and safety, 2005* (NCES 2006-001 / NCJ 210697). Washington, DC: U.S. Department of Education and Justice, Government Printing Office.

Snell, C., Bailey, C., Carona, A., & Mebane, D. (2002). School crime policy changes: The impact of recent highly-publicized school crimes. *American Journal of Criminal Justice*, *26*, 269–285.

Surette, R. (2007). *Media, crime and criminal justice: Images and realities* (3rd ed.). Belmont, CA: Wadsworth.

Weitzer, R., & Kubin, C. E. (2004). Breaking news: How local TV news and real world conditions affect fear of crime. *Justice Quarterly*, *21*, 497–520.

School Violence, School Shootings

Although the phrase *school shootings* might describe any shooting that takes place within a school, it has come to refer to incidents where a student smuggles guns into a school and fires indiscriminately at whoever falls into his (or her, although all school shootings to date have involved male perpetrators) line of sight. Variations are common: two shooters may work as a team, a shooter may be a sniper stationed outside the school, and he may target specific individuals or members of groups. The earliest school shooting to attract nationwide attention was the 1966 sniper shooting by Charles Whitman, a recent University of Texas graduate, on the Austin campus. Although school shootings are highly publicized, they are relatively rare; school remains one of the safest places an individual can be. For example, the number of victims of school shootings is small relative to the number of adolescents killed in homicides off school property, but the effect on the community is enduring and devastating, not unlike a terrorist attack.

Historical Evolution

The earliest documented school shooting involved a brilliant, eccentric Williams College student named Lewis Jack Somers, Jr., who, on May 19, 1936, killed one classmate and wounded another before ending his own life with a pair of mail-order pistols. Occurrences of this kind were limited by the difficulty of successfully firing early pistols as well as the expense of purchasing them. By the time Charles Whitman climbed the Texas tower, assault weapons manufactured in China, Israel, the Soviet Union, and the United Kingdom were flooding the American market, making guns cheap and easily available through mail-order catalogues, gun shops, and later the Internet. Seventeen-year-old Anthony Barbaro is considered the first of the high school rampage shooters. On December 30, 1974, he improvised a sniper's nest in a corner of a deserted third floor classroom of his high school in Oleans, New York, and fired at passing drivers and pedestrians, killing three and wounding 11. Barbaro shared characteristics with many school shooters to come: he was an excellent student from a

middle-class family that was well regarded in the community. He was socially ill-at-ease, had few friends, and bore a passion for guns and all things military. He chose his victims at random. Eight years later a Las Vegas, Nevada, high school student, Patrick Lizotte, 17, wounded two classmates and shot and killed a teacher, believing that the teacher had planned to institutionalize him. Between 1983 and 1995, nine shootings occurred at 1- or 2-year intervals (two in 1995). Then the pace began to accelerate, possibly due to the kind of copycat behavior often observed among adolescents in the wake of highly publicized suicidal and parasuicidal acts. Four shootings occurred in 1997, three in 1998, and five in 1999 (including an incident in Canada). On April 20, 1999, Dylan Klebold, 17, and Eric Harris, 18, entered Columbine High School in Littleton, Colorado, with assault weapons, shotguns, and bombs. Twelve students and a teacher were killed and 23 others wounded before the shooters took their own lives. More school shootings have occurred since then, most significantly in Santee, California; Erfurt, Germany; and Red Lake, Minnesota Media coverage and public interest abated for a time but were reignited in 2007 when a student at Virginia Tech University, Cho Seung-Hui, shot and killed 32 people on that campus before killing himself.

Psychosocial View of Causes

School shootings are rare enough that the unique characteristics of each case seem to outnumber the commonalities. The best that can be done at this time is to describe a combination of factors that are necessary but not sufficient for a school shooting to occur.

1. The school shooter perceives himself as marginalized in the social interactions of his school. Often he is only barely tolerated by those who constitute the bottom rung of the social hierarchy, the school's outcast or Goth group. This effect is more pronounced in tight-knit rural and suburban communities where there is less tolerance for eccentricity.
2. He suffers from psychosocial and biological problems such as mental illness, brain damage, the inability to perceive social cues, or a dysfunctional or abusive family. These problems amplify his sense of alienation and undermine his coping abilities.
3. The school shooter "falls off the radar." His parents are in denial or fail to understand the extent of the danger he poses to others. Teachers do not refer him for counseling because his behavior is atypical, he is adept at concealing it, or he is "invisible." His classmates do not take his threats seriously or are unaware of him.
4. By the time he reaches adolescence, he feels that the future has little to offer. He bears homicidal feelings toward classmates who have shunned and bullied him and toward adults who have failed to notice and correct the course of his life.
5. He is drawn to cultural myths that depict isolated or eccentric adolescents like himself winning respect through acts of violence. Movies, such as *Natural Born Killers*; music videos, such as the Pearl Jam song "Jeremy"; and novels, such as Stephen King's *Rage,* offer homicidal and suicidal opportunities and a chance to become the center of the world, however briefly.
6. He is attracted to the power inherent in firearms and home-made bombs and grenades. In the case of the younger perpetrator, guns are easily available to him in his home or can be borrowed from the homes of friends.

Preventing and Minimizing the Effects of School Shootings

Systems purporting to profile potential school shooters are not effective and may cause harm by scapegoating eccentric students. Preventive measures include antibullying programs, comprehensive mentoring programs, gun-control measures, and promoting a culture in which students share information about threats with adults. The effects of a school shooting (and other school crises) can be greatly reduced by having a school safety plan in place, as required by law in most states, as well as a school safety committee to administer it. School evacuation and lockdown protocols should be well rehearsed. Survivors of school shootings will vary greatly in their degree of posttraumatic stress disorder and the time they need to grieve their losses.

Jonathan Fast

See also Campus Violence; School Violence; School Violence, Media Coverage of; Youth Violence

Further Readings

Dwyer, K., Osher, D., & Warger, C. (1998). *Early warning, timely response: A guide to safe schools*. Washington, DC: U.S. Department of Education.

Garbarino, J. (1999). *Lost boys: Why our sons turn violent and how we can save them.* New York: Free Press.

Moore, M. H., Petrie, C. V., Braga, A. A., & McLaughlin, B. L. (Eds.). (2003). *Deadly lessons: Understanding lethal school violence*. Washington, DC: National Academies Press.

Newman, K. S., Fox, C., Harding, D. J., Mehta, J., & Roth, W. (2005). *Rampage: The social roots of school shootings*. New York: Basic Books.

O'Toole, M. E. (2000). *The school shooter: A threat assessment perspective*. Quantico, VA: Federal Bureau of Investigation, National Center for the Analysis of Violent Crime.

Scottsboro Boys

The case of the Scottsboro Boys, nine young African American men who were accused of raping two White women in Alabama in 1931, stands as a symbol of racist injustice and sheds light on the issue of false accusations in interpersonal violence. This entry details the facts and rulings of this case.

The young men, ages 13 to 19, had been traveling on a Southern Railroad tank car through Alabama to Memphis in March 1931 when a group of young White men challenged their right to be on the train. The argument escalated into a fistfight, which the White men lost, and when the train came to its next stop, the White men were thrown off. But 40 miles farther down the track, the train stopped in Paint Rock, Alabama, and was met by a large crowd of armed White men who took the African American men from the train, bound them together, and told them they were being arrested for assault and attempted murder. They were then transported to a jail in Scottsboro, Alabama, where two White women who had been on the train with them told the sheriff all nine African American men had raped them after the fight.

At that time, Black men accused of raping White women were often lynched and the legal system ignored the violence as a "private" form of justice. But the governor of Alabama as well as the country sheriff opposed lynching, even in cases of alleged interracial rape. The Scottsboro Boys, as they came to be known, were brought to trial and defended by a White attorney who had been hired by Black church leaders. However, the defense attorney arrived at court drunk, so the judge appointed a local attorney who had come to the courtroom to observe the trial. Except for the defendants, everyone in the courtroom, including the judge, attorneys, and jurors, were White. The trials lasted 4 days, and eight of the defendants were convicted and sentenced to death by electrocution, despite a lack of valid evidence against them. A mistrial was declared in the case of 13-year-old Roy White, because although found guilty, the jurors could not agree on a death sentence or life imprisonment.

The trial of the Scottsboro Boys received extensive press coverage nationally and internationally. Outside the South, their convictions and impending executions were viewed as a legalized lynching. A group of Northern attorneys took on the case and won stays of execution from the Alabama Supreme Court. They then appealed the convictions on the grounds that pretrial publicity made a fair trial impossible, the defendants lacked adequate legal counsel, and Blacks were excluded from the jury. When the Alabama Supreme Court upheld the convictions, the attorneys were able to further stay the executions and were granted appeal by the U.S. Supreme Court in 1932.

The case that went to the U.S. Supreme Court was *Powell v. Alabama.* In a 7–2 decision, the court overturned the original convictions, ruling that the defendants' 14th Amendment right to due process had been violated because they had not been given adequate legal counsel. The court ordered that the defendants be retried.

At the second trial, in 1933, the Scottsboro Boys were represented by a well-known attorney from New York City, Samuel Leibowitz, who agreed to take the case pro bono. They were also assisted by a group of Northern investigators who came to Alabama to question witnesses and to collect evidence. During the second trial of the first defendant, Haywood Patterson, witnesses were recalled, and the experienced Leibowitz exposed the lies in their original testimony. Even one of the alleged victims recanted her testimony on the stand, after two White men testified that they had had sex with the women on the night of the alleged assaults. Nevertheless, the all-White jury convicted Patterson and sentenced him again to death by

electrocution. The judge, however, declared a mistrial because the verdict was contrary to the evidence presented in court and granted the defense attorney's motion for a new (third) trial for Patterson. By the time the third trial began, the original judge had been replaced by another judge, who openly expressed his opinion that the defendants were guilty and that Northern "outsiders" were interfering in the Southern courts. Patterson was found guilty a third time and sentenced to die by electrocution, as were the other defendants whose trials were held subsequently.

Undaunted, the Northern attorneys again appealed to the U.S. Supreme Court, using the conviction of one of the defendants, Clarence Norris. The ground for the appeal, *Norris v. Alabama,* was that the defendant's right to a fair trial had been violated because of the exclusion of Black citizens from the jury. The court agreed and ordered yet another trial for the defendant.

In 1935, the district attorney in Alabama won new indictments against the Scottsboro Boys, with a grand jury that had seated a single Black juror. Haywood Patterson was tried and convicted a fourth time in 1936, but was sentenced to 75 years in prison instead of death by electrocution. Four of the remaining defendants were also tried, convicted, and sentenced to prison, with terms ranging from 20 to 99 years. The remaining four defendants were released because they had been so young at the time of the alleged crime or because, after more than 6 years in the county jail, they were in very poor health. They were prohibited from ever returning to the state of Alabama.

The eight incarcerated Scottsboro Boys served from 15 to 20 years in prison before being paroled. Only two were ever officially pardoned, and these pardons came 20 to 45 years after the original charges were filed.

Claire M. Renzetti

See also Rape Culture; Rape/Sexual Assault

Further Readings

Boyes-Watson, C. (2003). *Crime and justice: A casebook approach*. Boston: Allyn & Bacon.

Goodman, J. (1994). *Stories of Scottsboro*. New York: Vintage Books.

Secondary Victimization

See Vicarious Traumatization

Secondary Victimization by Police and Courts

Secondary victimization refers to the trauma that victims experience following rape as a result of blame, stigmatizing responses, and general negative treatment. Although it is possible that victims experience secondary victimization due to the reactions of friends, family, medical and mental health personnel, and other members of society, it is often a result of their interaction with police and courts.

Although rape is one of the most underreported crimes, victims sometimes turn to the police for assistance and protection. Police may cause secondary victimization when they ask victims questions that imply that they are blameworthy or when they explicitly state to victims that their actions contributed to the rape. This implication includes but is not limited to questions or statements pertaining to a victim's dress, use of alcohol or drugs, the victim's reason for being at a certain location at the time of the rape, degree of resistance, prior sexual encounters with the alleged assailant, whether the victim "led on" the alleged assailant, and whether the victim responded sexually to the incident. Police may show less compassion when interviewing victims who do not fit the stereotypical image of a "real" rape victim, who is someone who was raped by a stranger, raped by an assailant with a weapon, sustained obvious physical injuries, reported the crime immediately, and appeared distraught during questioning. Police may not initiate an investigation or an arrest based on their perception of the alleged victim as someone truly harmed and blameless, a reaction which contributes to victims' secondary victimization. Despite the trauma of secondary victimization by the police, it is important to recognize that police must establish probable cause before making an arrest and must gather sufficient evidence before turning the case over to prosecutors. This need may contribute to their engagement in what

the victim may perceive as forceful and hostile questioning. Police officers' duty to establish a good case may contribute to victims' secondary victimization.

Victims may experience secondary victimization at the hands of the court when they must sit in the same courtroom as the rapist, when they must reveal the details of the rape to a room of strangers, and when they must endure cross-examination by defense attorneys who attack their credibility and character and question their behavior in order to convince the judge or jury that if a sexual act took place, the woman consented or "asked for it." Secondary victimization may result when prosecutors drop the case or agree to drop more serious charges if the defendant pleads guilty, contributing to victims' feeling the legal system failed them. Additionally, rape victims may feel revictimized when staff of the prosecutors' offices does not make them privy to general information about the case, the progress of the case, and dates of pretrial and trial proceedings. Lastly, victims may experience secondary victimization when their hope of seeing their rapist punished is destroyed with an acquittal or not guilty verdict.

Shana L. Maier

See also Legal System, Civil and Criminal Court Remedies for Sexual Assault/Rape; Legislation, Rape/Sexual Assault; Rape/Sexual Assault

Further Readings

Frazier, P. A., & Haney, B. (1996). Sexual assault cases in the legal system: Police, prosecutor, and victim perspectives. *Law and Human Behavior*, *20*, 607–628.

Madigan, L., & Gamble, N. (1991). *The second rape: Society's continued betrayal of the victim*. New York: Lexington Books.

Martin, P. Y. (2005). *Rape work: Victims, gender, and emotions in organization and community context.* New York: Routledge.

Martin, P. Y., & Powell, R. M. (1994). Accounting for the second assault: Legal organizations' framing of rape victims. *Law & Social Inquiry*, *19*, 853–890.

Matoesian, G. M. (1993). *Reproducing rape domination through talk in the courtroom*. Chicago: University of Chicago Press.

Self-Defense

Self-defense is the legal right of a person to defend against unlawful force. Generally, the term does not apply to the defense of others or the defense of property. Self-defense is a private defense in which an individual, rather than the state, lawfully engages in protective actions against threat by another person. Representing one of the oldest defenses in criminal law, self-defense may also be a defense to some civil claims.

Self-defense law applies when one uses force under the reasonable belief that force is necessary to protect oneself against the immediate use of unlawful force by another. Force is considered unlawful when it would constitute a civil wrong or a criminal offense. A person must not use greater force than appears reasonably necessary in the circumstances, meaning that the force used in self-defense must be proportional to the severity of the threat posed. Timing is also crucial; self-defense is justified only when the threat of force is imminent.

Additional requirements apply when the use of force to protect oneself involves deadly force. Deadly force is permissible only when one reasonably believes deadly force is necessary to protect oneself against the immediate use by another of unlawful deadly force. Many laws also require that one retreat, if possible, before using deadly force in response to the immediate threat. Some jurisdictions do not require retreat if threatened in one's own home, while others do if the deadly threat is from a cohabitant.

In homicide cases, whether the defendant's actions constitute a total defense to any criminal charge at all or whether it merely mitigates his or her criminal responsibility depends, in some jurisdictions, on a showing of either perfect self-defense or imperfect self-defense. Perfect self-defense is established if the defendant believed that killing the alleged attacker was reasonable and necessary under the circumstances, and the fact finder agrees that a hypothetically reasonable person would have done the same. Perfect self-defense, if proven, would be a complete defense to the crime. On the other hand, in imperfect self-defense, the fact finder rules that, while the defendant believed that killing the alleged attacker was reasonable and necessary, the defendant used excessive force. Imperfect self-defense is only a partial justification and generally would reduce a murder charge to the less serious crime of manslaughter.

Critics claim self-defense law is historically based on a gendered perspective. The traditional model of self-defense assumed a confrontation between two adult males, with the expectation that a male would draw back if able and would only use the amount of

force required in the situation. Thus, this argument posits that the self-defense model fails to accommodate the experiences of women, particularly with respect to intimate, yet violent, relationships, where there often are size and strength differences between the two individuals and retreat may be difficult, particularly when they reside in the same abode.

Melissa Hamilton

See also Battered Women's Justice Project

Further Readings

Rosen, R. A. (1993). On self-defense, imminence, and women who kill their batterers. *North Carolina Law Review*, *71*, 371–411.

Sangero, B. (2006). A new defense for self-defense. *Buffalo Criminal Law Review*, *9*, 475–559.

Self-Destructive Behaviors

See Self-Injury

Self-Injury

Long a subterranean topic, the deliberate, nonsuicidal, violent destruction of one's own body tissue emerged from obscurity in the 1990s and began to spread dramatically as fairly typical behavior among adolescents. Self-injury has gone by several names including self-harm or deliberate self-harm syndrome, self-mutilation, self-destruction, self-cutting, self-injurious behavior, and self-wounding. Although a range of behaviors may be considered self-injurious, including eating disorders, excessive laxative use, and extreme body modification among others, the psychiatric and medical community has defined this syndrome as self-cutting, burning, branding, scratching, picking at skin or re-opening wounds, biting, head-banging, hair-pulling (trichotillomania), hitting (with a hammer or other object), and bone-breaking.

Effects

Self-injury was considered for many years a suicidal gesture, although it is now recognized as a morbid, but effective coping strategy. These behaviors provide immediate release from anxiety, depersonalization, racing thoughts, and rapidly fluctuating emotions. Self-injury tends to lead to the lessening of tension, cessation of depersonalization (grounding), euphoria, improved sexual feelings, diminution of anger, satisfaction of self-punishment urges, security, uniqueness, manipulation of others, and relief from feelings of depression, loneliness, loss, and alienation. It provides a sense of control, reconfirms the presence of one's body, dulls feelings, and converts unbearable emotional pain into manageable physical pain. As such, it represents an emotion regulation strategy and a grounding technique to end dissociative episodes.

Psycho-Medical View of Causes

Psychiatrists and clinicians view self-injury as a symptom of several impulse-control disorders. Lodged primarily within the dramatic-emotional cluster, it is associated as an occasional side-effect of borderline personality disorder (inappropriate anger and impulsive self-harming behavior), antisocial personality disorder (the tendency to be aggressive, to have reckless disregard for personal safety), histrionic personality disorder (a pervasive pattern of excessive emotionality and attention-seeking behavior often enacted through physical appearance), posttraumatic stress disorder (sometimes due to rape or war), various dissociative disorders (including multiple personality disorder), eating disorders, and a range of other conditions such as kleptomania, Addison's disease, depersonalization, substance abuse, alcohol dependence, and various depressive disorders.

Psycho-Medical Demographics

The traditional literature on self-injury has posited the typical demographics of self-injury as starting in early adolescence, with most practitioners desisting after adolescence. Girls are generally considered more frequent practitioners than boys, with some three quarters or more of the population consisting of women. At the same time, others assert that male practitioners are more plentiful or equal in numbers to women. Traditionally, like eating disorders, self-injury is seen as located primarily among an intelligent, middle- or upper-class population that is disproportionately Caucasian. Finally, psychologists view it as a short-term, adolescent phenomenon.

Historical Evolution

Three significant historical periods exist that affect the population, prevalence, meaning, and practice of self-injury. Self-injury has existed for a long time, although throughout most of history there has been little public awareness of the phenomenon. Practitioners acted alone, in a social vacuum. Somewhere in the vicinity of 1996, public knowledge of self-injury began to arise, with depictions of it appearing in books, films, television shows, magazines, newspapers, and other media. Several celebrities came out in public and admitted their self-injury, and discussions of it flourished in high schools. This burgeoning awareness, although limited in scope, spread fairly rapidly through segments of the population that were most likely to come into contact with self-injurers: adolescents, young adults, educators, doctors, and psychologists. It affected the way self-injurers thought about themselves and were regarded by others, but they still mainly kept to themselves. A third period dawned around 2001–2002, when Web sites began to appear on the Internet focused on self-injury (self-mutilation, self-harm) complete with public chat rooms where people could interact with fellow and former self-injurers.

Sociological View of Causes

Sociologists assert that the psycho-medical model is doubly flawed: It has always been overly narrow, missing the experiences of people outside of inpatient clinical settings, but it has more recently failed to capture the explosion of the behavior outside of treatment facilities. They suggest that with the rise of awareness about self-injury, transmission has increasingly occurred through social learning, with people hearing about it from friends, in school, in movies, TV shows, magazines, and documentaries. Not only do people hear about it and want to try it, but also through these means they learn how to perceive and interpret its effects. Self-injury, they argue, is a silently exploding epidemic, moving to take its place as the next teenage angst. It offers youth an opportunity to express their frustrations over their lives and lack of control. Consequently, they form identities and social groups around the behavior.

Sociological Demographics

Research in the 21st century suggests that the practice has become widespread among a broader range of people: prisoners, especially juvenile delinquents; homeless street youth and others who suffer and lack control over themselves; boys and men; people of color; those from lower socioeconomic statuses; members of alternative youth subcultures; youth suffering typical adolescent stress; and a growing group of older hard-core users who begin the practice to seek relief but settle into a lifetime pattern of chronic self-injury. Many of these people operate as loner deviants, hiding their behavior and practicing it alone, but the rise of Internet self-injury chat rooms, Web sites, and groups has created cyber subcultures and cyber relationships where communities of self-injurers flourish and grow.

Patricia A. Adler and Peter Adler

See also Borderline Personality Disorder; Depression; Epidemiology, Perpetration Patterns by Age, Gender, Ethnicity, Socioeconomic Status; Expressive Violence; Sexual Abuse

Further Readings

Adler, P. A., & Adler, P. (2005). Self-injurers as loners: The social organization of solitary deviance. *Deviant Behavior*, *26*, 345–378.

Favazza, A. R. (1998). The coming of age of self-mutilation. *The Journal of Nervous and Mental Disease*, *186*, 259–268.

Ross, S., & Heath, N. (2002). A study of the frequency of self-mutilation in a community sample of adolescents. *Journal of Youth and Adolescence*, *31*, 67–77.

Suyemoto, K. L., & MacDonald, M. L. (1995). Self-cutting in female adolescents. *Psychotherapy*, *32*, 162–171.

Self-Petitioning Process

Self-petitioning is a process that allows a person to file for U.S. legal residence status on his or her own without the aid of his or her spouse. The self-petitioning process is a crucial procedure that enables immigrant families to petition for citizenship independently from their abusers to enable persons to live a safer, autonomous life free from abuse.

Why Self-Petitioning Is Needed

Traditionally, a USCIS Form 1-130 or a Petition for Alien Relative is filed by the U.S. citizen or lawful

permanent resident on behalf of his or her spouse or children so that the family member can remain in the Unites States or leave his or her native country. There are numerous avenues to establish lawful permanent residency. However, self-petitioning offers unique assistance to immigrant persons and their children who have been abused by their spouse or parent. For example, if there is domestic violence within an immigrant household, the abuser may withhold information, refuse to file the required documents, and/or threaten to deport the abused person in order to exert and/or maintain power and control over him or her. In addition, like most victims of violence, many immigrants do not report the incidents to anyone, including the police, for several reasons. Some victims are ashamed and suffer the abuse in silence. Some do not disclose the abuse in fear of retribution, such as physical harm and/or threats of deportation. In addition, cultural differences and language barriers often create obstacles for victims seeking out the resources that are needed. In 1994, U.S. Congress passed the Violence Against Women Act, which was amended in 2005. This legislation contains a provision for battered immigrant spouses or children to petition for legal residency without the aid or knowledge of their abuser. There are specific guidelines and requirements to qualify for this type of relief. The major requirements are listed below.

Self-Petitioning Requirements

There are certain requirements in order to be eligible to self-petition for both the spouse and the child of the abuser. Generally eligible petitioners include a spouse of a U.S. citizen or lawful permanent resident who is the batterer, unmarried children under the age of 21, the parent of a child (unmarried and under 21) who has been abused by the batterer who is a U.S. citizen or lawful permanent resident, or a battered child (unmarried and under 21) who has been abused by the U.S. citizen resident parent. Children who have not been battered may be included in the petition. When a spouse self-petitions, he or she must be legally married to the batterer who is a U.S. citizen or lawful permanent resident. The permanent resident and the spouse must have entered the marriage in good faith, meaning not for the purposes of receiving immigration status. The spouse or child of the permanent resident or U.S. citizen must have been battered or subjected to extreme cruelty during the marriage. In addition, unless the batterer is employed with the U.S. government or a member of the U.S. armed services, the abuse must have taken place within the United States. Lastly, the spouse requesting to self-petition must be of good moral character. A person may self-petition if divorced. The self-petitioner must demonstrate that he or she divorced from the abuser within the past 2 years and that there was a connection between the divorce and the battery or extreme cruelty by the abusive spouse (H.R. Rep. No. 103–395 at 26–27, 1993, §1503(b)(1) of the Conference Report). To self-petition for a child, the child must be considered the child of the abuser. In addition, evidence demonstrating the relationship between the parent and child should also be submitted.

Shannon R. Gaskins

See also Department of Homeland Security and Immigration Services

Further Readings

Walker, J. (Ed.). (2004). *U.S. Immigration and Nationality Act*. Retrieved from http://www.fourmilab.ch/uscode/8usc/8usc.html

Web Sites

U.S. Citizen and Immigration Services: http://www.uscis.gov/portal/site/uscis

Women's Law, basic questions & answers: http://www.womenslaw.org/laws_state_type.php?id=10269&state_code=US

Self-Trauma Model

John Briere developed the self-trauma model to explain the etiology, maintenance, course, and treatment of trauma associated with severe childhood abuse. This developmental model integrates cognitive, behavioral, and psychodynamic perspectives with existing theories of trauma and self psychology. According to the self-trauma model, an overarching negative consequence of childhood abuse is that it inhibits the development of adequate coping skills that, in turn, increases the likelihood that a person's resources will be overtaxed when he or she encounters memories of the abuse and/or new environmental challenges. Moreover, due to primitive affect regulation, maladaptive coping strategies

such as dissociation and substance abuse are likely to evolve in the face of past and current trauma experiences. This dissociation and avoidance may contribute to a vicious cycle as it prevents an individual from learning to manage and process the negative memories and feelings associated with the original trauma, an inability which further fuels the need for dissociation and avoidance during subsequent distressing events.

To the extent a person's coping resources have been exceeded by a traumatic event, an individual may compensate and attempt to process the experience during posttraumatic intrusive responses, such as flashbacks and nightmares. Thus, in addition to being an indication of psychopathology, the intrusive and avoidance symptoms associated with a traumatic experience are self-protective in that they reflect the mind's attempt to process and regulate affect. The intrusive symptoms initiate the process of desensitizing oneself from the anxiety by allowing fragments of information associated with the initial trauma to be processed; these symptoms are typically followed by avoidance behaviors, which Briere suggested may be the mind's attempt to limit the level of exposure to the traumatic memory. However, if the individual's avoidance behaviors are excessive, the person will not have adequate exposure to the traumatic memory, and thus consolidation cannot occur. In those instances, a person may experience further intrusive symptoms that are likely to be followed by even greater avoidance. This deleterious cycle may continue indefinitely if it is not interrupted by adequate intervention.

According to the self-trauma model, therapy should progress sequentially, such that earlier sessions are devoted to increasing coping skills and later sessions are dedicated to cognitive and emotional processing of the traumatic events. For example, treatment may involve the use of dialectic behavior therapy distress tolerance and emotion regulation skills training, which may contribute to increasing an individual's self-capacities and provide the client with a foundation upon which trauma exposure therapy can begin. As with other cognitive behavioral interventions, careful assessment of the client throughout treatment is important to ensure that the client is equipped to handle challenges elicited in therapy. Removing the avoidance behaviors of the client too quickly can overextend the client's coping resources and lead to more intrusive and avoidant symptoms and/or attrition from treatment. The therapist needs to challenge but not overload the client's coping skills, providing a therapeutic environment that is safe and supportive.

Once abuse related events have been identified in therapy and the individual has the relevant coping resources, gradual reexposure (e.g., systematic desensitization) to the material can begin. The goal of this exposure is to reduce anxiety as well as the intrusive trauma symptoms. The graduated exposure advocated by the self-trauma model is not an inflexible, progressive set of exposure exercises but, rather, a set of exposure experiences that are dictated by the client's coping skills at the time of the session. Thus, there is a consistent feedback loop in therapy, such that the therapeutic focus may change from exposure, to skills building and cognitive restructuring, to consolidation, followed by more exposure. According to the self-trauma model, it is crucial that the client experience the traumatic memory in the absence of danger cues in a safe environment to help promote emotional and cognitive processing and consolidation of the memory. In contrast to some trauma treatments involving more prolonged exposure, the self-trauma model advocates the use of systematic desensitization in doses that are centered on the client's current coping capacities.

Gregory L. Stuart and Jeff R. Temple

See also Posttraumatic Stress Disorder; Trauma-Focused Therapy

Further Readings

Briere, J. (1992). *Child abuse trauma: Theory and treatment of the lasting effects.* Newbury Park, CA: Sage.

Briere, J. (1997). Treating adults severely abused as children: The self-trauma model. In D. A. Wolfe, R. J. McMahon, & R. D. Peters (Eds.), *Child abuse: New directions in prevention and treatment across the lifespan* (pp. 177–204). Thousand Oaks, CA: Sage.

Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, T. Reid, & C. Jenny (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 1–26). Thousand Oaks, CA: Sage.

Separation/Divorce Sexual Assault

Since the 1970s, social scientists have greatly enhanced an empirical and theoretical understanding of various types of woman abuse in ongoing heterosexual relationships. However, although it is known that breaking up with a violent man is one of the most dangerous events in a woman's life, relatively little attention has been paid to the victimization of women who want to leave, are in the process of leaving, or who have left their marital or cohabiting partners. The limited work that has been done on this topic has focused on lethal and nonlethal forms of physical violence, such as murders and beatings. Male-to-female abuse is multidimensional in nature, and a few studies show that women are also at high risk of being sexually assaulted during and after separation/divorce. Still, almost all of the research on this problem is found in the small amount of feminist literature on what is variously termed *marital rape*, *spousal rape*, *wife rape*, or *sexual assault in marriage*. Further, little attention is paid in this literature to the plight of cohabiting women who exit or try to exit relationships, and the bulk of the data reported were gathered from urban samples.

Perhaps the only North American study on this topic was specifically designed to glean rich information on separation/divorce sexual assault. Funded by the National Institute of Justice and conducted by a research team led by DeKeseredy, this exploratory qualitative study was done in three rural Ohio counties, and the sample consists of 43 women. Rather than using a narrow definition of sexual assault limited to only forced penetration, the study focused on a wide range of sexually abusive behaviors, including assaults when women were drunk or high or when they were unable to give consent. Sex out of obligation and what Russell refers to as "blackmail rapes" were also examined.

Many findings were uncovered, but those deemed the most important are briefly described here. First, only a few of the 43 respondents experienced just one of the four types of sexual assault examined, and virtually all experienced rape or attempted rape. Second, 80% of the women were victimized by two or more forms of nonsexual abuse, such as physical violence, harm to animals or prized possessions, and psychological abuse. Nineteen percent of the sample also reported that their partners abused their children, and one woman believes that her expartner raped her as a means of killing her unborn child.

Other key findings include the fact that 74% of the sample were sexually abused when they expressed a desire to leave a relationship. Forty-nine percent were harmed this way while they were trying to leave or while they were leaving, and 33% were victimized after they left. And 67% of the women reported on a variety of ways in which their partners' male peers perpetuated and legitimated separation/divorce sexual assault. Three methods in particular stand out: frequently drinking with sexist male friends, informational support, and attachment to abusive peers. Informational support refers to the guidance and advice that influences men to sexually, physically, and psychologically abuse their female partners, and attachment to abusive peers is defined as having male friends who also abuse women. These factors are identical to those found to be highly significant in predicting which men on college campuses will admit to being sexual predators.

Seventy-nine percent of the sample said that their partners strongly believed that men should be in charge and in control of the domestic household setting, and most respondents stated that they were raped during or after separation/divorce because their partners wanted to show them who was in charge. The fact that close to 80% of the men who abused their partners adhered to the ideology of familial and/or societal patriarchy may also partially explain why so many perpetrators had peers who were sexist or abusive. Sixty-five percent of the sample's estranged partners viewed pornography, and it was reported to be involved in sexually abusive events experienced by 30% of the interviewees.

Data gathered by this exploratory study and relevant data uncovered by marital rape studies strongly suggest that separation/divorce sexual assault is a major problem in the United States, as it probably is elsewhere. Nevertheless, more research on this topic is necessary, and further empirical work needs to elicit qualitative and quantitative data from men because sexual assault, like other types of woman abuse, is best understood by examining the characteristics of men rather than women. This is not to say, however, that researchers cannot learn much about the risk factors associated with separation/divorce sexual

assault by asking women about the men who harmed them. In fact, the marital rape research conducted so far has gathered data from victims on the characteristics of perpetrators, and this approach has identified key risk factors, such as power and control, male peer support, alcohol and drug consumption, and the consumption of pornography.

There are many other groups of men and women who need to be included in future research, such as those who are immigrants and/or refugees, living in public housing, have mental disabilities, and so on. Moreover, published reviews of the extant social scientific literature on separation/divorce sexual assault reveals a major need for small- and large-scale representative sample surveys. There is also a lack of theoretical work, which is just as important as empirical contributions to the field.

Above all, what are needed are better forms of social support. Too often, separation/divorce does not end sexual assault and other forms of woman abuse, and thus it is necessary to develop policies and practices that meet the unique needs of women who are terrorized by men who will not let them leave and by men who have left. If as Kennedy Bergen found, victims of marital rape do not receive proper assistance, one can assume that victims of separation/divorce sexual assault are given even less.

Walter S. DeKeseredy

See also Divorce and Intimate Partner Violence; Femicide; Marital/Wife Rape

Further Readings

Bergen, R. K. (1996). *Wife rape: Understanding the response of survivors and service providers.* Thousand Oaks, CA: Sage.

DeKeseredy, W. S., Rogness, M., & Schwartz, M. D. (2004). Separation/divorce sexual assault: The current state of social scientific knowledge. *Aggression and Violent Behavior*, *9*, 675–691.

DeKeseredy, W. S., Schwartz, M. D., Fagen, D., & Hall, M. (2006). Separation/divorce sexual assault: The contribution of male peer support. *Feminist Criminology, 1,* 1–23.

Serial Murder/Serial Killers

Serial murder is defined by criminologists as the killing of three or more people over an extended period of time, often months or years. There is disagreement, however, over what percentage of homicides in the United States should be classified as serial murders. The most commonly cited figure is 20% of murders annually in the United States, a figure which would be approximately 3,000–4,000 homicides, are serial murders, but some criminologists put the estimate as low as 2% (i.e., only 300–400 per year). Trend data indicate that the number of serial killers—that is, individuals who commit serial murder—has increased significantly since the turn of the 20th century. From 1900–1924, for example, there were only 13 serial killers known to police, whereas from 1990–2004 there were 163. Analysts caution, though, that these numbers are rough estimates and that the true number of serial killers in any given year is unknown. Moreover, the dramatic increase over the years may not represent a real increase in the number of serial killers, but instead may be the result of greatly improved technology and detection methods in law enforcement, such as the use of DNA evidence to establish that the same offender committed different murders at different locations and at different points in time.

Types of Serial Murder/Serial Killers

Not all serial killers are alike. Criminologists have identified various types of serial killers, distinguishing them on the basis of their motives, although researchers caution that some serial killers may be classified as more than one type or may change motives over time.

One type of serial killer is the *visionary serial killer.* Visionary serial killers maintain that they hear voices or see visions that command them to kill. For example, David Berkowitz, known as "Son of Sam," killed six young women and their boyfriends as they were parked in "lovers' lanes" in New York, claiming that a dog that he thought lived in a hole in the wall of his apartment told him to do it. Visionary serial killers typically suffer from severe mental illness.

A second type of serial killer is *mission oriented.* These serial killers are motivated to eliminate certain types of people. They do not hear voices or see visions commanding them to kill. Rather, they view their victims as "undesirable," and killing them is fulfilling a "noble" mission. Victims of mission-oriented serial killers may be homosexuals, prostitutes, members of a particular religion, or members of a specific racial or ethnic group.

The third type of serial killer is the *hedonistic serial killer.* Hedonistic serial killers derive pleasure—frequently, sexual pleasure—from the act of killing. In fact, many hedonistic serial killers include some type of sexual torture or abuse of their victims, either before or after the murder. One example of a hedonistic serial killer was Edmund Kemper, who in the early 1970s killed at least six young women whom he picked up while they were hitchhiking, as well as his mother, whose head he cut off and used as a dart board. Hedonistic serial killers include sexual sadists, as well as mysopeds (i.e., sadistic child killers).

The fourth type of serial killer has been labeled the *power/control serial killer,* although in many cases there is significant crossover between this type of serial killer and the hedonistic type. The power/control serial killer derives satisfaction from completely controlling the victim. Thus, the power/control serial killer may keep the victim alive for some time before committing the murder, using the victim as a slave or torturing the powerless victim. Power/control serial killers also sometimes keep the bodies of their victims for periods of time, may keep souvenirs from the murders (e.g., the victim's shoes, a lock of hair, the victim's driver's license), or may photograph their victims. Jeffrey Dahmer, who killed young men in Milwaukee, Wisconsin, took photos of his victims or parts of their bodies before he cannibalized them.

Apart from these broad types of serial killers, it is important to note that most serial killers are White males, whose victims are White males or females. With regard to race, however, African Americans are overrepresented among serial killers in light of their proportion of the general U.S. population. African Americans make up about 12% of the U.S. population, but are estimated to be about 22% of serial killers. Their representation among serial killers is thought to have increased since the mid-1990s, although criminologists are not certain why this has occurred.

Female serial killers are relatively rare. Researchers maintain that female serial killers usually victimize husbands, former husbands, or boyfriends and are motivated by monetary gain, such as insurance benefits. In addition, female serial killers usually use poison or drug overdoses to kill their victims. In contrast, male serial killers are significantly more likely to target strangers, especially those to whom they have easy access, are transient, or whose disappearance is not likely to be noticed or to cause alarm (e.g., the poor or homeless, prostitutes, runaways, isolated elderly people).

Causes of Serial Murder

Researchers studying serial killers and their motives typically use a psychological or psychiatric framework to try to understand the behavior. As previously noted, for example, visionary serial killers, as well as the other types, are often diagnosed with various mental illnesses even though many serial killers do not appear mentally ill and may function normally in their communities. John Wayne Gacey, for instance, was well respected in his Chicago community and often performed as a clown at children's birthday parties. He was arrested in the 1970s for the murder of 30 boys and young men in the Chicago area. Most serial killers are diagnosed as psychopaths or sociopaths who are incapable of feeling shame, remorse, or guilt.

Researchers also point out that serial killers often have had troubled childhoods and dysfunctional relationships with parents or other caregivers. Some were neglected or abused as children, and others had pathologically overprotective or smothering parents. Childhood sexual abuse is not infrequent in the life histories of serial killers and may contribute to some serial killers' sexual dysfunction and gratification from sexual sadism.

Other researchers have identified various biological characteristics common to serial killers, such as neurological damage or disorders. But despite all this research, the causes of serial killing are still not well understood, a problem which makes it more difficult to predict or control serial killing.

The apprehension of serial killers can be frustrating for law enforcement, particularly in cases in which the killer is transient and has little relationship to the victims. The Federal Bureau of Investigation (FBI) has developed a system that profiles suspected serial killers in an effort to assist local law enforcement agencies. The U.S. Department of Justice has also developed a computerized information system, the Violent Criminal Apprehension Program, that captures data on violent crimes across the country, matching offense characteristics to help local law enforcement in different areas determine if separate crimes might actually be associated with a single offender.

Claire M. Renzetti

See also Biochemical Factors in Predicting Violence; Mass Murder; Neuropsychological Factors in Impulsive Aggression

Further Readings

Fox, J., & Levin, J. (2005). *Extreme killing: Understanding serial and mass murder*. Thousand Oaks, CA: Sage.

Giannangelo, S. (1996). *The psychopathology of serial murder: A theory of violence.* Westport, CT: Praeger.

Hickey, E. (1991). *Serial killers and their victims*. Pacific Grove, CA: Brooks/Cole.

Holmes, R. M., & DeBurger, J. (1988). *Serial murder*. Newbury Park, CA: Sage.

Holmes, S. T., Hickey, E., & Holmes, R. M. (1991). Female serial murderesses: Constructing differentiating typologies. *Journal of Contemporary Criminal Justice*, *7*, 245–256.

Serial Rape/Serial Rapists

Serial rape refers to a series of two or more rapes. Sometimes a definition of serial rape includes a "cooling-off period," which occurs between the rapes. Serial rapists are often seeking control or domination over their victims. It is also worth noting that serial rape and serial murder are offenses that overlap and are not mutually exclusive. Rape itself refers to any unwanted touching or behavior against another's will through violence, force, threat of injury, other duress, or where the victim is unable to decline due to the effects of drugs or alcohol. This term is relevant to interpersonal violence in that it is a repeated criminal act of hostility that takes place against another individual without his or her consent.

History

Rape has a somewhat vague history mainly because it has been historically conceived as an unmentionable and private crime. At the same time, rape has often been confused with consensual sex that is outlawed, such as oral sex or sodomy. Much of the history of rape is the history of laws and their application mainly because most of the documentation has been in written form or in the form of rape convictions. The history of rape can also be seen in the history (and current outcomes) of war, where the privilege to rape the women on the losing side went to the victors or where rape has been used as a weapon of war. Although many would argue that a culture of rape still exists, social changes and awareness started to take place in the United States in the 1960s in conjunction with the civil rights and feminist movements. Rape has been brought into the public arena mainly through consciousness-raising groups and rape crisis centers staffed by sexual assault advocates. Today, these crisis centers exist all over the country to serve survivors of sexual assault.

The Criminal Behavior

The premeditation involved in the crime of serial rape is particularly characteristic of serial rapists. It is believed that this premeditation is reflective of their preferential interest in this type of crime and largely accounts for their ability to avoid detection.

There are three different styles of approach serial rapists often use: the *con,* the *blitz,* and the *surprise.* Each reflects a different means of selecting, approaching, and subduing a chosen victim. The con approach relies on the rapist's ability to interact with women. With this technique, the rapist openly approaches the victim and requests or offers some type of assistance or direction. However, once the victim is within his control, the offender may suddenly become more aggressive. In a blitz approach, the rapist uses a direct, injurious physical assault that subdues and injures the victim. In this approach, the rapist most frequently makes use of his ability to physically overpower a woman. Used less often than the con approach, the blitz approach results in more extensive physical injury and inhibits certain fantasy components of the rape that may be arousing to the rapist. The surprise approach involves the assailant waiting for the victim or approaching her after she is sleeping. This presupposes that the rapist has targeted or preselected his victim through unobserved contact and knowledge of when the victim would be alone. Threats and/or the presence of a weapon are often associated with this approach; however, there is no actual injurious force applied. This approach represents the most frequently used means of approach and is most often used by men who lack confidence in their ability to subdue the victim through physical threats or ploys.

Statistics show that a threatening presence and verbal threats are often used to maintain control over the victim, and minimal or no force is used in a majority of serial rapes. The victims may physically, passively,

or verbally resist the rape. The most common offender reaction to resistance is to verbally threaten the victim. Many offenders can experience sexual dysfunction. Low levels of pleasure are often reported by the rapists from the sexual acts. The rapists tend not to be concerned with precautionary measures to protect their identities. The most common postoffense behaviors reported by the rapists are feeling remorse and guilt, following the case in the media, and increasing alcohol and drug consumption.

Serial rapists often prepare in detail the way they will commit their offenses, a tendency which is very different from the offender who may commit a single offense as a result of impulsivity. They are also usually evidence aware, as numerous serial rape offenders have a history of other minor offenses prior to committing their rape offenses.

Serial rapes are among the crimes that usually involve a high level of psychopathy and offender–victim interaction. Often this interaction results in a greater amount of evidence being left at the scene from which to draw information, and this initial collection is critical to the success of any serial rape investigation.

The crimes of serial rapists can have a number of effects on society, including fear, fascination, revulsion, and disbelief. These crimes have come to the forefront in the past decade, perhaps as a result of media attention. There has certainly been an increase in awareness of the predators among us, who seemingly rape and kill for no other reason than the pleasure of such acts. A serial rapist can create a climate of fear in an entire community.

It is particularly difficult to gather statistical information on serial rape, mainly because often there is no way of knowing what proportion of rapes reported to the police are committed by serial rapists. The limited research on this offense is plagued by many of the same issues facing law enforcement in its investigation: the failure to link offenses, the prevalence of serial offenses in unreported offenses, and the offenses being identified or acknowledged only when an offender is arrested.

The majority of solved rapes are often acquaintance rapes rather than stranger rapes. Serial rape is often stranger rape, and a large number of sex crimes against strangers are committed by a relatively small number of serial offenders.

Ana Ottman

See also Batterers; Hate Crimes (Bias Crimes), Gender Motivated; Rape Culture; Rape/Sexual Assault; Serial Murder/Serial Killers

Further Readings

Hazelwood, R. R., & Warren, J. (1990). *The criminal behavior of the serial rapist*. Washington, DC: Federal Bureau of Investigation.

Petherick, W. (2006). *Serial crime: Theoretical and practical issues in behavioral profiling*. Burlington, MA: Academic Press.

Sanders, W. B. (1980). *Rape and woman's identity*. Beverly Hills, CA: Sage.

Severity of Violence Against Women Scales

The Severity of Violence Against Women Scales (SVAWS) was created by Marshall to assess the frequency and severity of physical aggression committed by women's partners. The primary purpose of developing the SVAWS was to create a more comprehensive and sensitive instrument than those available at the time. As a result, the 46-item SVAWS consists of three subscales that differ in level of severity (i.e., threats of violence, acts of violence, and sexual aggression). These scales can be further divided into nine dimensions with each item weighted for severity. Specifically, the threats of violence subscale is composed of 19 items measuring symbolic violence and threats of mild, moderate, and serious acts of violence (e.g., driven dangerously with you in the car, shook a fist at you, threaten to destroy property, threatened to kill you, respectively). The acts of violence subscale is composed of 21 items measuring minor, mild, moderate, and serious acts of physical violence (e.g., pushed or shoved you, pulled your hair, slapped you with the back of his hand, and choked you, respectively). Finally, 6 items measure sexual aggression inflicted by an intimate partner (e.g., physically forced you to have sex). Items were ordered based on the perceived severity of the acts. When completing the measure, women indicate how often their partner has inflicted each of the acts in a given period of time with a 6-point scale anchored by *never* (0) and *a great many times* (5). A moderate correlation between the acts of violence

and sexual aggression scales has been reported, while a high correlation has been found between the threats of violence and acts of violence scales.

The ability of the SVAWS to distinguish between threats of violence, actual acts of violence, and sexual aggression along with the ability to consider different severity levels permits the examination of the unique effects of different types and levels of violence. For example, the SVAWS could be used to study the mental health effects of physical violence or sexual aggression or their combined effect. Of note, the SVAWS has demonstrated good reliability across a variety of studies and cultures and has been translated into over 10 languages.

A similar version of the SVAWS was created for male victims of partner violence labeled the Severity of Violence Against Men Scales (SVAMS). Although composed of the same 46 items, the SVAMS does not have a symbolic violence subscale. In addition, because men's and women's perception of severity differed, scales are composed of slightly different items. For example, whereas "kicked (your partner)" is considered a mild act of violence when measuring female to male violence, it is considered a severe act of violence when measuring male to female violence.

Jeff R. Temple and Gregory L. Stuart

See also Abusive Behavior Inventory; Conflict Tactics Scales

Further Readings

Marshall, L. L. (1992). Development of the Severity of Violence Against Women Scales. *Journal of Family Violence*, *7*, 103–121.

Marshall, L. L. (1992). The Severity of Violence Against Men Scales. *Journal of Family Violence*, *7*, 189–203.

Sex Discrimination

Sex discrimination refers to the unequal and harmful treatment of people, usually females, because of their gender. This unfair behavior is based on prejudicial assumptions that regard women's talents, skills, and abilities as inferior to those of men. Women are thus relegated to social and economic roles that restrict their full participation in society and also overburden them with the unpaid tasks of housework and childcare. In addition, sex discrimination creates a context in which interpersonal violence is likely to occur and is often tolerated. The majority of women are not direct victims of brutal violence, but they live in an environment that discriminates against their sex in myriad ways. For most women, everyday sexist discrimination is more prevalent in their lives than sexual assault and therefore will have greater effects on their daily life and their long-term well-being.

Institutional Sexism

Sexist discrimination occurs throughout societal institutions. Due to its ubiquity, unequal relations between men and women are often perceived as a natural part of the human condition. This attitude presupposes a strict dichotomy between the two sexes, each with an inherent set of characteristics determined by biological factors that govern their behavior. The promotion of the idea that there are essential differences between males and females not only justifies the unequal and often aggressive treatment of females, but precludes any attempt to examine this treatment as wrongful.

This attitude has promoted a segregated workplace, where women are accorded lower status, reduced opportunities for advancement, and lower pay than their male counterparts. Women generally earn two thirds of the salary of men in comparable positions and are often herded into gendered employment roles that hold less prestige and power in society. Not only are women routinely paid less than men, they are also more likely than men to be laid off or fired, less likely to be promoted, and less likely to have adequate health insurance and other benefits, such as vacations, even when number of hours worked are taken into account. This inequality is even greater among women of color, where racial and ethnic discrimination intersects with sexism. In the fields of business, medicine, law, government, the military, science, education, and technology, fewer women (than men) are represented in positions of management and administration. Even in traditionally female professions, such as teaching and social work, men hold the majority of administrative jobs and earn more than women in their fields.

This discrimination against women is replicated in other societal structures as well. Organized religions tend to relegate women to inferior positions, even while extolling female virtues. Laws designed to protect women and their fetuses are often designed to limit women's full participation in society and to

control their reproductive lives. Social customs create separate and unequal roles for women that often include a double day of employment and housework for women and almost exclusive responsibility for family care. (Even women working outside the home report twice the number of hours spent on housework than their husbands.) Gender roles tend to leave women in positions of economic dependence and vulnerability that result in poverty when marriage is unavailable or unstable. Current welfare regulations do little to assist women (and their children) who cannot be self-supporting.

Interpersonal Sexism

Interpersonal sexism encompasses a continuum from blatant aggression between sexes to subtle everyday discrimination against women. The daily interactions between the sexes that occur in personal relationships, the workplace, schools, and the social environment often mirror institutional sexism. In surveys designed to measure interpersonal sexism, women report chronic exposure to demeaning and disrespectful treatment due to their gender from workmen, service people, physicians, teachers, colleagues, bosses, family members, and partners. Women's most common sexist experience is having to listen to sexist jokes, both in the media and among their associates. Other experiences include being ignored, excluded, stereotyped, belittled, objectified, and harassed because they are women. Several studies have demonstrated that subtle sexism can be psychologically damaging and can produce trauma symptoms similar to those engendered by sexist assault.

It is difficult to differentiate between institutional and interpersonal acts of sexist discrimination, as one leads to the other and both are mutually supportive. Words and behaviors that demean women create psychological wounds that disable women's attainment of their rights in the workplace as well as in the home. Sexist institutions support insidious sexist behavior, which in turn solidifies sexist gender roles and their inherent limitations. When women and girls are devalued by the prevailing social ethos, discriminating, harassing, and even brutalizing them becomes easier.

The daily interactions that comprise sex discrimination form a structure that creates and supports a patriarchal society. These interactions vary from blatant sexist exclusion to subtle everyday practices of condescension. This chronic sexism can distort a woman's personality, limit her potential, and threaten her physical and psychological health. The effects of sexist discrimination are manifold: psychological, physical, financial, and emotional damage ensues from the debasement and exploitation of women. Countries that deny women full civil rights have less success in establishing democratic institutions and economic prosperity. For these reasons, various local, national, and international women's rights organization are working to reverse sexist laws, create protections for exploited women, enhance female participation in government and other institutions, establish equality in the workplace, and design nonsexist education.

Susan H. Berg

See also Civil Rights/Discrimination; Misogyny; Oppression and Violence; Patriarchy; Sexual Harassment

Further Readings

Benokraitis, N. V. (1997). *Subtle sexism: Current practices and prospects for change.* Thousand Oaks, CA: Sage.

Landrine, H., & Klonoff, E. A. (1997). *Discrimination against women: Prevalences, consequences, remedies*. Thousand Oaks, CA: Sage.

Rambo Ronai, C., Zsembik, B. A., & Feagin, J. R. (1997). *Everyday sexism in the third millennium*. New York: Routledge.

Willie, C. V., Perri Rieker, P., Kramer, B. M., & Brown, B. S. (1995). *Mental health, racism, and sexism*. Pittsburgh, PA: University of Pittsburgh Press.

Sex Education

Sex education broadly refers to the teaching of information, awareness, and skills to enable learners to promote their own sexual health and well-being and to enhance the quality of their intimate relationships. Although people learn about sexuality at all ages and through a range of informal channels (including from family members, from written materials, and from popular culture), the term *sex education* often refers to more formal curriculum-based programs offered to young people by teachers or counselors in schools, clinics, or community institutions. Such programs generally aim to achieve public health goals—most often to reduce teenage pregnancy and sexually transmitted

infections, including HIV/AIDS. The more immediate objectives toward reaching those goals typically include delaying first sex, promoting monogamy, and/or encouraging condom use; many programs also seek to increase awareness of and help prevent sexual coercion and sexual violence.

In the United States, school-based sex education began in the early 20th century as part of a movement by progressive reformers for "social hygiene." Since that time, many schools (and community organizations) have offered basic health and sexuality information under a variety of names (e.g., sexuality education, sex education, sex and relationships education, life-skills, or family life issues). Such programs may be taught by instructors who normally teach health education, biology, physical education, or another topic; in some schools, nonprofit organizations such as Planned Parenthood send special sex educators to make presentations. Although the specific objectives and content of sex education programs vary widely, they typically emphasize technical information (about reproductive anatomy and physiology, sexually transmitted infections, contraception, and disease prevention). They also may include lessons on life goals, values clarification, sexual decision making, sexual orientation, relationships, and communication–negotiation skills.

Polls show that the majority of American parents endorse the idea of their children receiving information on these topics. In addition, a number of international agreements recognize the right of all people, including young people, to accurate information on sexuality and sexual health. However, most sex and/or HIV education programs are not scientifically evaluated to determine their effectiveness. Among those that have been closely studied, approximately two thirds had positive effects on sexual behavior or outcomes, whereas one third did not achieve any such success. Research has also shown that sex and/or HIV education programs do not themselves lead to increased sexual activity.

Nevertheless, sex education has become the subject of policy debates. On one hand, a number of conservative and religious groups have mounted significant opposition to sex education. On the other hand, a number of researchers and feminists have argued for the need to strengthen current approaches to sex education. Underlying both critiques are fundamental assumptions and values about gender roles.

Since the 1980s, conservatives have organized to replace sex education programs with curricula that teach students that heterosexual marital relationships are the only context in which sexual activity is morally acceptable; in other words, masturbation, premarital sex, and homosexuality are all proscribed. Because such curricula exclude mention of contraception or condoms as methods of protection or present negative messages about these methods, they are often called abstinence-only programs. Although abstinence-only programs often include information about trying to avoid sexual coercion, they tend to reinforce the traditional gender roles and marital arrangements that often facilitate sexual coercion and violence.

Because conservative movements gained substantial political influence beginning in the 1980s, schools have faced increasing pressure to teach abstinence-only curricula; indeed, between 1998 and 2005, $1 billion of American tax dollars were spent to support abstinence-only education. As of 1999, one quarter of public school districts in the United States required educators to teach abstinence as the only option in sex education. Indeed, the proportion of sex education teachers who teach only about abstinence increased from 1 in 50 in 1988 to 1 in 4 in 1999. Research suggests that such programs have no benefit on sexual health outcomes, and in some cases, have a negative impact on students' health; however, their proponents adhere to their view that they are morally necessary.

More recently, some researchers and educators—mindful of the potential for improving the efficacy of sexuality education programs further and of the effects of gender, race, and class on adolescent experience—have promoted an alternative social studies approach to sex education. This approach places greater emphasis on teaching young people to think critically about the societal factors that drive sexual behavior. In particular, it responds to the fact that a young person's attitude about gender roles is an important antecedent of his or her sexual health behavior and outcomes. For example, adolescents who adhere to more traditional or conservative gender norms are more likely than their peers to have sex at an earlier age, are less likely to use contraception or condoms, and are more likely to be exposed to unwanted pregnancy, sexually transmitted infections, and HIV.

A social studies approach also embraces the belief that everyone has a basic right to sexual health and well-being, including being free from sexual coercion and from violence. Therefore, such programs specifically promote critical reflection about the social norms that condone intimate partner violence and the notions

of masculinity and femininity that underlie date rape, unwanted sex, and unsafe sex. Nongovernmental organizations (particularly in a number of developing countries) have often led the way in creating such sex education programs. However, in response to declarations from global policy leaders that achieving gender equality is critical to fighting the HIV/AIDS epidemic, more public-sector programs are beginning to show interest in paying more attention to gender issues and to critical thinking skills.

Nicole Haberland and Deborah Rogow

See also AIDS/HIV; Coerced Sexual Initiation; Sexual Coercion; Sexual Experiences Survey; Sexually Transmitted Diseases

Further Readings

Brückner, H., & Bearman, P. (2005). After the promise: The STD consequences of adolescent virginity pledges. *Journal of Adolescent Health*, *36*, 271–278.

Fields, J. (in press). *Sexual subjects: Students, teachers, and sex ed*. New Brunswick, NJ: Rutgers University Press.

Kirby, D., Laris, B. A., & Rolleri, L. (2006). *Sex and HIV education programs for youth: Their impact and important characteristics*. Washington, DC: Family Health International. Retrieved from http://www.etr.org/recapp/programs/SexHIVedProgs.pdf

Luker, K. (2005). *The hidden sexual revolution*. New York: W. W. Norton.

Rogow, D., & Haberland, N. (2005). Sexuality and relationships education: Toward a social studies approach. *Sex Education*, *5*, 333–344.

Sex Offender Registration Laws

Sex offender registries are official lists of offenders convicted of certain sex crimes, and community notification laws make these lists public. Because sexual violence is one of the most pervasive violent crimes affecting the lives of women and children, the need to control sex offenders is a top priority. The practice of mandating sex offender registration has deep legislative roots (1947), but community notification laws were not realized until 1990 when Washington state passed the first community notification law in response to a brutal sexual attack of a young Tacoma boy by an exconvict with a lengthy history of sex crimes. In 1994, the highly publicized sexual assault and murder of 7-year-old Megan Kanka, by a paroled sex offender living in her New Jersey neighborhood, brought national attention to the issue of child sexual predators. The state quickly passed Megan's Law, a sex offender registration and community notification act, which become the blueprint for other state versions of the law and the federal government's national sex offender registration and community notification legislation. Sociolegal scholars note that sex offender registration and community notification laws, much like the sexual psychopath laws of earlier decades, resulted from widespread panic surrounding stranger-related victimizations against children.

All 50 states now have some form of Megan's Law, but state-to-state variations exist with respect to how quickly offenders must register, how many years offenders are required to stay on the registry, the type of offenders subjected to registration and community notification, and the degree, forum, and process of community notification. For example, some states reserve registration and community notification for only high-risk offenders, while other states mandate registration and community notification for every convicted sex offender in the jurisdiction. The process of notifying the community also differs from state to state. Some states require proactive notification and make it the responsibility of law enforcement to inform organizations, private citizens, and even the media when a high-risk sex offender is released. In contrast, other states have reactive community notification practices, disclosing the information only when citizens specifically ask for it.

It is unclear whether sex offender registration and community notification laws increase public safety, as there are many reasons to doubt these laws can fulfill the high expectations set out for them. For instance, registries are not comprehensive lists of sex offenders. Many, if not most, offenders are excluded because the sex crime is never reported. Other probable limitations to these laws' effectiveness include plea bargaining that negotiates away the requirement to register, offenders failing to comply with the legal requirements, states lacking adequate monitoring and oversight of the registries, and perhaps most importantly, the laws' focus on the rarest forms of sexual violence—victimizations by strangers. Sexual assaults usually occur between persons who already know one another. Children, especially those under the age of 6, are rarely sexually victimized by strangers.

Researchers and policymakers need more empirical data on the intended and unintended outcomes associated with these laws.

Michelle Lynn Meloy

See also Sex Offenders; Sex Offenders, Civil Commitment

Further Readings

Avrahamian, K. (1998). A critical perspective: Do "Megan's Laws" really shield children from sex predators? *Journal of Juvenile Law*, *19*, 1–18.

Edwards, W., & Hensley, C. (2001). Contextualizing sex offender management legislation and policy: Evaluating the problem of latent consequences in community notification laws. *International Journal of Offender Therapy and Comparative Criminology*, *45*(1), 83–101.

Welchans, S. (2005). Megan's Law: Evaluations of sexual offender registries. *Criminal Justice Policy Review*, *16*, 123–140.

Sex Offenders

Sex offenders, especially those who victimize children, are among the most despised of all violent criminals, and their crimes, sexual victimizations, are a leading cause of injury in the United States. Still, much of what people believe as facts about sex offenders are based more in folklore than in science. The media's intense coverage of stranger-related kidnappings and murders of young girls by dangerous sex offenders misdirects fear and attention toward stranger-danger and has created a new category of laws (sex offender legislation) that is unlikely to protect victims or deter sex offenders.

Victim–Offender Relationship

The vast majority of sexual victimizations, especially those involving females and young children, are committed by offenders who are related to or know the victim prior to the attack. In fact, only 3% of the youngest victims (under the age of 6) are sexually assaulted by strangers. These data are contrary to popular perception, which harbors the notion that most sex crimes are committed by strangers. Although victims are less likely to be sexually assaulted by strangers than by someone they already know, stranger-induced sex crimes are a serious social problem because these offenders tend to be the most dangerous and violent.

Prevalence and Vulnerability to Sex Crimes

Underreporting makes it impossible to determine the true number of sex crimes that occur. Because victims experience high levels of denial, fear, shame, and embarrassment, they are often reluctant to notify police or even to confide in family members or friends about the sexual assault. More specifically, as many as 85% of women who are sexually assaulted do not report the crime to authorities. Still, conservative estimates indicate that 1 in 6 women and 1 in 33 men have been the victim of an attempted or completed rape. These numbers climb even higher among certain populations such as the disabled, women in college, and young children. For instance, women are about 10 times more likely than men to be the victim of a sexual assault, and 1 in 5 college-age women has experienced forced sexual intercourse. Investigations into sexual victimization and age indicate that nearly two thirds of reported sex crimes are committed against minors. Stated slightly differently, being female, young, and physically or emotionally vulnerable dramatically increases the odds of becoming a victim of a sexual assault.

Consequences of Sex Crimes

Sex crimes are related to countless short- and long-term physical and emotional problems, ranging from rape trauma syndrome and death to sexually transmitted diseases, psychosomatic disorders, chronic pain disorders, anxiety, depression, and substance abuse. Children who are sexually abused suffer a host of other problems, such as acting out in sexually inappropriate ways, developing severe emotional and behavioral problems, experiencing intense guilt and shame about what happened, feeling betrayed by the abuser—who is often a family member or friend—and experiencing intense fear that they are powerless to protect themselves from further harm.

The emotional consequences are most intense when the offender was perceived by the victim as being safe. In other words, when the victim and

offender share a familial, intimate, or emotional connection with one another, the consequences are more intense and the recovery longer and more complicated than for victims who are sexually assaulted by strangers. This is likely due to the fact that victimizations between known persons tend to occur repeatedly and increase in severity. In comparison, sexual assaults by strangers usually occur only once and tend to be less physically intrusive. In spite of the increase in victim-related suffering associated with known assailants, sexual assaults between strangers continue to be viewed and treated as a more serious crime, even when controlling for other factors.

Recidivism of Sex Offenders

The question of the extent to which sex offenders recommit their crimes is highly disputed. Variability in the way recidivism is defined, measured, and studied impacts sexual reoffense rates and partially explains the disparate outcomes across investigations. The best estimates of recidivistic behavior come from longitudinal studies that allow for long periods of observation. These types of investigations suggest that within a 15-year time period researchers expect some types of convicted sex offenders (incest offenders, for example) to have a 10% reoffense rate, while other categories of sex offenders (rapists of adult women are a prime example) will reoffend nearly half the time. In other words, when sex offenders are tracked over a period of many years, sex offender recidivism rates tend to range from 10% to 50%. The key factors associated with a low or high sexual recidivism rate include the category (or type) of sex offender under investigation, the prior sex offense history of the offender, the presence or absence of violence as part of the sex crime, the victim–offender relationship, the victim's age and gender, and the demographics of the sex offender population. On average, convicted sex offenders have lower official reoffense rates than nearly all other kinds of serious criminals.

Legal and Clinical Responses to Sex Offenders

In recent decades, the criminal justice system has become increasingly punitive, and its response to sex offenders is no exception. Images of grieving parents who have lost their children at the hands of murdering sex offenders have helped pave the way for targeted state and federal laws, such as sex offender registration with community notification, involuntary civil commitment, longer prison sentences, and the creation of predator-free zones. These zones, for example, mandate that convicted sex offenders stay 2,000 feet away from schools and parks. Although all of these legal measures are designed with the public's safety in mind, social scientists doubt that they will translate into measurable reductions in sexual violence. As a rule, sex offender laws are viewed as knee-jerk reactions to horrific crimes—and attempts at quick fixes—rather than scientifically based legislative responses to the complex and systemic problem of sexual violence.

The few existing studies investigating the impact that sex offender registration and community notification have on incidents of rape and other sex crimes have produced mixed results. Some states indeed experienced a decrease in documented instances of rape and sexual assault after the implementation of the laws. However, other states experienced no change, and some jurisdictions actually reported increases in sex crimes after sex offender registration and community notification requirements were in place. These contradictory outcomes are troubling. Whether involuntary civil commitments make communities safer has received even less scholarly attention than sex offender registration and community notification, thus precluding any definitive efficacy conclusions about this type of legislation. Science has already demonstrated that increasing the frequency and duration of prison stays is not the answer to reducing crime, and predator-free zones are likely to be just as ineffective and antitherapeutic as other get-tough-on-crime laws.

The use of specialized community-based supervision is another trend in the criminal justice system's response to sex offenders. The majority of convicted sex offenders will spend at least some portion of their sentence on probation or parole. It is nearly universal for probation and parole departments to control and supervise their sex offender clients differently than they do other criminal populations. This task is generally accomplished by assigning sex offenders to specially trained officers or units, increasing their contact with and surveillance of these criminals, mandating compliance with a host of sex offender specific supervisory conditions, as well as requiring intensive therapy designed exclusively for sexual criminals.

Sex offender treatment can occur in prison or more commonly as part of probation or parole. The clinical landscape to sex offender therapy has changed dramatically over the years. Cognitive behavioral modification group therapy, which focuses on relapse prevention and victim empathy, is currently the psychological treatment of choice for sex offenders. Although treatment research is plagued by methodological problems, many scientists are cautiously optimistic about meta-analysis results indicating that much of the sex offending population benefits from this type of therapy. In general, these studies suggest that sex offenders who successfully complete this therapeutic regimen sexually reoffend less often and less quickly than their untreated counterparts. Additionally, psychotropic medications and/or hormonal therapies are sometimes used to treat high-risk sex offenders like pedophiles in hopes of reducing sexual interest and impulsivity. Medical interventions of this sort are often referred to as chemical castration and can be effective when used in conjunction with other therapeutic measures.

Michelle Lynn Meloy

See also Castration; Sex Offender Registration Laws; Sex Offenders, Civil Commitment

Further Readings

Cumming, G., & McGrath, R. (2005). *Supervision of the sex offender* (2nd ed.). Brandon, VT: Safer Society Press.

Losel, F., & Schmucker, M. (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology*, *1*, 117–146.

Meloy, M. (2006). *Sex offenses and the men who commit them*. Boston: Northeastern University Press.

Salter, A. (1995). *Transforming trauma: A guide to understanding and treating adult survivors of child sexual abuse.* Thousand Oaks, CA: Sage.

Snyder, H. (2000). *Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics.* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

U.S. Department of Justice, Bureau of Justice Statistics. (2005). *Criminal victimization, 2004*. Washington, DC: Author.

Walker, J. T., Madden, S., Vásquez, B. E., VanHouten, A. C., & Ervin-Mcarty, G. (2006). *The influence of sex offender registration and notification laws in the United States*. Little Rock: Arkansas Crime Information Center. Retrieved May 12, 2006, from http://www .acic.org/statistics/Research/SO_Report_Final.pdf

Sex Offenders, Civil Commitment

Involuntary civil commitment, defined as a psychiatric confinement of a mentally ill and dangerous sex offender, has been in existence for over 70 years, but gained a new focus and popularity during the 1990s, the same era that influenced a national sex offender registration and community notification act. Several high-profile child victimizations by sex offenders who had recently been released from prison led to the creation of sexually violent predator (SVP) laws; today's civil commitment legislation permits a civil commitment of risky and mentally disordered sex offenders after completion of a prison term. SVP laws are different from the sexual psychopath laws of earlier generations that used civil commitment and treatment in lieu of prison, instead of or in addition to incarceration. At last count, 17 states and the District of Columbia have SVP laws, and at least 20 others are considering creating similar preventive detention statutes for sex offenders.

Civil commitment remains controversial, despite the U.S. Supreme Court supporting its constitutionality, with or without treatment for detained sex offenders. Because the commitment process varies from state to state, it is not entirely clear what factors must be present to qualify a sex offender for preventive detention or release from a civil commitment. The necessary evidentiary level to establish an offender's mental illness and future dangerousness is not consistent across all state statutes. Rather, it vacillates between the highest standard of proof required of criminal proceedings (i.e., beyond a reasonable doubt) to the less stringent evidentiary requirement of civil trials (i.e., clear and convincing evidence).

Contemporary and historical civil commitment laws have also been criticized for linking mental illness to sex offending, a fact that has not been scientifically established. Skeptics fear that a medical conceptualization of the problem allows offenders to escape personal accountability and negates the importance of social and cultural contributors to sexual violence. Another concern with SVP laws is their dependence on clinicians to make accurate predictions of future behavior, a notoriously difficult task and something that most experts believe leads to overprediction of an offender's actual level of risk.

Preventive detention programs are also expensive. The cost to civilly detain a convicted offender can be

4 to 5 times greater than traditional incarceration. The efficacy of civil detention as a way to reduce sexual recidivism has not been assessed due in part to the fact that only a handful of detainees have ever been released from a civil commitment. The totality of concerns with SVP laws have many scholars questioning whether civil commitment is the best way to respond to dangerous sex offenders.

Michelle Lynn Meloy

See also Sex Offenders

Further Readings

Alexander, R. J. (2004). The United States Supreme Court and the civil commitment of sex offenders. *Prison Journal*, *84*, 361–378.

Fitch, W. L. (2003). Sexual offender commitment laws in the United States: Legislative and policy concerns. *Annals of the New York Academy of Sciences*, *989*, 489–501.

Janus, E. S. (2000). Sexual predator commitment laws: Lessons for law and the behavioral sciences. *Behavioral Sciences & the Law*, *18*, 5–21.

La Fond, J. (2000). The future of involuntary civil commitment in the U.S.A. after *Kansas v. Hendricks*. *Behavioral Sciences & the Law*, *18*, 153–167.

Sex Tourism

The term *sex tourism* refers to the development and expansion of industries providing sexual services to tourists. These industries—which include not just the establishments that provide sex shows and prostitution, but also travel agencies, hotels, and other businesses—have developed to cater primarily to Western and Japanese men who travel for business and leisure activities. Consider the growth of sex tourism in Thailand alone, which is a common destination for sex tourists. In 1981, Thailand received two million international tourists a year; by 1996, this number had more than tripled to seven million. Most notably, the vast majority of tourists in Thailand—five million in 1996—were unaccompanied men, with a significant portion of them being sex tourists.

Experts link the growth of sex tourism to broader patterns of tourist growth. According to the UN World Tourism Organization, by the year 2000, tourism was the single most important global economic activity. Tourism has been promoted extensively as a developmental strategy for third world countries. Local governments have actively promoted tourism as well, as it has become increasingly important in sustaining their economies. Worldwide, tourism is approximately a $3.5 trillion industry.

Sex tourism is well documented in a number of countries, including Thailand, the Philippines, China, Vietnam, Laos, Cambodia, Brazil, the Netherlands, and the Dominican Republic. It has been especially pronounced in Asia, and its roots are linked to the impact of the U.S. military presence there in the middle of the 20th century. Though prostitution has a long history in the region, sex tourism is a direct outgrowth of U.S. military bases and "rest and recreation" centers established in Southeast Asia during the Vietnam War. These centers were created to provide sexual services to American GI's serving in the region and relied on the sexual labor of local women. In fact, prostitution regularly flourishes during wartime, with the tacit or explicit approval of military leaders and with little concern for harms caused to the women involved. It is often justified as a means of channeling men's presumed sexual "needs." In Southeast Asia, the early growth in international tourism—made possible by the expansion of commercial airlines and other leisure services—occurred around the same time as the placement of American troops in the region. The infrastructures put into place to serve American military personnel were well suited to the expansion of sex tourism after military withdrawal.

The structure and operation of the sex tourism industry continues to be shaped by Western imperialism, colonial legacies, and racialized notions of sexuality. For instance, sex tourism is often promoted as beneficial to both third world economies and individual sex workers and their families, thus encouraging sex tourists to see their exploits as "beneficial." Moreover, the promotion of tourism and sex tourism—which includes package sex tours—advertises the sexual availability of young women and girls to tourists, highlighting the notion that Asian women are submissive, exotic, and thus sexually desirable. In these ways, sex tourism can be considered to be built on the idea of male entitlement to sex, to cast men's involvement in a paternalistic framework, and to hinge on race-based images of the feminine characteristics and sexual availability of girls and women in the third world. Moreover, these images can be considered as not

simply based on notions of racial difference, but also on racial hierarchy.

In Thailand, for example, an estimated 500,000 to 700,000 women work in commercial sex, with the vast majority in Bangkok. A third are believed to be minors. If these estimates are accurate, upwards of 10% of all young women in Thailand between the ages of 15 and 25 are involved in the sex industry. Thailand is a common destination country for trafficking in Asia. Young women and girls are trafficked into Thailand from countries such as Burma, Laos, the Philippines, China, and Hong Kong because of Thailand's well-developed sex industry, including its heavy emphasis on sex tourism. In addition, young women from impoverished rural villages within Thailand are trafficked or migrate to Bangkok to work in the sex industry to support their families. Often these young women are the primary breadwinners in their families. Many young women are sold—outright or into debt bondage—in exchange for money paid to their families. Other young women willingly migrate to work in the sex industry, though often without full knowledge of the circumstances under which they will work. It is estimated that about 5% of sex workers in Thailand are fully enslaved. However, the distinction between forced and voluntary prostitution is a complex issue.

Both stable and changing features of local cultures help sustain the sex industry, including sex tourism. For instance, growing consumerism in developing countries is a factor; families in rural areas able to purchase consumer goods from the profits of their daughter's labor often receive status within their communities. Young women's sense of obligation to their families, and in some cases the economic benefits they receive, often result in their acceptance of the circumstances of their work. Religion and the cultural devaluation of women also provide important justifications. For example, like most major religions around the world, Thai Buddhism regards women as distinctly inferior to men and as impure, carnal, and corrupting. Moreover, Thai Buddhism also teaches as a core principle acceptance and resignation to pain and suffering. The concept of karma, another key religious principle, teaches Buddhists that the pains they endure in this lifetime are the result of their actions in previous lives; in fact, simply being born female may be indicative of failures in past lives.

Gender inequality and the cultural devaluation of women help explain why prostitution itself has proliferated and why the brunt of the industry is born by young women. However, global capitalism and its push for profits may be equally at the root of why these young women have become commodities. Prostitution is often recognized as a means of increasing foreign revenue to a country. For example, a recent study in Thailand suggests that prostitution is the country's largest underground industry, generating between 10% and 14% of the country's gross national product. In a review of the accounts of just one brothel in Thailand, a study found that the net monthly profit was $88,000. The result is tacit acceptance and encouragement of the industry by local officials, combined with the criminalization of sex workers. Consequently, while women and other providers of sexual services are stigmatized and face law enforcement sanctions, the infrastructures of the industry—and those who profit from it—often remain untouched.

Jody Miller

See also International Sex Industry; Prostitution

Further Readings

Bales, K. (1999). *Disposable people: New slavery in the global economy*. Berkeley: University of California Press.

Enloe, C. (1989). *Bananas, beaches and bases: Making feminist sense of international politics.* Berkeley: University of California Press.

Kempadoo, K., & Doezema, J. (Eds.). (1998). *Global sex workers: Rights, resistance, and redefinition*. New York: Routledge.

Lim, L. L. (Ed.). (1998). *The sex sector: The economic and social bases of prostitution in Southeast Asia.* Geneva: International Labour Office.

Phongpaichit, P. (1982). *From peasant girls to Bangkok masseuses*. Geneva: International Labour Office.

Truong, T. (1990). *Sex, money and morality: Prostitution and tourism in Southeast Asia.* London: Zed Books.

Sexual Abuse

Sexual abuse occurs when a sexual act, including the alteration of one's genital anatomy, is imposed upon a nonconsenting or underage person. Types of sexual abuse are contact or noncontact child sexual abuse, statutory rape, sexual assault, rape, spousal rape, sexual exploitation, sexual slavery, and female genital mutilation. Some also consider sexual harassment and

stalking as forms of sexual abuse. For all, either state or federal laws prohibit such acts in some or all situations. Differences among the types of sexual abuse often are matters of the age of the victim or perpetrator, the relationship between the two, or the type of act.

Sexual abuse against children is defined by noncontact (e.g., exhibitionism) or contact (e.g., molestation, genital contact, or rape), the relationship of the perpetrator (intrafamilial or extrafamilial), the age differential between the victim and perpetrator (sexual abuse or statutory rape), or by the purpose of the abuse (sexual abuse or sexual exploitation). The latter includes child prostitution or pornography, ritualistic abuse, and more recently, the use of the Internet for locating victims or disseminating pornography.

Other types of sexual abuse are more typically, but not exclusively, perpetrated against adults. These include sexual assault, rape, and spousal rape. Sexual assault involves an unwanted or forcible act that does not include rape against a victim. Less severe forms of sexual assault may also be defined as sexual harassment in specific situations. Rape includes oral, anal, digital, or vaginal penetration, including penetration using an object. Spousal rape tends to be defined more narrowly as that between marital partners versus a cohabiting heterosexual or homosexual partners and may be prosecuted as a lesser crime than rape outside of marriage.

The last two types of sexual abuse—sexual slavery and female genital mutilation—occur less frequently in the United States than in some other countries. Sexual slavery occurs when children or adults are held against their will to perform sexual acts with the slave holder or with others. Female genital mutilation is typically performed for cultural or religious reasons and entails the removal of tissue from the female genitalia. It is often performed on young children and often has serious long-term health effects.

Rebecca M. Bolen

See also Child Sexual Abuse; Commercial Sexual Exploitation of Children; Female Genital Mutilation; Feminist Theories of Interpersonal Violence; Incest; Marital Rape/Wife Rape; Rape/Sexual Assault

Further Readings

Bergen, R. K., Edleson, J. L., & Renzetti, C. M. (Eds.). (2004). *Violence against women: Classic papers*. Boston: Allyn & Bacon.

Cooper, S. W., Estes, R. J., Giardino, A. P., Kellogg, N. D., & Vieth, V. I. (2006). *Medical, legal, and social science aspects of child sexual exploitation*. St. Louis, MO: G. W. Medical.

Russell, D. E. H., & Bolen, R. (2000). *The epidemic of rape and child sexual abuse in the United States*. Thousand Oaks, CA: Sage.

Sexual Abuse of Children

See Child Sexual Abuse

Sexual Abuse of People With Developmental Disabilities

Sexual abuse occurs across the population and affects people with and without disabilities. In cases involving people with intellectual and/or developmental disabilities (IDD), however, increased risk factors result in increased incidence of sexual abuse. When considering the issue of sexual abuse of people with IDD, it is critical to be able to define both intellectual and developmental disabilities and sexual abuse. An awareness of prevalence, risk factors, abuse manifestations and systemic response is needed to fully understand the sexual abuse of people with IDD.

A developmental disability is defined as a severe, chronic disability that is attributed to a mental or physical impairment or a combination of mental and physical impairments and is manifested before the person attains age 22. Developmental disabilities result in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. Although many people with developmental disabilities have an intellectual disability, not all do. An intellectual disability is defined as limited intellectual functioning (IQ 70 or below) and impaired functioning in practical, social, and conceptual behavior.

Sexual Abuse Defined

Sexual abuse is generally viewed as a continuum of sexual behaviors intended for the sexual gratification

of the perpetrator. The sexual abuse continuum is identified as starting with nudity and extending to sexual intercourse. Other behaviors along the continuum include disrobing, observation of the victim, exposure to pornographic materials, sexual photography and/or video of the victim, genital exposure, exhibitionism, kissing, fondling, masturbation, fellatio, cunnilingus, dry intercourse, penetration of the rectal opening or vagina by fingers or objects, and penile penetration of the vaginal or rectal opening.

Research has consistently shown that people with developmental disabilities are at increased risk for sexual victimization, particularly those individuals whose developmental disability includes an intellectual limitation. Experts in this area report that a large percentage of individuals with IDD experience sexual assault or abuse at some point in their lifetime. Numerous reasons have been identified for the increased rates of sexual abuse among this population, including lack of personal privacy, potential difficulty discerning whether or not an act is abusive, difficulty in the area of communication, risk of not being believed, and a sense of social powerlessness.

Risk Factors

Intense personal supports that involve activities of daily living such as toileting, bathing, and other personal care practices are situations those without disabilities do not frequently encounter, therefore placing the individual with IDD at increased risk. Those who provide supports to a person with an IDD may include family and friends, defined as informal caregiver networks. Support people could be known to the person through professional service agencies and compose a network of formal caregivers. Research results have indicated that most abuse is perpetrated by a person who is known to the individual with a disability through an informal or formal caregiver network.

Signs and Symptoms

A person who has been sexually abused may show both physical and behavioral signs of abuse. Physical manifestations of abuse may include bruising, a sexually transmitted disease, and genital discomfort. In addition to physical symptoms, a person may exhibit a change in behavior that could include crying, substance abuse, depression, sexually inappropriate behavior, and difficulties in other areas of life. A person who has experienced abuse may also appear afraid of a person and could possibly disclose the abuse.

People with intellectual and/or developmental disabilities who are the victims of sexual abuse have historically been overrepresented and underserved. In the past and in some locations still today, there has been discrimination and apathy related to cases involving victims with IDD, resulting in low rates of arrests, prosecutions, convictions, and appropriate service provision.

Prosecution and Victim Advocacy

In recent years, significant effort has been exerted to improve the systemic response in these cases. Targeted education and training have been developed and delivered to law enforcement officers, prosecutors, judges, child welfare workers, and sexual assault victim advocates and service providers. Many people with IDD are able to effectively participate in the court process and the prosecution of the perpetrator. Often these perpetrators have multiple victims, and failing to vigorously prosecute the perpetrators results in a larger wake of victimization. While law enforcement and prosecutors work to improve their knowledge about working sexual abuse cases involving people with IDD, judges must also be knowledgeable and willing to convict perpetrators. Systemic response is complete only when victims of sexual assault who have IDD can also be served by victim advocacy groups. Often victim advocates are not prepared to provide support and services to people with IDD nor are they connected to the advocacy agencies that typically do provide supports and services (e.g., ARC).

Although people with IDD have the right to seek prosecution of the person who sexually assaulted them, they do not have to. As with all people, victims with IDD should always be given the opportunity to make an informed choice about whether or not to make a police report, press charges, and participate in the prosecution of the perpetrator(s).

Michelle J. Trotter and Traci LaLiberte

See also Caregivers and Violence

Further Readings

Abramson, W., Emanuel, E., Gaylord, V., & Hayden, M. (Eds.). (2000). *Impact* [Feature issue on violence against

women with developmental or other disabilities], *13*(3). Retrieved from http://ici.umn.edu/products/impact/133/

Mansell, S., & Sobsey, D. (2001). *Counseling victims of sexual abuse with developmental disabilities.* Kingston, NY: NADD.

McCormack, B., Kavanagh, D., Caffrey, S., & Power, A. (2005). Investigating sexual abuse: Findings of a 15-year longitudinal study. *Journal of Applied Research in Intellectual Disabilities*, *18*(3), 217–227.

Training Materials

Gillis, J. W. (Director). (2007). *Victims with disabilities: The forensic interview—Techniques for interviewing victims with communication and/or cognitive disabilities* (NCJ 212894). Washington, DC: U.S. Department of Justice's Office for Victims of Crime. Retrieved from http://www.ncjrs.gov/App/shoppingcart/ShopCart.aspx?item=NCJ%20212894&repro=0

Hutchinson MacLean, L. (Production Coordinator). (1998). *Admissible in court: Interviewing witnesses who live with disabilities* (VL 1815). Lethbridge, AB: Hutchinson MacLean Productions.

Partnership for People with Disabilities, Virginia Commonwealth University. (n.d.). *Abuse and neglect of children with disabilities: A collaborative response*. Retrieved from http://www.vcu.edu/partnership

Reynolds. L. A. (1998). *Understanding mental retardation: Training for law enforcement*. Silver Spring, MD: The ARC of the United States.

Sexual Abuse of the Elderly

The National Center on Elder Abuse defines sexual abuse as nonconsenting sexual contact of any kind. It includes unwanted touching; sexual assault or battery, such as rape, sodomy, and coerced nudity; sexually explicit photographing; and sexual contact with any person incapable of giving consent. It is the least perceived, acknowledged, detected, and reported type of elder abuse, constituting about 1% of all substantiated cases. Researchers and practitioners alike acknowledge that these estimates represent only the most overt cases and may significantly underestimate the incidence of sexual abuse of older adults who are vulnerable because of physical or cognitive disabilities.

Older adults often face unique personal issues and societal challenges that place them at risk for sexual abuse. They typically are more dependent on others for care than the general population; thus, they may perceive their options to report or leave the situation as limited. Because older adults have typically left the workforce and may be at a stage in their lives when they have reduced their social interactions, infrequent contact with others increases their vulnerability to abuse. Older persons living in residential or long-term care settings, such as nursing homes and assisted living facilities, are especially vulnerable to abuse, as they often have dementia or other cognitive impairments and are increasingly dependent on others for their care.

A recent statewide study by Teaster and Roberto focused on the sexual abuse of older adults in both domestic and institutional settings. Their data consisted of 84 substantiated cases of sexual abuse of older adults taken from Adult Protection Services records in Virginia. Most victims of sexual abuse were women, between the ages of 70 and 89, resided in a nursing home, needed help with orientation to time and place, and could not manage their own financial affairs. Typically, the abuse involved instances of sexualized kissing and fondling and unwelcome sexual interest in the person's body. For older adults living in the community, alleged perpetrators were just as likely to be a nonrelative as a family member. When the incidence occurred in a facility, the alleged perpetrators were most often other residents.

Sexual abuse is highly traumatic for both women and men who experience it. For clinicians, human service workers, and other professionals to be able to effectively prevent and intervene in the lives of elders who suffer sexual abuse, a better understanding of circumstances and outcomes of their situations is required.

Karen A. Roberto

See also Domestic Violence Against Older Women; Elder Abuse

Further Readings

National Center on Elder Abuse. (2006). *Clearinghouse on Abuse and Neglect of the Elderly (CANE) annotated bibliography: Elder sexual abuse*. Retrieved May 4, 2006, from http://www.elderabusecenter.org/default.cfm?p=cane_sexualabuse.cfm

Roberto, K. A., & Teaster, P. B. (2005). Sexual abuse of vulnerable young and old women: A comparative analysis of circumstances and outcomes. *Violence Against Women*, *11*, 473–504.

Teaster, P. B., & Roberto, K. A. (2004). Sexual abuse of older adults. *The Gerontologist*, *44*, 788–796.

Sexual Abuse of Women

See Rape/Sexual Assault

Sexual Assault in the Military

Since the early 1990s, a series of scandals, news accounts, and studies have documented that women in the U.S. military are subject to sexual assault and harassment. Incidents that received extensive media coverage include the following: the Tailhook scandal in 1991, in which a female Navy officer reported being sexually assaulted at a convention of the Tailhook Association, and subsequent investigations found that a total of 83 women had been assaulted by fellow male officers; sexual assaults on female trainees at Aberdeen, Maryland, that resulted in charges being brought against a number of instructors and in the reprimanding of several officers; reports by female cadets at the Air Force and Naval Academies of being sexually assaulted by male cadets and of facing retaliation when they reported it, with investigations at both academies resulting in charges that leadership knew about sexual misconduct for years and failed to address it effectively; reports by female combat troops in the Iraq and Afghanistan theaters of being sexually assaulted during training and while in the war zone and of having complaints ignored by the chain of command.

These public scandals made visible what had long been part of military culture, that it was male dominated and that women were not welcomed or valued. Many women who joined the military and/or who worked as civilians complained for years of ongoing disrespect, hostility, and harassment; little or no action following reports and in fact, a culture that punished reporting; problems with privacy and confidentiality once a report was made; and cover-ups and ineffective intervention. Some aspects of sexual assault in the military are unique. It most often occurs in a setting where the victim lives and works, meaning that the victims and perpetrators may have ongoing contact leading to feelings of helplessness and fear of additional victimization, and victims may need to rely on their perpetrator (or associates) for basic needs. Victims may be ostracized for reporting and for disrupting the cohesion of their assigned military unit. Harassment and victimization may additionally disrupt the career goals of victims. All of these aspects may complicate the victim's psychological response. Although the majority of sexual assaults in the military are male-on-female, the victimization of male trainees, soldiers, and civilians by other males (and by some females) have also been reported.

Task Forces

Starting in the 1990s, the "friendly fire" scandals generated negative publicity and public outrage and resulted in a number of investigations initiated by the U.S. Congress and the publication by the Department of Defense (DoD) of the *Department of Defense Sexual Assault Response Policy.* A provision in the fiscal 2004 National Defense Authorization Act required the investigation and reporting of sexual harassment and assault at U.S. military service academies. The task force that conducted this investigation issued its report in June 2005. It found that sexual harassment was a "more prevalent and corrosive problem" than sexual assault at two academies (Naval and Air Force) that created "an environment in which sexual assault is more likely to occur" (p. ES-1) and that both academies had not effectively addressed these issues

Although the initial focus was on the military service academies, the DoD recognized that sexual assault and harassment affect all of the Armed Forces, including their civilian workforce. The Department of Defense Task Force on Care of Victims of Sexual Assaults (the Embrey Task Force) was convened in 2004. It focused on five main areas: prevention, reporting, response structure and effectiveness, command disposition, and accountability for the coordination of response efforts. Its recommendations were based on its study of 1,300 individuals in multiple focus group sessions at 21 DoD locations in the United States and overseas. Immediate action recommendations were to establish a single DoD-wide point of accountability for sexual assault within the Office of the Under Secretary for Defense for Personnel and Readiness, to report the Task Force's findings at a

combatant commanders' conference, to increase awareness of sexual assault issues through DoD-wide communication networks, and to hold a summit on sexual assault. Four near-term (3- to 6-month) action recommendations included the following: develop DoD-wide policies on sexual assault; establish an Armed Forces Advisory Council of senior DoD, Justice, Veterans Affairs, and Health and Human Services senior representatives; ensure the availability of fiscal and personnel resources to support improvements; and improve data collection on sexual assault. The longer-term recommendation was to develop a plan to institutionalize processes ensuring that new policies and programs were effective.

In response to the Embrey Task Force report, in September 2004, the DoD convened a Care for Victims of Sexual Assault Conference. Five foundational issues were addressed during the conference: (1) development of a standard DoD-wide definition of sexual assault, (2) improved reporting of sexual assault incidents, (3) greater visibility of the resolution of reported cases while addressing victims' needs for privacy and confidentiality, (4) development of a sexual assault response capability for deployment to remote locations, and (5) development of templates and sample agreements to hold non-U.S. citizens accountable for assaults on U.S. service members. Also in response to the report, a Joint Task Force for Sexual Assault Prevention and Response was organized and a commander appointed. The task force is in place on an interim basis as DoD plans call for the establishment of a permanent office to provide ongoing oversight of all department sexual assault programs.

Comprehensive Policy

The DoD issued a series of directive memoranda in November and December 2004 that created a framework for a comprehensive policy on sexual assault matters (the Department of Defense Sexual Assault Prevention and Response Policy). The policy identified sexual assault as a crime that is not tolerated in the military. The definition of sexual assault (Department of Defense Directive E2.1.12) that applies across the DoD encompasses the following:

Intentional sexual contact, characterized by use of force, physical threat or abuse of authority, or when the victim does not or cannot consent. Sexual assault includes rape, nonconsensual sodomy (oral or anal sex), indecent assault (unwanted, inappropriate sexual contact or fondling), or attempts to commit these acts. Sexual assault can occur without regard to gender or spousal relationship or age of victim.

The policy also includes provisions regarding confidentiality and informed decision making on the part of the victim; an immediate response capability for each report of sexual assault wherever it occurs; collaboration with other authorities, such as local community service organizations, hospitals and/or rape crisis centers, law enforcement, and counseling services; and increased victim support and protection. Additionally, the policy includes initiatives to improve training related to sexual assault in general and especially for responders. When sexual assault occurs in circumstances that involve the violation of service rules and regulations by the victim and witness as well as the offender (e.g., underage drinking, drug use, fraternization), victims may access care without fear of repercussions for collateral misconduct at the time of disclosure.

Criticism of Policy

Although the DoD policy and related efforts are improvements over the past, they have been critiqued as limited, still very general, and incomplete since a policy on sexual harassment is not yet included and many key provisions are not yet finalized. Numerous studies continue to document the vast scope of the problem of sexual assault in the military and the culture of male dominance and hostility toward females that has underscored it. Recent estimates suggest that military women's rape rates are almost double that of civilians and that 30% of female veterans who served anytime during the Vietnam War to the first Persian Gulf War experienced an attempted or completed rape during their military careers. Three fourths of these female veterans who were raped did not report the incident to a ranking officer. One fifth actually believed that rape was to be expected in the military, a belief that is changing as more women join the military (and are active in combat, starting with those in the first Gulf War) and as the culture shifts accordingly.

Prevalence

Following implementation of the new DoD policy, reporting has increased every year. Victim advocates believe that the increase could mean that incidents of

sexual assault are actually rising in the military, as more women are mobilized into war zones, or that victims are coming forward to report assaults, or a combination of both. A troubling recent development is the emergence of a large number of cases of U.S. troops being assaulted by other service members in Iraq and in Afghanistan. Prevalence estimates are also supported by Veteran's Administration data on the number of victims treated at sexual trauma centers. It appears that war may be associated with increases in rates of sexual harassment and assault, and war certainly magnifies the stress felt by victims. Once again, women who report are complaining of disregard for their safety and limited or poor medical treatment following assault, being left in the same unit as their accused attackers, and a lack of sexual trauma counseling. Despite efforts to curtail sexual assault, it continues in the military.

Christine A. Courtois

See also Armed Forces, Sexual Harassment in; Rape/Sexual Assault; Sexual Harassment

Further Readings

Defense Task Force on Sexual Harassment and Violence at the Military Service Academies. (2005, June). *Report of the Defense Task Force on sexual harassment and violence at the military service academies*. Retrieved from http://www.sapr.mil/contents/references/High_GPO_RRC_tx.pdf

Department of Defense directive (No. 6495.01). (2005, October). Retrieved from http://www.sapr.mil/contents/references/d649501p.pdf

Web Sites

U.S. Department of Defense Sexual Assault Prevention: http://www.sapr.mil/

Sexual Assault Nurse Examiner

A Sexual Assault Nurse Examiner (SANE) is a highly skilled, specially trained nurse, usually available on call to hospital emergency departments, medical facilities, and other specialized clinics to provide complete care to victims of sexual assault who come to the facility within a specified time period, usually 72 hours of the assault. Complete care includes five basic activities:

1. Interview and examination to identify, evaluate, document, and provide care of genital and nongenital physical injuries sustained during the sexual assault.
2. Evaluation of pregnancy risk, explaining options and offering emergency contraception to prevent pregnancy.
3. Evaluation of risk of sexually transmitted infections, including HIV, and offering medications to prevent or lower the risk of contracting a sexually transmitted infection to those at high risk.
4. Providing crisis intervention, support, and information about both medical and forensic options.
5. Collection of forensic evidence using a sexual assault evidence collection kit and maintaining chain of custody of all evidence. If the SANE suspects a drug-facilitated sexual assault, additional blood and urine evidence will also be collected for forensic evaluation.

After the examination is completed, the SANE will explain what was done and recommend follow-up care options available for the sexual assault victim and victim's family or friends.

The SANE evidence collection will typically include evidence that other members of the Sexual Assault Response Team (SART) will use to prove the elements of a sexual assault. These elements include evidence to identify the assailant, primarily through DNA analysis; evidence to demonstrate that there was recent sexual contact; evidence to show that this contact was the result of force, coercion, or lack of consent; and evidence to corroborate the victim's history of the assault.

The SANE will typically provide services as a part of a SART. In addition to the SANE, this team includes a law enforcement officer, sexual assault advocate, prosecutor, and crime laboratory specialist. The team may also include a chaplain and other mental health specialists. If the victim has not reported the rape to law enforcement prior to the arrival of the SANE, the SANE or the advocate will explain to the survivor the options and implications of immediate and delayed reports or of not reporting so that the victim can make an informed decision. If the case goes to

trial, the SANE will usually testify as a fact witness and/or an expert witness. To demonstrate their expertise and increase their credibility as an expert witness, many SANEs are certified as SANE-A (adult and adolescent) or SANE-P (pediatric) by the International Association of Forensic Nursing.

Although SANE programs have been in operation since the late 1970s, many medical facilities continue to operate without these trained specialists. When SANEs are available, the SANE-SART model results in an increase in reporting of sexual assault, shorter waits for care, better evidence collection, more guilty pleas by assailants, and increased prosecution of sexual assault cases. The SANE model has improved both clinical care of the victim and the forensic evidence collection.

Linda E. Ledray

See also Forensic Nursing; Rape/Sexual Assault; Sexual Assault Response Team

Further Readings

Ledray, L. E. (2006). Sexual assault. In V. Lynch (Ed.), *Forensic nursing* (pp. 279–291). Philadelphia: Elsevier Mosby.

Ledray, L. E., & Schwartz, C. (2006). Sexual assault. In P. G. Zimmerman & R. D. Herr (Eds.), *Triage nursing secrets: Your triage questions answered by experts you trust* (pp. 511–520). Philadelphia: Elsevier Mosby.

Sexual Assault Response Team

A Sexual Assault Response Team (SART) is a coordinated, multidisciplinary community effort to respond to sexual assault victims' diverse postassault needs, such as injury treatment, forensic medical examinations, pregnancy and sexually transmitted disease (STD) screening, reporting to the police, and crisis intervention. SARTs bring together police officers, detectives, prosecutors, doctors, nurses, victim advocates, and crisis intervention counselors to work together to provide services for victims. SARTs are often based in a single location (e.g., hospital emergency department or clinic-like setting in a hospital or community center) so that victims receive one-stop care, which also prevents the retraumatizing experience of repeating the details of the assault to each new service provider.

In a typical SART protocol, if the victim first contacted the police, law enforcement would alert the medical team and then escort the victim to the hospital. If the victim presented first at the hospital, staff would notify law enforcement to come take the victim's statement. If the assault occurred within the past 72–96 hours, it is recommended that victims receive a forensic medical examination for evidence collection and documentation. Many SARTs work with Sexual Assault Nurse Examiners to perform the exams and provide pregnancy and STD treatment services. If the victim chooses to report the assault, a police officer and/or detective conducts the interview at the hospital or clinic site. In some SARTs, a prosecutor is also present for the initial victim interview. Throughout the entire process of the forensic medical examination and law enforcement interview, a victim advocate or other crisis intervention personnel is also present for support and advocacy intervention. Some SARTs also include mental health professionals, members of the clergy, and school officials. Most SARTs conduct regular case review meetings to track the status of cases to ensure that victims' needs are being met by the team.

Although there are approximately 800 SARTs in the United States and Canada, there has been limited empirical research evaluating the effectiveness of SARTs. It appears that SARTs increase the likelihood that victims receive comprehensive medical and crisis intervention services. This likelihood is significant because studies of victims' experiences seeking help in non-SART communities have found that most do not receive needed services such as emergency contraception, information on STDs, and community referrals. Some studies have found that SARTs significantly decrease victims' length of stay in hospital emergency departments and improve the quality of record documentation. SARTs increase interorganizational collaboration and networking, but continued effort is needed for regular case review to ensure that cases do not slip by the team's attention. There are mixed results in the literature regarding whether SARTs increase sexual assault prosecution rates. Campbell and Ahrens found that victims in communities with coordinated response teams were significantly more likely to have their cases successfully prosecuted, but a more recent report by Wilson and Klein found that SART cases were no more likely to be prosecuted than non-SART cases. However, the

coordinated team response may be helpful in increasing the likelihood that nonstranger assaults will be prosecuted.

Rebecca Campbell, Mei Chao, and Shannon Kobes

See also Forensic Nursing; Rape/Sexual Assault; Sexual Assault Nurse Examiner

Further Readings

Campbell, R., & Ahrens, C. E. (1998). Innovative community services for rape victims: An application of multiple case study methodology. *American Journal of Community Psychology*, *26*(4), 537–571.

Dandino-Abbott, D. (2005). Birth of a sexual assault response: The first year of the Lucas County/Toledo, Ohio, SART program. *Journal of Emergency Nursing*, *25*(4), 333–336.

Johnston, B. J. (2005). Outcome indicators for sexual assault victims. *Journal of Forensic Nursing*, *1*(3), 118–123.

Wilson, D., & Klein, A. (2005, July). *An evaluation of the Rhode Island sexual assault response team (SART)* (Document No. 210584). Waltham, MA: BOTEC Analysis Corporation. Retrieved from http://www.ncjrs.gov/pdffiles1/nij/grants/210584.pdf

Sexual Coercion

Although the literature is replete with studies and discussions of sexual coercion, there is little consistency when it comes to defining, measuring, and differentiating sexual coercion from other forms of sexually aggressive behaviors such as rape, attempted rape, or unwanted sexual contact. Generally, *sexual coercion* refers to persistent attempts to engage someone in sexual activity after that person has resisted an initial advance. Although most researchers agree that sexual coercion includes verbal or psychological pressure (e.g., begging, pressuring, manipulating) to elicit sexual acts, others have extended this definition to include mild physical tactics. Physical sexual coercion occurs when the perpetrator uses or threatens to use physical force to obtain sexual activity. Victims often report "giving in" to unwanted or coerced sexual engagement to avoid negative consequences (e.g., disapproval by the partner) and further harassment and/or to promote the relationship.

Several researchers have suggested that sexual coercion can be conceptualized on a continuum anchored by unwanted sexual contact (least severe) and rape (most severe). However, there is some evidence that sexual coercion is qualitatively different from more severe acts of sexual aggression in etiology, motivation, and context. For example, compared to rape, sexual coercion is more likely to occur in an established relationship, more strongly associated with low self-esteem and assertiveness in the victim, and less related to substance use. Whereas severe forms of sexual assault have been linked to general antisociality in the perpetrator, sexual coercion may more likely be the result of the perpetrator's misguided attempt to obtain consent for sexual engagement.

Although the lack of consistency in defining sexual coercion makes it difficult to synthesize the existing literature, it is apparent that sexual coercion occurs at a high rate. Depending on the study and methods used, between 35% and 75% of college women report a lifetime prevalence of sexual coercion. Similarly, between 37% and 69% of college men report perpetrating a sexually coercive act. A majority of what is known about sexual coercion is limited to male-to-female perpetration; however, a growing body of research has examined female-to-male perpetration. In fact, across several studies, at least 25% of men report a lifetime prevalence of being coerced to engage in unwanted sexual activity.

Consequences of sexual coercion range from a negative impact on the relationship to depression, anxiety, and posttraumatic stress symptoms and are associated with the severity of the coercive tactics that were employed. Relative to victims of verbal sexual coercion, physically coerced victims experience more negative affects and are more likely to label the incident as rape. There is some evidence that male victims of sexual coercion feel less threatened and have fewer negative consequences than female victims. Most of this research has been conducted with college student samples; when community samples are used, the rate of sexual coercion, while still high, is generally not as elevated as their college student counterparts. Unlike more severe forms of sexual assault, sexual coercion may, in part, result from the perpetrator's lack of awareness. Thus, prevention efforts should focus on educating individuals regarding what constitutes sexual coercion and its potential negative consequences.

Jeff R. Temple, Meggan M. Bucossi, and Gregory L. Stuart

See also Coerced Sexual Initiation; Date and Acquaintance Rape; Marital Rape/Wife Rape; Rape/Sexual Assault; Sexual Abuse

Further Readings

Abbey, A., BeShears, R., Clinton-Sherrod, A. M., & McAuslan, P. (2004). Similarities and differences in women's sexual assault experiences based on tactics used by the perpetrator. *Psychology of Women Quarterly*, *28*, 323–332.

DeGue, S., & DiLillo, D. (2005). "You would if you loved me": Toward an improved conceptual and etiological understanding of nonphysical male sexual coercion. *Aggression and Violent Behavior*, *10*, 513–532.

Struckman-Johnson, C., Struckkman-Johnson, D., & Anderson, P. B. (2003). Tactics of sexual coercion: When men and women won't take no for an answer. *Journal of Sex Research*, *40*, 76–86.

Testa, M., & Dermen, K. H. (1999). The differential correlates of sexual coercion and rape. *Journal of Interpersonal Violence*, *14*, 548–561.

Sexual Ethics

Sexual ethics provides a framework for choice and decision making regarding one's sexual conduct. It presupposes that humans are moral agents, that is, that we have the capacity and responsibility to evaluate and make moral choices that inform our actions and that affect others. Mature sexual ethics provides a potential tool for preventing sexual violence and abuse for individuals as well as for a context for asserting social values to counter sexual violence as a fact of life.

Historically, sexual ethics have offered rules of conduct primarily focused on heterosexual marriage, paternity, and the treatment of women and children as property. These values have frequently been reflected in laws as well.

Some believe that this reliance on patriarchal values (primarily male control of property) as the foundation of sexual ethics has clouded the Western cultural, legal, and religious understanding of sexual issues and sexual violence. Confusion about the nature of sexual ethics has distorted many efforts to provide guidance in sexual matters within our society in recent years as well as to address the pandemic of sexual violence. But sexual ethics that are based on the primary concern for the safety and well-being of individuals can provide a valuable framework that allows sexual violence to be addressed in our society.

If unethical sexual behavior is understood as the violation of the precept that sexual activity should take place only within heterosexual marriage, then ethical questions about consent, bodily integrity, choice, power, and vulnerability are never asked. (Traditionally, this idea has meant that sexual ethics have focused on abortion, adultery, homosexuality, and masturbation.) If, however, unethical sexual behavior is understood as the violation of the bodily integrity of another person through sexual coercion, abuse, or assault, then questions about consent, bodily integrity, choice, power, and vulnerability take center stage.

Sexual violence is a violation of the victim that causes physical and emotional harm. Violating the sexual boundaries of another person is considered wrong because sexual violence is a violation of bodily integrity that denies a person the choice to determine her or his own boundaries and activities, distorts and misuses sexuality, destroys trust and relationship, and causes injury and harm.

To counter sexual violence, many believe it is imperative to affirm the bodily integrity of self and partner and strive to ensure that each person is free from bodily harm within an intimate relationship. The goal then is doing least harm in relation to others; and guidelines can be helpful. But what is the difference between guidelines and rules? Rules are externally imposed requirements that may or may not have a reasonable basis. They sometimes represent the common concerns (or prejudices) of society and are usually expressed in legal statutes or codes of ethics enacted by some representative body, such as a state legislature. But rules and laws may not be adequate to guide one's actions as a moral agent and decision maker within one's significant relationships. Guidelines are standards by which one can determine one's choices and actions. The questions below are standards by which one can determine one's choices and actions. They can act as an internal anchor that informs one's decision making in sexual relationships. Many interpersonal violence professionals consider these guidelines necessary to lessen harm in such a relationship.

1. *Is my choice of intimate partner a peer; that is, someone whose power is relatively equal to mine?* This guideline helps one recognize that power is an issue in an intimate relationship and that when power is relatively equal one has the best opportunity to experience authentic consent and choice in a relationship.

If there are differences in power due to physical realities such as size or socially constructed realities such as gender, then it is wise to consciously consider how to minimize the impact of those differences in a relationship.

A person may experience sexual feelings toward others who have significantly more power or significantly less power, but whether one pursues those feelings is a choice. Pursuing such a relationship means running a high risk of either being taken advantage of (where one has less power, e.g., as a client vis à vis a therapist) or of taking advantage of the other person's vulnerability (where one has more power, e.g., as a doctor vis à vis a patient). The possibility of harm is great in either case.

2. *Are both my partner and I authentically consenting to our sexual interaction?* To have authentic consent, both partners must have information, awareness, equal power, and the option to say no without being punished as well as the option to say yes. The possibility of authentic consent rests upon equality of power in a relationship. Consent should not be confused with submitting, going along, or acquiescing.

Consent may be an alien concept to persons whose life experience has been that sex is something someone does to them; in other words, they feel that they have never had any say in the matter. This feeling is the common experience of many women and some men. In sexual interaction, authentic consent requires communication and agreement that no means no, yes means yes, and maybe means maybe. Saying no will not be punished by withdrawal or more overt coercive tactics. Hearing maybe requires waiting for yes, not cajoling and pushing.

3. *Do I take responsibility for protecting myself and my partner against sexually transmitted diseases and to ensure reproductive choice?* This guideline is a matter of anticipating the literal consequences of one's actions, particularly with regard to the issue of protection against unwanted pregnancy and sexually transmitted diseases. In order to exercise moral agency and make careful choices about sexual activity, the following is needed:

- accurate, science-based information about sexually transmitted diseases and reproduction;
- access to the material means to exercise moral options—this right means access to condoms and all forms of contraception as well as access to abortion regardless of financial means; and
- communication with a partner—issues such as contraceptive options and disease prevention options should be discussed before the fact, not during the act.

4. *Am I committed to sharing pleasure and intimacy in my relationship?* The concern should be both for one's own needs and for those of one's partner. Sexual intimacy is given and received by both; it is a person's responsibility to meet his or her own needs as well as his or her partner's needs in a context of consent and respect.

5. *Am I faithful to my promises and commitments?* Whatever the nature of a commitment to one's partner and whatever the duration of that commitment, fidelity requires honesty and the keeping of promises. Faithfulness is a daily discipline fulfilled through truthfulness, promise-keeping, attention, and the absence of violence or fear.

The values that support the above standards reinforce the concept of not meeting one's own sexual needs at the expense of someone else. These values are also more stringent than traditional patriarchal sexual mores. They recognize that there are no simple answers, but rather a constant process of ethical discernment if we are to do least harm to those we love the most.

Marie M. Fortune

See also Religion; Spirituality and Family Therapy

Further Readings

Farley, M. A. (2006). *Just love*. New York: Continuum International.

Fortune, M. M. (1995). *Love does no harm*. New York: Continuum.

Fortune, M. M. (2005). *Sexual violence: The sin revisited*. Cleveland, OH: Pilgrim Press.

Sexual Experiences Survey

The Sexual Experiences Survey (SES) measures unwanted sexual experiences that include rape. It pioneered a self-report, multi-item, behaviorally specific approach to measuring sexual victimization and

perpetration. A typical SES item is as follows: "Someone put his penis, or fingers, or objects (such as a bottle or a candle) into my vagina after I had been drinking alcohol or using drugs and was conscious *but too drunk or out of it* to consent or stop what was happening." This wording describes the legal elements of rape, but avoids terms like *being raped* or *raping someone*. The latter are not only legal technical terms, but also they also require a willingness to take up stigmatized identities that people generally avoid. Behaviorally specific questioning is now standard and has informed measurement of the most recent national studies of sexual violence.

Brownmiller's 1971 book, *Against Our Wills: Men, Women, and Rape*, hypothesized far more rapes than police reports document. The SES was developed to test her assertion. The first study reporting results from the SES appeared in 1982 and focused on one university campus; it was followed 5 years later by a 32-campus national study. The latter revealed that approximately 1 in 4 college women responded affirmatively to one or more rape or attempted rape items and 1 in 13 college men reported perpetrating such acts. These numbers have been equaled or exceeded many times by other investigators in community, higher education, and military settings. Today the SES fulfills varied roles in academic studies: to obtain incidence and prevalence data, to identify potential risk and vulnerability factors, to select groups who have perpetrated or been victimized for further study, to validate standard assessments that are hypothesized to predict sexual victimization or perpetration, and as outcome measures for prevention or therapeutic interventions intended to lower rates of sexual violence. Self-report surveys were shown in a 2005 meta-analysis of over 19,000 sex offenders to be as effective at detecting reoffending as searching national police databases.

SES-generated data were part of the rationale for the first Violence Against Women Act, which triggered scrutiny of its scientific merits. The SES has proved robust in replicability, psychometric reliability, and transportability to diverse cultural groups and languages. The items were generally rated by prosecutors as successful in mapping onto legal definitions of sexual offenses. Interviews with community members suggest that investigators and respondents bring similar interpretations to the language of most items. However, valid criticisms have emerged that led a collaborative group to produce draft revisions of the SES in 2004. Among the issues the collaborative group revisited was removing the heterosexist bias, where women were asked about victimization only by men, and men weren't asked about victimization at all. Additionally, the questioning about alcohol needed more clarity so that an act labeled *rape* involved not just drinking or drug use, but impairment and inability to consent. Other fixes included updating language, making oral sex items more behaviorally specific, clarifying attempted rape, and measuring gang rape. Although the psychometrics for the revised versions are not yet available, the Centers for Disease Control and Prevention included both the victimization and perpetration version of the original SES in their 2005 compendium of recommended measures for sexual violence.

Mary P. Koss

See also Campus Violence; Measurement, Interpersonal Violence; National Crime Victimization Survey; National Violence Against Women Survey

Further Readings

Koss, M. P., Gidycz, C. A., & Wisniewski, N. (2005). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students (1987). In R. K. Bergen, J. L. Edleson, & C. M. Renzetti (Eds.), *Violence against women: Classic papers* (chap. 7). Boston: Allyn & Bacon. (Reprinted from *Journal of Consulting and Clinical Psychology*, *55*, 152–170, 1987)

Sexual Harassment

Sexual harassment is unwanted offensive sexual attention; it is overwhelmingly committed by men against women. About 34% to 60% of women and girls experience sexual harassment. Comparatively, 7% to 19% of sexual harassment victims are male, and 85% to 90% of sexual harassers (of both females and males) are also male. As in other forms of violence against women, fear of retaliation ensures the silence of witnesses, and the prospect of being blamed discourages efforts to seek help.

Sexual harassment limits opportunities of all females, even those without direct experience of it. The desire to avoid it and the need to escape it affect

course enrollment and class attendance in school and application for employment and promotion in the workplace. In fact, the possibility of harassment affects where women and girls choose to shop, whether they take public transportation, and the side of the street on which they walk.

Sexual harassment is endemic within male-dominated domains. For example, it is an initiation tool used in college fraternities, military and paramilitary academies, and training camps.

Traditional gender ideology normalizes sexual harassment. Traditionalists have claimed it is a God-given right of men, an unavoidable byproduct of testosterone, and an instinctual need to reproduce.

Psychologists find negative connections for victims between sexual harassment and life satisfaction, self-esteem, trust of authorities, and romantic intimacy. Therapists note associations between victimization and stress disorders, such as insomnia, depression, and loss of appetite. Previous experience of other forms of interpersonal violence can heighten feelings of violation.

Minorities are more likely to experience a conflation of sexual and other forms of harassment. In the United States, Black women have felt doubly harassed by racialized sexual harassment. Harassment of gays and lesbians is sexualized homophobia.

Although the problem has existed for a very long time, the phrase *sexual harassment* is a relatively recent reference. Popularized in the 1970s by U.S. women's rights activists, the term is now common vernacular around the world. Sexual harassment is an endemic feature of everyday life and occurs in every public space, for example, in public commons, workplaces, and schools.

In 1981, U.S. government agencies added sexual harassment to their lists of employment and education discriminations, and nearly every industrialized nation has adopted similar prohibitions. In the United States, sexual harassment complaints are considered civil rights claims. In Europe, they are demands for a human's right to dignity.

More than 30 years of case law codifies the behaviors for which organizations are legally liable. Liable institutions must pay compensatory damages, and U.S. juries have awarded up to $30 million in punitive damages.

Phoebe Morgan

See also Sexual Harassment, Same-Sex; Violence Against Women Act

Further Readings

Dziech, B., & Weiner, L. (1990). *The lecherous professor*. Urbana: University of Illinois Press.

Gardner, C. (1995). *Passing by: Gender and public harassment*. Berkeley: University of California Press.

Gruber, J., & Morgan, P. (2005). *In the company of men: Male dominance and sexual harassment*. Boston: Northeastern University Press.

Schoeder, P., & Stein, N. (1999). *From courtrooms to classrooms: Facing sexual harassment in K–12*. New York: Teachers College Press.

Zippel, K. (2006). *Politics of sexual harassment: A comparative study of the United States, the European Union and Germany.* New York: Cambridge University Press.

Sexual Harassment, Same-Sex

Sexual harassment is understood as negative behavior and interpersonal violence, in some cases occurring across gender, where males are privileged over females. When sexual harassment occurs between people who are the same sex, this understanding is less clear. Same-sex sexual harassment has been identified as an instrument similar to homophobia or heterosexism used to maintain male dominance and reinforce power structures in a heterosexual society. Men who do not exhibit traditional male traits may be targeted and harassed by males or by both males and females, creating a heterosexist atmosphere. For women and girls, the effects of same-sex sexual harassment may be similar, but both sexist and heterosexist environments are reinforced. These scenarios, including same-sex sexual harassment cases that have been litigated, lend credence to the idea that privileging or emphasizing heterosexual models contributes to a sexist and homophobic atmosphere in society. Although many of the behaviors involved in same-sex sexual harassment are defined as interpersonal violence and/or sexual assault, the contexts in which these behaviors have been defined have been under the purview of the courts.

Same-Sex Sexual Harassment in the Workplace and Education

Equal Employment Opportunity Commission (EEOC) guidelines issued in 1980 did not require that a harasser

be of the opposite sex of the victim, but cases of same-sex sexual harassment were frequently dismissed without merit because of the belief that sexual harassment could occur only across gender or that one of the persons involved needed to be gay or lesbian. In 1998, the U.S. Supreme Court rendered an opinion regarding same-sex sexual harassment in *Oncale v. Sundowner Offshore Services, Inc.* This landmark decision defined same-sex sexual harassment of a male by another male as legally actionable discrimination.

Presently, same-sex sexual harassment differs from cross-gender harassment, and men are the predominant targets of same-sex sexual harassment. Men who experience same-sex sexual harassment tend to encounter sexual hostility in the form of jokes, teasing, and sexual hazing. Currently, 10%–15% of men report experiencing sexual harassment, and 35% of the harassment is same-sex. For women, 33%–66% experience sexual harassment is in the workplace, and 99% of women's sexual harassment is cross-gender. There have been no studies of the types of same-sex sexual harassment that women experience in the workplace.

Title IX of the 1972 Education Amendment Act prohibits sexual harassment in schools and universities. The study *Hostile Hallways,* conducted in 2001 by the American Association of University Women Educational Foundation, documented sexual harassment in U.S. schools and found that 81% of students reported being harassed by a peer, and 63% experienced sexual harassment by a peer of the same gender.

Historical Overview of Same-Sex Sexual Harassment in the Workplace

The EEOC has always acknowledged same-sex sexual harassment as being covered by Title VII of the Civil Rights Act of 1964. In a 1994 split decision in the lawsuit *Goluszek v. Smith* (1988), the federal district court declined to recognize sexual harassment because the victim and the alleged perpetrator were members of the same sex. The court acknowledged that this harassment did not create an antimale environment in the workplace and, therefore, was not discrimination.

In 1998, the U.S. Supreme Court considered a second same-sex sexual harassment lawsuit. The court ruled that same-sex sexual harassment was actionable, and *Oncale v. Sundowner Offshore Services* became a landmark decision. In *Oncale v. Sundowner Offshore Services*, the Justices found gender and sexual orientation to be unimportant—only the behaviors of the people involved were identified as pertinent.

Historical Overview of Same-Sex Sexual Harassment in Education

Title IX of the Educational Amendments of 1972 bans sex discrimination in schools, whether in academics or athletics. The Office of Civil Rights, which oversees the enforcement of Title IX, issued a definition of sexual harassment in the 1997 release of *Sexual Harassment Guidance* and defined it as a sex discrimination issue.

Many lawsuits filed by students involve the sexual harassment of males by other males. Prior to the *Oncale v. Sundowner Offshore Services* decision in 1998, lawsuits had been dismissed because of the ambiguity of prior court decisions on whether same-sex sexual harassment is actionable. In Utah, a sexual harassment lawsuit filed by a male high school football player against his male teammates was dismissed because the boy failed to prove that he had been a victim of any concerted discriminatory effort (*Seamons v. Snow,* 1994). Another case involving a third-grade boy's complaint that he was sexually harassed by other boys in his class was turned down by the Minnesota Office of Civil Rights because it found no indication that the student was singled out for harassment because of his sex (*Sauk Rapids-Rice (MN) School District #47,* 1993). In two other cases filed in California and Massachusetts, two girls were harassed by female schoolmates. In both cases, the school had been notified of the sexual harassment, but had not responded. In fact, the California school had decided that sexual harassment could occur only between students of the opposite sex. The Office of Civil Rights, which heard both cases, concluded that there had been pervasive, persistent, and severe sexual harassment in violation of Title IX.

Susan Fineran

See also Sex Discrimination; Sexual Harassment; Sexual Harassment in Schools; Sexual Harassment in Workplaces

Further Readings

Oncale v. Sundowner Offshore Services, Inc., 523 U.S. 75 (1998).

Title IX of the Education Amendment of 1972, 20 U.S.C. § 1681.

Title VII, Civil Rights Act of 1964, as amended in 1991, 42 U.S.C. § 2000c-2(a)(1) (1997).

U.S. Department of Education, Office for Civil Rights. (1997). Sexual harassment guidance: Harassment of students by school employees, other students, or third parties. *Federal Register*, *62*, 12034–12051.

U.S. Equal Employment Opportunity Commission. (2000). Guidelines on discrimination because of sex. *Federal Register*, *45*, 74676–74677.

Sexual Harassment in Schools

Sexual harassment in schools is the unwanted and unwelcomed behavior of a sexual nature that interferes with one's right to receive an equal educational opportunity. It is no longer a contested phenomenon. Its existence has been acknowledged by the U.S. Supreme Court, by scientific surveys, and by countless testimonials from adults, children, and adolescents, whether as targets of harassment or as witnesses and bystanders. Peer-to-peer sexual harassment is rampant in elementary and secondary schools, characterized as a normal stage in healthy American adolescent development or identified as flirting.

Sexual harassment in schools happens in full view of others with, in general, boys harassing girls with impunity while other people (including school employees) watch. Examples of sexual harassment that happen in public in school include bra snapping, groping at bodies, and pulling at or removing clothing; circulating sexually degrading lists; writing nasty, personalized graffiti on bathroom walls; performing sexualized jokes, taunts, and skits that mock girls' bodies at school-sponsored assemblies or during sporting events; and outright physical assault and rape.

A whole-school approach to eradicate sexual harassment and to comply with federal civil rights in education laws includes ongoing, age-appropriate curriculum, staff and student training, and incremental disciplinary policies.

Federal Laws

Sexual harassment is a form of sex discrimination and is illegal under Title IX of the Educational Amendments of 1972 and under Title VII of the Civil Rights Act (1964, amended 1972). Sexual harassment can contaminate the whole school environment, and its reach may embrace more than the immediate and intended target(s), such as innocent witnesses and bystanders.

The dilemma facing victims of sexual harassment is how to avoid the upsetting and degrading incidents that have become acceptable, ordinary, and public. What happens in public, if not interrupted, becomes normalized and acceptable over time. Moreover, students expect that if something scary, unpleasant, or illegal is happening in school, especially if it occurs in public, someone with authority will intervene to stop it, help out, or at least believe the victim afterwards. Yet sexual harassment seems for the most part to proceed mostly without adult intervention, thereby exacerbating and broadening its reach. In schools, sexual harassment is tenacious, pervasive, and operates as a kind of gendered violence.

U.S. Supreme Court Decisions

The educational establishment paid little attention to the subject of sexual harassment in K–12 schools until it was propelled into the national consciousness in February 1992 and again in May 1999. In the 1992 case, *Franklin v. Gwinnett County (Georgia) Public Schools,* a unanimous ruling of the U.S. Supreme Court found that schools could incur financial liability for sexual harassment and other violations of federal law Title IX. This case involved a female student who had sexual relations with her teacher on school grounds multiple times and the liability that the school district had for supervising his conduct. Although sexual harassment in K–12 schools had not been widely acknowledged prior to this 1992 Supreme Court decision, some state-level education agencies and feminists had written about this problem as early as 1979.

In May 1999, the Supreme Court ruled again on sexual harassment in school in *Davis v. Monroe County (GA) Board of Education.* This case involved sexual harassment that a fifth-grade girl (Davis) was receiving from a fifth-grade boy in her class. When she complained about the boy's conduct to her teachers

and principal, they failed to take any action to remedy the harassment. In a 5-to-4 decision, the court ruled that schools are indeed liable for student-to-student sexual harassment when they know about the harassment and fail to stop it.

Scientific Research

The existence of peer-to-peer sexual harassment in K–12 schools has been documented for decades. Nearly 30 years after the 1972 passage of federal law Title IX, a scientific study conducted in 2000–2001 found rampant evidence of sexual harassment in school. Students reported that school personnel behaved in sexually harassing ways and/or that the adults did not intervene when they saw or received reports of sexual harassment.

In the latter of two scientific surveys about sexual harassment in schools that the American Association of University Women (AAUW) along with the Harris polling firm conducted, the results in 2001 showed that among 2,064 students in Grades 8–11, sexual harassment was widespread in schools, with 83% of girls and 79% of boys indicating that they had been sexually harassed. Thirty percent of the girls and 24% of the boys reported that they were sexually harassed often. As compared to the 1993 AAUW survey on sexual harassment among 8th–11th graders, the results from 2001 showed an increase both in awareness and in incidents of sexual harassment, yet students in 2001 had come to accept sexual harassment as a fact of life in schools.

Danger zones differ for girls and boys. Girls are more likely than boys to experience nonphysical harassment in the classroom (62% vs. 49%) and halls (72% vs. 56%). A higher percentage of boys experience nonphysical harassment in the locker room (28% vs. 15%) and restroom (15% vs. 9%). The pattern is similar for physical sexual harassment. Sixty-six percent of girls, compared to 54% of boys, experience physical harassment in the classroom, and 77% of girls, but only 63% of boys, experience it in the halls. Twenty-six percent of boys compared to 15% of girls experience physical sexual harassment in the locker room. Students also reported that they rarely tell school officials about the sexual harassment that they experience. Only 11% of students who have experienced physical sexual harassment tell a teacher, and 9% tell another school employee. On the other hand, students are more likely to tell a friend (67%) or a relative (22%), and 20% tell no one.

Nan Stein

See also Bullying; Sexual Harassment; Sexually Aggressive Behavior in Children

Further Readings

American Association of University Women. (1993). *Hostile hallways: The AAUW survey on sexual harassment in America's schools*. Washington, DC: Author.

American Association of University Women Foundation & Harris Interactive. (2001). *Hostile hallways II: Bullying, teasing and sexual harassment in school*. Washington, DC: Harris Interactive.

Davis v. Monroe County (GA) Board of Education, 526 U.S. 629 (1999).

Franklin v. Gwinnett County Public Schools, 112 S. Ct. 1028 (1992).

Stein, N. (1995). Sexual harassment in K–12 schools: The public performance of gendered violence. *Harvard Educational Review*, *65*, 145–162.

Stein, N. (1999). *Classrooms and courtrooms: Facing sexual harassment in K-12 schools.* New York: Teachers College Press.

Sexual Harassment in Workplaces

In 1981, the U.S. Equal Employment Opportunity Commission added sexual harassment to its list of work-related discriminations prohibited by Title VII. Since then, Canada, the United Kingdom, the European Union, South Africa, Australia, and Japan have adopted similar prohibitions. The conceptualization of the harm caused and the severity of punishment varies across nations. In the United States, the United Kingdom, and Australia, for example, sexual harassment is a civil liberty violation and defined as unwanted sexual attention that becomes a condition of employment. In 2002, a European Parliament resolution cast sexual harassment as a human rights issue and as sexist behavior that undermines a worker's right to dignity.

Before 1981, a sexual harassment victim's only legal recourse was to file either tort or criminal

charges. As a result, only the most egregious cases—for example, rape or assault—were ever heard in court. Implementation of government agency complaint processes added civil litigation and government mediation to the recourse options. More than 30 years of case law codifies the behaviors for which employers are legally liable. In most cases, liable parties must pay compensatory damages. In the United States, juries have added up to 30 million dollars in punitive damages.

Legally speaking, there are four types of sexual harassment: (1) quid pro quo, (2) paramour favoritism, (3) hostile environment harassment, and (4) retaliation. The first, quid pro quo, refers to the exchange of sexual favors for hire, promotion, or protection from dismissal or demotion. The most common form is uninvited requests for dates or sexual liaison. Paramour favoritism occurs when a supervisor and subordinate engage in a sexual relationship in such a way that disparately impacts other coworkers. Coworkers do more work to accommodate the relationship or are denied benefits because of it. Hostile environments are created by sexualized behaviors that make an employee feel unwelcome because of his or her gender or sexuality. Hostile environments are not the result of one person's misbehavior, but rather are the products of a group effort to demean the victims and those like them. In 2006, the U.S. Supreme Court broadened what constitutes retaliation for resisting sexual harassment. Before their ruling, only evidence of dismissal or demotion counted. Now, any undesirable change in shift, workstation, or duty constitutes retaliation.

Criminologists note at least four similarities between the dynamics of sexual harassment and the violence of crimes against women (e.g., battering, rape, incest, stalking, and sexual slavery). Most notably, sexual harassment is a crime overwhelmingly committed by men against women. National surveys estimate that in any given year 34% to 60% of working women experience sexual harassment. In contrast, 7% to 19% of sexual harassment victims are men, and nearly 90% of sexual harassers (of either women or men) are also men. Second, fear of retaliation and the prospect of being blamed or turned away ensure witnesses' silence and discourage efforts to seek help. Third, gender ideology normalizes the forced imposition of sexual attention upon women as natural and therefore, unavoidable. As a result, sexual harassment is often excused as an unfortunate byproduct of men's greater need for sex or biological drive to reproduce. Finally, sexual harassment limits opportunities of all women, even those without direct experience of it. The desire to avoid sexual harassment and the need to escape it affect decisions to leave a job or accept a job as well as to request a promotion or to transfer.

Sociological studies show that group dominance greatly determines a woman's risk. Women who work in male-dominated settings (75% or more of the employees are men) are at greatest risk of hostile and retaliatory harassment. Women employed in female-dominated professions (e.g., caregiving and support services) are at greater risk of quid pro quo and paramour favoritism. Members of racial minorities are more likely to experience a conflation of racial and sexual harassment. In the United States, for example, Black women have felt doubly harassed when White men invoke images of female slaves or girl gangbangers.

Psychologists find negative connections between sexual harassment and life dissatisfaction, self-esteem, trust of authorities, and intimacy with men. Therapists note association with stress disorders such as insomnia, depression, and loss of appetite. Finally, previous experience of other forms of interpersonal violence can heighten feelings of violation.

The primary distinction between sexual harassment and other forms of violence against women is that governments and the courts have officially recognized it as a form of gender inequality for which social institutions are responsible. Although the symbolism of official condemnation of sexual harassment is significant, the practical impact on the everyday lives of workers has been unremarkable. Despite this shift in legal ideology, surveys show that rates of sexual harassment remain remarkably stable and satisfaction with reporting and complaint procedures low. Critics warn that because the law is a double-edged sword, it is only a matter of time before sexual harassment policy is turned against the very people it seeks to liberate. In Germany, for example, accused harassers challenging their dismissals filed the majority of sexual harassment cases in 2002. Optimists, however, view the disjuncture between ideology and practice as merely a lag and argue that given sufficient time workplace mores will eventually catch up with current shifts in legal ideology.

Phoebe Morgan

See also Sex Discrimination; Sexual Harassment, Same-Sex; Sexual Harassment in Schools; Violence Against Women Act

Further Readings

Gruber, J., & Morgan, P. (2005). *In the company of men: Male dominance and sexual harassment*. Boston: Northeastern University Press.

McKinnon, C. (1979). *The sexual harassment of working women*. New Haven, CT: Yale University Press.

Stanley, L., & Wise, S. (1987). *Georgy Porgy: Sexual harassment in everyday life*. London: Pandora.

Zippel, K. (2006). *Politics of sexual harassment: A comparative study of the United States, the European Union and Germany.* New York: Cambridge University Press.

Sexually Aggressive Behavior in Children

Over the past 4 to 5 decades, an increasing amount of attention has been paid to adults and adolescents who are sexually attracted to or who sexually abuse children. It has only been in the last 10 to 15 years that more than lip service has been given to children 12 years and younger who sexually abuse other children. This discussion focuses on children 12 years and younger who sexually and aggressively target populations, particularly those similar or younger in age or those viewed as weaker and/or vulnerable. As the label indicates, this behavior has both sexual and aggressive components. This group of children represents the extreme end of a continuum of children who exhibit problematic sexual behaviors.

Characteristics

There are few studies on these children, but those that are available suggest that this group of young sexual abusers is about equally distributed between males and females. Based on this statistic, one might ask why more females do not show up in the statistics of known adolescent and adult sexual offenders. Like older sex offenders, many of these children tend to have more than one victim.

The modal ages for beginning sexual abuse appear to be 6 to 9, although children younger than these ages have been identified. The young abusers are found across social classes and ethnic-racial groups, but the phenomenon appears to be more predominate in the lower socioeconomic strata. Geography also plays a role in terms of which racial-ethnic groups are found in various studies.

Although this entry uses the term *sexually aggressive* to describe this abusive group of children, a review of literature and programs demonstrates that there is no agreed upon label. Some researchers or practitioners such as Berliner are opposed to viewing these children's behaviors as crimes. Hindman, in contrast, indicates that children can be charged with crimes if they meet her definition of culpability, and she has developed a 16-item assessment tool for this purpose.

In addition to problems in knowing what to call young sexually abusive children, there is also the problem of distinguishing between behaviors that are considered normative (a more sociological–criminal justice term), or normal (a more psychological term), and other types of sexual acts. There have been a variety of attempts to sort out this problem.

Besides using demographics, some studies have profiled sexually abusive and sexually aggressive children in terms of family, environmental, behavioral, and psychological characteristics. What is found is that many of these children have other emotional, psychological, social, and behavioral problems besides being sexually abusive. Consequently, many of these children will require a comprehensive long-term treatment program.

Some families of these children have various types of dysfunctions such as being polyincestuous, exhibiting parent–child role reversals, being involved in various types of abuse and substance abuse, and participating in illegal activities. Other families do not appear to be dysfunctional—at least on the surface.

Many but not all sexually aggressive children have been victims, and some are simultaneously victims as well as abusers. When a child has been a victim and becomes a perpetrator, there is controversy in the field as to which should be addressed first—the victimization or perpetration issue.

Theories

There are many theories that have been used to explain sexually aggressive children's behavior. These include developmental theories, those built on trauma models, coping theories, cognitive-behavioral theories, addiction theories, posttraumatic stress models, and those based on notions of sexual abuse and violence cycles. One of the most promising theories

attempts to explain the link between the sexual and aggressive components of these children's behavior—how the two types of acts might get paired together.

The above noted theories are used in program development. In comparison to programs for adolescent and adult sexual offenders, there are relatively few for preadolescent sexual abusers. Of over 2,200 programs identified in a 2002 national program survey, about 86% were defined as community based and about 17% as residentially based. Slightly over 40% of the programs focused on treating adults, and another 40% focused on adolescents. Only 18% of the programs treated children, and over 70% of the states have no residential programs for children. An overview of 10 programs by Araji summarized small- and large-scale efforts to treat preadolescent sexual abusers and their families. Most practitioners agree that group and family–caregiver models are most effective with this age of sexually aggressive children. These can be supplemented by individualized counseling. The majority of providers also prefer cognitive-behavioral orientations, wherein sexual abuse and/or aggression is viewed as a learned behavior. Adequate treatment for sexually aggressive children may take up to 1 or 2 years. This time frame is much longer than would be required for children with minor sexual behavior problems.

Current and Future Directions

In 1997, Araji noted that professionals believed the number of sexually aggressive children was growing and were frustrated over the lack of public awareness, programs, services, and coordinated local and state efforts to acknowledge the children and to intervene. Almost 10 years later, many professionals, practitioners, and parents around the country are becoming increasingly alarmed as more cases of these children appear with little being done in most states and communities to address the problem. A recent case from Alaska, for example, involved a 6-year-old male student who sexually assaulted, sodomized, and raped a 6-year-old male classmate in a school restroom for about 45 minutes. The case resulted in several lawsuits and a great amount of trauma and life disruptions being experienced by the victims of these young perpetrators and their families. The good news for Alaska is that a task force has been formed to address this social issue and to draft legislation requesting the state to take action. In addition to families and schools being impacted by sexually aggressive children, foster parents, community organizations, and other social institutions and organizations where these children are found need to be concerned.

Some states such as Massachusetts, Oregon, Colorado, and Florida are taking steps to define young children's sexually abusive and violent acts as criminal, although this solution is controversial. Nevertheless, we are learning from adolescent sexual offenders that some began offending as preadolescents. From a social policy perspective, if society is truly interested in reducing the number of sexual abuse victims, some who may go on to become perpetrators, a good place to start is by addressing the issue of sexually aggressive and/or abusive children.

Sharon K. Araji

See also Association for the Treatment of Sexual Abusers; Investigative Interviewing of Child Sexual Abuse Victims; Sexual Abuse

Further Readings

Araji, S. K. (1997). *Sexually aggressive children: Coming to understand them.* Thousand Oaks, CA: Sage.

Araji, S. K. (2004). Preadolescents and adolescents: Evaluating normative and non-normative sexual behaviors and development. In G. O'Reilly, W. Marshall, A. Carr, & R. Beckett (Eds.), *The handbook of clinical intervention with young people who sexually abuse* (pp. 3–35). New York: Brunner-Routledge.

Association for the Treatment of Sexual Abusers. (2006). *Report of the Taskforce on Children with Behavior Problems*. Retrieved from http://www.atsa.com/pdfs/Report-TFCSBP.pdf

Calder, M. C. (2005). *Children and young people who sexually abuse: New theory, research and practice developments.* Lyme Regis, Dorset, UK: Russell House.

Web Sites

The Safer Society Foundation, Inc.: http://www.safersociety.org/

Sexually Transmitted Diseases

According to the Centers for Disease Control and Prevention (CDC), approximately 15 million new

cases of sexually transmitted disease (STD; now commonly called sexually transmitted infection, STI) are acquired annually. The most common STIs are chlamydia, gonorrhea, syphilis, herpes, hepatitis, genital warts, and trichomonas. STIs may have long-term implications for one's health and may lead to many reproductive health consequences for women, such as infertility and ectopic pregnancies, while also having negative implications for an unborn fetus if experienced during a pregnancy. The best efforts to prevent the transmission of an STI are abstinence from sexual activity, monogamous relationships, and the use of latex condoms.

Sexually Transmitted Infections and Interpersonal Violence

Prevention efforts are complicated when violence is present in an intimate relationship and when sexual violence has been coerced or forced during childhood, adolescence, or the adult years. The relationship between STI transmission and interpersonal violence is an issue at all ages, for all sexual relationship types (heterosexual, homosexual, and bisexual), and among diverse racial, ethnic, and cultural communities. This relationship is a unique problem that can be explained in various ways. Most frequently, it is discussed after a sexual assault or sexual coercion (by an intimate partner, acquaintance, family member, or stranger). There is also a relationship between STIs and intimate partner violence, not only with sexual violence, but also when emotional and/or physical violence are present. STI transmission has also been related to a history of childhood sexual abuse. Issues of power and power imbalances are frequently discussed in relation to interpersonal violence. Literature suggests that those who are victims of violence—emotional, physical or sexual—despite their age are in a position that leaves them compromised to assert or negotiate for themselves, putting them at risk of various forms of violation and harm. This compromised state of power puts victims at risk of violence, which has implications for many health and mental health consequences, such as increased rates of STIs.

Sexual Assault

The CDC recommends defining sexual assault as any sexual act or contact that is forced or threatened by physical force, threats, or intimidation. Sexual assault can occur in the context of an intimate relationship and may be perpetrated by an acquaintance, a family member, or a stranger. These possibilities present an increased risk for STI transmission at the time of the assault because of the potential unknown sexual history of the assailant coupled with the probable lack of barrier protection. Sexual assault has further implications for the future psychological functioning of the victim, influencing future sexual decisions with subsequent sexual encounters that may put the victim at risk for exposure and infection of STIs.

Intimate Partner Violence

Intimate partner violence (IPV), as defined by the CDC, is physical, emotional, and sexual violence or threats of such violence and has been associated with increased STI rates and sexual practices that increase the risk of STI transmission. This association can be identified through the increased rate of violence with the negotiation of condom usage or safe sex practices. Victims of IPV express fear of engaging in the discussion of condom use or safe sex practices because of the potential for physical, sexual, or emotional violence ensuing. These factors are also magnified when alcohol and drug use are present. Alcohol and drug use has long been established as a risk factor for IPV, and the use of alcohol or drugs has important implications in the transmission of STIs. Temporal order of IPV and alcohol and/or drug use has not been well established; however, the use of either by a victim or a perpetrator can be a risk factor for violence or can be a mechanism to cope with a violent episode within a relationship. Alcohol and/or drug use can put a victim at risk by impairing the victim's ability to consent or make good decisions regarding safe sex practices, and alcohol and/or drug use may lead to coerced or forced sexual activities. IPV has many implications for the health and welfare of those in an abusive relationship and leads to an increased risk and transmission of STIs.

Childhood Sexual Abuse

Childhood sexual abuse (CSA) has been linked to many high-risk sexual behaviors in adolescence and adulthood, such as sex with multiple partners, sex without a condom, sex while impaired by drugs or alcohol, and sex for shelter, money, or drugs. CSA is also related to experiencing or perpetrating IPV in adult relationships, suggesting a perpetual abuse

cycle. The long-term psychological impact of CSA is palpable, with the negative health and wellness consequences that are evident in the research, and may lead a victim of violence to make poor decisions in adulthood that may put him or her at risk for multiple STIs that could potentially affect him or her for life.

Nicole Trabold

See also AIDS/HIV; Child Sexual Abuse; Intimate Partner Violence; Rape/Sexual Assault; Sexual Abuse

Further Readings

Heintz, A. J., & Melendez, R. M. (2006). Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual and transgender individuals. *Journal of Interpersonal Violence*, *21*, 193–208.

Kahn, J. A., Huang, B., Rosenthal, S. L., Tissot, A. M., & Burk, R. D. (2005). Coercive sexual experiences and subsequent human papillomavirus infections and squamous intraepithelial lesions in adolescent and young adult women. *Journal of Adolescent Health*, *36*, 363–371.

Testa, M., Vanzile-Tamsen, C., & Livingston, J. A. (2005). Childhood sexual abuse, relationship satisfaction and sexual risk taking in a community sample of women. *Journal of Consulting and Clinical Psychology*, *73*, 1116–1124.

Wingood, G., & DiClemente, R. J. (1997). The effects of an abusive primary partner on the condom use and sexual negotiation practices of African-American women. American *Journal of Public Health*, *87*, 1016–1018.

Shaken Baby Syndrome

Shaken baby syndrome (SBS) is a type of abusive head trauma that results from a baby or small child being vigorously shaken with or without impact. The rapid acceleration and deceleration of shaking produces the characteristic injuries that include bleeding around the brain, retinal damage, and cervical spine injuries. Less frequently, the child may sustain concomitant skull, rib, or other fractures as well as soft tissue damage from the abuse. SBS is widely considered to be the most serious form of child abuse, and the consequences are often catastrophic. Research shows that nearly 25% of victims die as a direct result of their injuries, and a majority of survivors suffer long-term cognitive, motor, and/or visual disabilities. Behavioral problems and learning disabilities are also highly prevalent among survivors of SBS.

The large majority of victims of SBS are less than 6 months old at the time of diagnosis, an age which is also the period of an infant's life associated with the most frequent crying episodes. Infant distress may exacerbate parental frustration and indeed crying is frequently cited as the precipitating cause for this kind of abuse. As a result of their small size, infants are also more vulnerable to shaking than older children.

Victims of SBS are often brought to the emergency room exhibiting symptoms associated with head trauma such as fussiness, lethargy, or seizures, but often there are no visible signs of abuse such as bruises, burns, or lacerations. Consistent with other forms of child abuse, the nature and severity of the child's injuries are frequently discrepant with the alleged origin of the trauma. In many cases, clinical examination of the injured children and inquiries into their medical histories yield evidence of chronic abuse including prior hospitalizations for related injuries and previous complaints registered with child welfare agencies against their parents or caretakers. Due to the high improbability that the classic SBS injuries could result by accident, clinicians should consider SBS as a possible diagnosis for all young children presenting with these symptoms. As mandated by the American Academy of Pediatrics, all suspicious cases should be referred to the appropriate professionals for evaluation to prevent further victimization.

Several risk factors have been identified among perpetrators of SBS. Histories of substance abuse, mental illness, domestic violence, and childhood physical abuse are more prevalent among perpetrators of SBS than in the general population. Perpetrators are more likely to be male, have limited education, and be of a lower socioeconomic status. Female perpetrators are more likely to suffer from postpartum depression and be younger than their nonabusing counterparts. Of note, research has shown that the reporting of suspected cases of child abuse is inconsistent; thus, the elevated rate of certain demographic characteristics among substantiated perpetrators may be due in part to differential reporting by medical professionals.

Clearly, every effort should be made to ensure that victims of SBS are not returned to volatile environments. Of particular importance is that cases of potential child abuse be identified and reported immediately. Health professionals should make every effort to recognize and attend to early signs of abuse to decrease

the chance of the child being subjected to further debilitating and potentially fatal violence. Identification and early intervention for people at risk for perpetration, such as those with histories of violence and substance abuse, may help to avert future episodes of shaking. In addition, prevention of SBS may be accomplished to some degree by educating all new parents about the crying patterns of infants and the frustration that inconsolable crying can evoke in caretakers. Moreover, parents should be informed that it is never, under any circumstance, acceptable to shake a baby or child. One study found that providing this type of information to parents before they take their newborn home from the hospital may dramatically reduce the incidence of SBS. Furthermore, home visits by nurses have also been found to decrease the rates of SBS among at-risk families with infants.

Katherine W. Follansbee and Gregory L. Stuart

See also Battered Child Syndrome; Child Fatalities; Child Physical Abuse

Further Readings

Makaroff, K. L., & Putnam, F. W. (2003). Outcomes of infants and children with inflicted traumatic brain injury. *Developmental Medicine & Child Neurology*, *45*, 497–502.

Wheeler, P. L. (2003). Shaken baby syndrome—An introduction to the literature. *Child Abuse Review*, *12*, 401–415.

Sheltering of Domestic Violence Victims' Pets

Domestic violence victims who decide to leave abusive partners may be concerned about the welfare of their pets when pets may not accompany them to new living arrangements. Some victims may be able to leave their pets with relatives, friends, or neighbors, or if they can afford it, board their pets, but other victims may have to leave their pets behind. Concern over the welfare of their pets may affect victims' decisions about leaving or staying with abusive partners. For example, some women victims delay entering domestic violence shelters because most will not accept pets, and victims are reluctant to leave pets with an abusive partner who may already have threatened or actually harmed these pets. Collaborative programs, between domestic violence agencies and animal welfare organizations, now exist in many communities and provide temporary shelter for the pets of domestic violence victims.

Research in the United States, Canada, and Australia has documented the prevalence of animal/pet abuse perpetrated by batterers and reported by women who seek refuge at domestic violence shelters. A significant minority of these women report that concern for their pets' welfare affected their decisions about whether or not to leave abusive partners and in some cases delayed their seeking refuge for periods up to two months. The strong attachment that these women and their children, if present, have for their pets makes concern over leaving them behind a potential obstacle to seeking safety. Fear about pets' welfare is prompted by batterers' threats to harm animals if partners leave and by cases where pets have already been harmed or in some cases killed by batterers. Women reporting these concerns usually indicate that their children, if present, have been exposed to animal or pet abuse. Having to leave pets behind can be emotionally distressing to domestic violence victims and their children.

Awareness of this issue has led to programs that shelter pets of domestic violence victims during the time that victims participate in domestic violence programs. Typically, these programs are collaborative efforts by domestic violence agencies and humane societies, animal welfare agencies, or veterinarians. The programs are offered at minimal or no cost to domestic violence victims and provide care and housing for pets either at humane society facilities, veterinary clinics, or in the homes of pet foster care providers. For safety reasons, foster care providers are carefully screened for their own history of pet care and are provided extensive guidelines on confidentiality and safety issues. For example, the identity of foster care providers is usually not given to pet owners since some batterers threaten to find and harm animals to coerce domestic violence victims to return home.

Although a national directory of pet sheltering programs for domestic violence victims does not yet exist, information about the availability of such programs in specific communities can be obtained from domestic violence agencies or animal welfare organizations.

Frank R. Ascione

See also Animal Abuse and Child Maltreatment Occurrence; Animal/Pet Abuse

Further Readings

Ascione, F. R. (2000). *Safe havens for pets: Guidelines for programs sheltering pets for women who are battered.* Logan, UT: Author. Retrieved from http://www.vachss.com/guest_dispatches/safe_havens.html

Kogan, L. R., McConnell, S., Schoenfeld-Tacher, R., & Jansen-Lock, P. (2004). Crosstrails: A unique foster program to provide safety for pets of women in safehouses. *Violence Against Women, 10*, 418–434.

Shelters, Battered Women's

Battered women's shelters are temporary, violence-free environments for women experiencing domestic violence and their children. They provide the most basic needs such as shelter, food, and clothing to the women residing in the shelter. However, many also provide support services such as crisis lines, legal services, health care advocacy, children's programming, support groups, and individual counseling to women both residing in and residing outside of the shelter. These services are provided in a paradigm of empowering women through access to information and options. Although there is no time limit on the amount of time a woman can receive services from a shelter, shelter stays at many shelters are less than 4 weeks long.

History

The movement to create shelters and services for battered women came out of the increased understanding of domestic violence from the consciousness-raising groups of the broader feminist movement in the late 1960s and early 1970s. Many of the first shelter programs relied on women, many of whom were survivors, offering their homes as safe houses and volunteering their services to support victims of domestic violence. The first shelter opened in the early 1970s in Minnesota.

Today, many battered women's shelters are independent local programs set up as not for profit, 501(c)(3) agencies, while others are affiliates of larger social service agencies. Most are governed by a board of directors. Many board members have knowledge and skills in managing complex programs. Oftentimes prominent local and government officials are also on boards to help lend credibility and community support to the shelter, and survivors of domestic violence are often on the board to bring a user perspective to the board.

Services Provided

Battered women's shelters provide for the basic needs of women experiencing domestic violence; these provisions include food, shelter, clothing, and a violence-free environment at a sometimes secret location. To help women find safe places and resources, shelters employ volunteers or staff to answer anonymous crisis-line calls. These callers may be women in a crisis situation who will need services from the shelter, and the crisis-call staff helps the woman assess her safety and strategize safe options. Calls may also be from concerned family and friends of a battered woman.

Although providing for the basic needs of women leaving abusive relationships is an important part of shelter services, it is not the only service provided by shelters. Support, education, and safety planning services are available at most shelters. Shelter staff listens to the stories of battered women, offering empathy and support. Staff members offer information on community resources for the family and education on domestic violence. Shelter staff helps battered women assess the safety of remaining in an abusive relationship and the safety of leaving an abusive partner. Staff members aid battered women in the development of a safety plan and offer strategies to help the woman and potentially her children to stay as safe as possible.

Most shelters also provide significant advocacy services to the women and children living in the shelter as well as to women in the community, both those who have left a domestic violence situation and those who continue to reside with their abuser. Advocacy services include medical, legal, financial, and children's advocacy. Legal advocacy provides information and accompaniment to women who are involved in the legal system or for women who wish to utilize the services of the civil or criminal justice system. Medical advocacy programs offer support and aid to women in identifying health care needs for themselves or for their children and aid women in finding appropriate health care services. Financial advocacy services work to empower women toward economic self-sufficiency by providing education for the economic issues that survivors face and opportunities to learn how they can improve their economic situation. Children's advocacy

provides support, programming, and educational information to children who have experienced domestic violence in their homes. In addition to advocacy services, many shelters also provide counseling services for children and women to help them heal from the trauma of the abuse.

Shelter staff may also engage in systems change, awareness, and prevention activities. Shelters often take part in coordinating councils, which work to enhance other systems' responses to domestic violence, such as making policy changes to the criminal justice system to keep victims safer while holding perpetrators accountable. Awareness activities such as domestic violence awareness month or candlelight vigils are held to highlight to the broader community the problem of domestic violence and the effects of this problem on their community. Prevention efforts such as engaging children, youth, and adults to try to minimize the amount and the effects of domestic violence are also engaged in.

Funding

Most shelters receive funding for their services from a variety of sources. These sources may mean a combination of funds from public and private grants, foundations, and individual donors. Although there has been considerable attention given to the need for shelters to not rely too heavily on governmental funds, due to restrictions, many shelters do accept public dollars either in the way of grants or subcontracts in order to provide their services.

Jennifer L. Witt

See also Advocacy; Battered Women; Battered Women: Leaving Violent Intimate Relationships; Battered Women's Movement; Crisis Hotlines

Further Readings

Johnson, I. M., Crowley, J., & Sigler, R. T. (1996). Agency responses to domestic violence: Services provided to battered women. In E. Viano (Ed.), *Intimate violence: Interdisciplinary perspectives* (pp. 191–202). Washington, DC: Hemisphere.

Sullivan, C. M., & Gillum, T. (2001). Shelters and other community-based services for battered women and their children. In C. Renzetti, J. Edleson, & R. Bergen (Eds.), *Sourcebook on violence against women* (pp. 247–260). Thousand Oaks, CA: Sage.

Sibling Abuse

The concept of sibling abuse emerged as a form of family violence in the early 1980s. Sibling abuse involves emotional, physical, and sexual abuse perpetrated by one sibling against another. Using broad definitions of sibling abuse, prevalence estimates range from 60% to over 95% of individuals reporting experience with sibling abuse. Because it is so common, some argue that these behaviors should not be considered child maltreatment. Instead, they represent normal sibling rivalry and conflict. Others argue that sibling violence should not be accepted because it has serious effects on the victims and may lead to other forms of violent perpetration in the future.

Psychological aggression between siblings is the most common and also the most controversial form of sibling abuse. Nearly all children engage in some name calling or ridicule with a sibling. It is argued that children lack the conflict resolution skills to address situations in a more healthy and mature manner. However, the prevalence may not diminish the impact of these acts, which may also include terrorizing acts such as forced exposure to frightening things, abuse of pets, and destroying prized possessions.

Physical aggression is also common among siblings, with approximately two thirds of siblings engaging in physical violence. Most commonly, this abuse involves less severe forms of violence. However, injury due to physical sibling violence is not uncommon. Critics argue that children are impulsive (e.g., verbal aggression) and lack the maturity to manage anger and conflict. Conversely, physical sibling abuse may also be characterized as an effort to control and dominate, much like other forms of interpersonal violence.

Sexual abuse between siblings is the least common and also the least controversial. Describing sexual activity as including a wide range of acts, such as sexual hugging and kissing, exhibiting or fondling genital areas, and sexual intercourse, approximately 10%–15% of college students report these behaviors with a sibling. The majority of these involve less severe experiences. Most agree that sexual behavior between siblings is inappropriate and abusive. However, sexual curiosity is considered a normal part of sexual development for young children. Therefore, mutual exploration at some ages may not always be exploitative or abusive.

Defining Sibling Abuse

One difficulty in determining the definition of sibling abuse involves determining if abuse includes those behaviors that cause emotional or physical harm or if it includes behaviors that deviate from normal sibling activities. Little consensus has been reached by experts on the boundaries of the definition. Some criteria are helpful to consider in defining abusive sibling behavior.

Age is a consideration, as it relates to the degree to which the behavior is developmentally appropriate. A toddler who hits a sibling would be assessed much differently from an adolescent who has developed empathy and greater control of angry impulses. As mentioned previously, development is also a consideration in sexual behaviors.

Age is also a factor, as it relates to power disparities. Differentials in size, strength, age, and ability may also change whether a behavior is considered abusive. Gender may also be a consideration in the power disparity, particularly in cultures and families holding more traditional gender role expectations. The presence of domination is among the most commonly cited in abuse definitions.

The degree to which the behaviors are mutual or one-sided is also a consideration. When two parties willingly and mutually engage in a behavior, it is less likely to be considered abusive. However, when one party is pressured or coerced, due to power disparity, manipulation, or verbal or physical means, the interaction is more likely to be considered abusive.

Frequency and duration of the behavior are also considered. Although it is possible for a particularly severe behavior that happens only one time to be considered abusive, definitions of abuse frequently involve repeated patterns of behavior over a long period of time. It is this pattern that may cause relatively minor behaviors to have a serious detrimental impact.

Finally, the degree to which the behaviors cause harm is a criterion to consider. This harm may take the form of physical injury or emotional pain. Typically, this element of victimization is a necessary component in defining abuse.

Risk Factors

Sibling violence and abuse is most common between brothers, although it also exists between sisters and in mixed-gender families. Some prevalence studies indicate that males are more likely to report both perpetration and victimization, often with another brother. Other studies that looked at more emotional and verbal forms of sibling abuse find that females actually engage in more negative sibling interaction.

Parents play an important role in determining the degree of sibling abuse. In families in which domestic violence or parental child abuse and neglect occur, sibling violence is also common. Social learning theory explains that violence between siblings would be a normal extension of other forms of violence, and children not only learn that violence is acceptable and normal, but also model the specific abusive behaviors. Also, feminist hierarchical models and conflict theory explain that abuse occurs as individuals struggle to dominate the weaker members of the family. In neglectful families in which a child is given excessive responsibility to care for another, abuse is also likely.

Even in families in which domestic violence is not occurring, marital discord can increase the likelihood of sibling abuse. Frequent arguments and stress among parents lead to an environment that may be more dysfunctional, more chaotic, and less nurturing of the needs of children. Each of these environmental elements has been associated with sibling aggression.

Parental favoritism and comparing of children also lead to an environment that is conducive to sibling abuse. Conflict theory identifies that children compete for the attention and favor of parents. Abuse results when one child feels empowered by the favoritism of the parent or when another strikes back at the favored child out of anger and resentment.

The degree and appropriateness of parental intervention may serve to reduce sibling abuse. However, when parents take sides or compare the siblings without addressing the emotional needs of both, sibling aggression may actually be exacerbated.

Impacts

Many forms of abuse in the family of origin have been linked to later revictimization by others or perpetration of abusive behaviors. Due to difficulties in defining and measuring sibling abuse as well as to the frequency with which it coexists with other forms of family violence, research has not been able to clearly make this link in the case of sibling abuse. However, it has been found that negative sibling interactions can be related to difficulties in later relationships, both in friendships and in romantic relationships. In addition, sibling abuse has been found to be related to negative

emotional states such as depression, anxiety, and low self-esteem later in life. In severe cases, suicide attempts or posttraumatic stress symptoms may occur.

Poco Kernsmith

See also Child Aggression as Predictor of Youth and Adult Violence; Psychological/Emotional Abuse; Verbal Abuse

Further Readings

Hoffman, K. L., Kiecolt, K. J., & Edwards, J. N. (2005). Physical violence between siblings: A theoretical and empirical analysis. *Journal of Family Issues*, *26*, 1103–1130.

Wiehe, V. R. (1997). *Sibling abuse: Hidden physical, emotional and sexual trauma* (2nd ed.). Thousand Oaks, CA: Sage.

Silent Witness National Initiative

The Silent Witness National Initiative is a not-for-profit grassroots organization that began in 1990 in Minnesota by a group of artists and writers who were distressed by a rash of domestic violence homicides in Minneapolis that year. Silent Witness began as a project to draw attention to the problem of domestic violence murders and to stop the carnage. Conceived and produced as an exhibit in collaboration with several other women's organizations known as Arts Action Against Domestic Violence, the project was incorporated as the Silent Witness National Initiative in 1994.

The Silent Witness Exhibit is a traveling memorial honoring women who were murdered in acts of domestic violence. The first exhibit honored 26 women murdered in Minnesota in 1990 and one nameless woman representing the uncounted women whose deaths were unreported or unacknowledged. Twenty-seven life-sized red wooden figures with breastplates telling the stories of each murdered woman appear in public places and at events witnessing to the reality of domestic violence murder.

Since 1990, exhibits have been created in every state in the United States, Mexico, Canada, the Cayman Islands, Europe, and 16 other countries worldwide. Each exhibit represents women who once lived, worked, and had neighbors, friends, family, and children—whose lives ended violently at the hands of a husband, exhusband, partner, or boyfriend. The Silent Witness Exhibits are carried and embraced at public events with a deep reverence for the murdered women and their individual stories.

Passion and compassion energize the movement with programs to educate and assist women as they move beyond a victim role to a survivor role and from there to a victor role by getting involved in hopeful, positive, and results-oriented events and programs.

The word *healing* entered the initiative when it became clear that participants shared a commitment to solving the domestic violence problem by helping men and women work together. The mission began its own transformation to become healers of women, men, children, organizations, churches, synagogues, and the courts. The passion for healing domestic violence generates hope. One by one, these volunteers attract others and welcome women and men to share ideas and resources, replacing despair with hope and finding miracles of healing.

Tangible results are seen in the transformed lives of the individuals and couples involved in Silent Witness. Several successful programs and resulting projects were born because Silent Witness participants encouraged and offered support for their work. A related project, The Sheila Shawl project, honors the late Sheila Wellstone, wife of Senator Paul Wellstone, and her tremendous work in reducing domestic violence in the United States. Shawls are knit by volunteers and sent to family members of domestic violence murder victims to offer comfort and healing in their grief.

Jacqueline J. Skog and Janet O. Hagberg

See also Clothesline Project

Web Sites

Silent Witness: http://www.silentwitness.net

Situational Couple Violence

Researchers and clinicians have long been in agreement that men engaging in intimate partner violence (IPV) constitute a heterogeneous group. Some have attempted to address this issue by categorizing violent men or violent couples into subtypes. This entry discusses one such subtype: situational couple violence.

In theory, the etiology, course, and treatment for IPV may differ depending on the subtype under consideration. Typologies have been constructed in an effort to improve knowledge and understanding of IPV, including identification of different underlying processes resulting in violence. It is also believed that reliable and valid typologies of IPV may lead to increases in therapy effectiveness, eventually resulting in subtype-treatment matching in which treatment is tailored to the needs of each group.

On the basis of a review of qualitative and quantitative research, Johnson and his colleagues theorized that couple violence in families takes one of two distinct forms: situational couple violence (previously labeled common couple violence) or intimate terrorism (previously labeled patriarchal terrorism). The primary variable distinguishing these two groups is the use of a general pattern of control by one partner, typically the male.

Unlike the abuse that arises from intimate terrorism, which is aimed at partner domination and control and is typically severe and injurious in nature, situational couple violence may be best understood as an inappropriate attempt to cope with conflict or stress. Situational couple violence occurs in response to a specific event or stressor rather than a result of a general pattern of domination and oppression. Johnson and colleagues conceptualize this type of violence within family conflict theory in which some individuals view violence as an acceptable form of conflict resolution under certain circumstances.

Johnson and colleagues have found that, relative to victims of intimate terrorists, victims of situational couple violence report a lower frequency and severity of IPV victimization, as well as lower likelihood of violence escalation. In addition, victims of situational couple violence are less likely than victims of intimate terrorism to be injured from IPV, to experience symptoms of posttraumatic stress disorder, to miss work, to seek formal help, and to use certain types of drugs (e.g., pain killers and tranquilizers).

This typology has direct implications for the treatment of IPV. For example, whereas couples counseling might be dangerous and contraindicated for those experiencing intimate terrorism, it might be appropriate for some couples experiencing situational couple violence. However, as with any classification system, the reliability and validity of this typology should be firmly established prior to making assumptions about therapy applications. This caution may be particularly relevant because researchers have hypothesized and found support for a different set of subtypes of offenders and in particular there is evidence that there are likely more than two subtypes of partner violence perpetrators.

Gregory L. Stuart and Jeff R. Temple

See also Expressive Violence; Instrumental Violence; Intimate Terrorism

Further Readings

Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, *116*, 476–497.

Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, *57*, 283–294.

Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues*, *26*, 322–349.

Leone, J. M., Johnson, M. P., Cohan, C. L., & Lloyd, S. E. (2004). Consequences of male partner violence for low-income minority women. *Journal of Marriage and Family*, *66*, 472–490.

Stuart, R. B. (2005). Treatment for partner abuse: Time for a paradigm shift. *Professional Psychology: Research and Practice*, *36*, 254–263.

Social Cognitive Programs for Violence

Social cognitive programs for violence prevention and treatment emphasize changing the way individuals think about social interactions and interpersonal violence in order to change their behavior. A basic premise of the social cognitive perspective is that interpersonal violence is learned over time and across situations and that part of this learning involves the development of characteristic patterns of thinking that influence aggressive and violent behavior. Research studies have identified several social cognitive correlates of interpersonal violence, resulting in a proliferation of interventions aimed at modifying these social cognitive factors. Indeed, reviews of outcomes of violence prevention and treatment programs have consistently documented

the effectiveness of social cognitive programs (also called cognitive-behavioral interventions to emphasize the connection between cognition and behavior). Most of these programs attempt to influence some aspect of social information processing that affects how a person understands, interprets, and responds to problematic social situations involving interpersonal conflict.

Social information processing involves a series of discrete cognitive steps individuals use to solve social problems. These steps include the following: (a) searching for relevant cues that help understand the nature of the problem (cue search); (b) interpreting the meaning of these cues (cue interpretation); (c) generating alternative solutions to the problem (response generation); (d) considering consequences of different solutions (consequential thinking); and (e) choosing a solution and evaluating its outcomes (enactment). These sequential steps can occur in a controlled fashion when there is sufficient time to think through a social problem and in an automatic fashion when responding becomes habitual. Both controlled and automatic social information processing are influenced by underlying attitudes and beliefs about the self, others, right and wrong, and appropriate or normative responses to specific situations. Social cognitive programs for violence focus either on a specific component of social information processing or on multiple aspects of social cognition and their interconnections. Further, the specific emphasis of a particular social cognitive program varies depending on the clients served and the particular type of interpersonal violence targeted.

Cue Search

In problematic social situations, individuals first need to understand the nature of the problem by searching for information that is relevant for decision making. An important first step in the cue search process is to control impulsive responding, or the tendency to act without thinking, in order to assess the situation more effectively. Social cognitive programs that focus on or incorporate cognitive strategies to control impulsive responding typically train participants to develop, practice, and use self statements ("I need to stop and think") or strategies (taking deep breaths) to calm down. These techniques are particularly important for programs that emphasize anger management for specific types of violence including intimate partner and youth violence.

Cue Interpretation

Once relevant cues have been identified, individuals need to understand the meaning of these cues in order to guide their decision making and action. Research studies have identified a tendency of more aggressive individuals to attribute hostile intent to others (hostile attribution bias), particularly under ambiguous circumstances. Social cognitive programs that focus on changing this hostile attribution bias typically train participants to consider whether they hold a hostile worldview that leads to attribution errors and to gather more information regarding another's intent before assuming hostile motives. For example, children often misinterpret a "look" by another person as motivated by hostile intent when there is a range of other possibilities. Indeed, social cognitive programs that emphasize attribution retraining have been used frequently in youth violence prevention and intervention programs.

Response Generation

Solving social problems also involves thinking of alternate responses and evaluating their acceptability for a given situation. Research studies have found that more aggressive individuals typically generate fewer and more aggressive solutions when confronted with social problems. As such, many social cognitive programs train participants to generate multiple solution options that include nonaggressive responses. However, individuals also vary on the extent to which they believe that certain responses are appropriate or acceptable. These beliefs may facilitate or interfere with response generation. For example, if a parent holds a strong belief that it is wrong to hit a child under any circumstances, it is unlikely that he or she will generate aggressive solutions to problematic social situations involving children. For this reason, social cognitive programs frequently try to challenge pro-aggressive normative beliefs and to foster the development of antiviolence beliefs.

Consequential Thinking

Prior to selecting a response to social conflict, it is also important to consider the consequences of different potential solutions. Research studies have found that more aggressive individuals generate fewer consequences and are less likely to consider potentially detrimental and long-term consequences of aggressive

and violent solutions. This tendency is particularly problematic for children and adolescents who tend to focus on immediate rather than future outcomes of decision making, in part due to immature brain development. Social cognitive programs train participants to consider multiple consequences and to evaluate those consequences from different perspectives. Because interpersonal violence has a negative consequence for others, some social cognitive programs emphasize moral development and moral reasoning, focusing on the moral consequences of transgressions that harm others.

Enactment

The decision to enact a particular solution results from previous information-processing steps in conjunction with beliefs about one's ability or self-efficacy to carry out a selected response. For instance, if a parent who is angered by a rebellious child thinks that putting the child in time-out is a good solution with positive consequences, the parent must also believe that he or she is capable of sending the child to time-out and withstanding the child's cries and screams for a set time period. Social cognitive programs emphasize assessment of individual competencies or self-efficacy in the selection and enactment of social problem-solving strategies.

Nancy G. Guerra and Jennifer K. Williams

See also Anger Management; Intimate Partner Violence; Prevention Programs, Interpersonal Violence; Social Learning Theory

Further Readings

Tolan, P., & Guerra, N. (1994). *What works in reducing youth violence*. Boulder: University of Colorado, Center for the Study and Prevention of Violence.

Socialization

Socialization is the process by which a society's culture—its values and norms—is taught and learned and human personalities are developed. Personality is a set of behavioral and emotional characteristics that describe one's reactions to various situations or events. Although some aspects of the personality are present at birth, environmental factors also shape and influence personality development. Genetics undoubtedly plays a critical role in laying the foundation of an individual personality, but the extent to which any of the traits or talents that make up that personality—for example, competitiveness, assertiveness, shyness—are expressed has much to do with the environment in which the individual lives. Although socialization begins at birth and one of the most important agents of socialization is the family, socialization is a process that continues throughout life. What one learns may vary at different stages of the lifespan, but one continues to learn and respond to the values and norms of one's culture until the end of life. Moreover, theorists of socialization maintain that regardless of the individual's age, the learning or socialization process is the same.

In applying the concept of socialization to interpersonal violence, one may say most simply that violent behavior is learned, and it is learned much the same way other behaviors are learned—that is, through interaction with others. More specifically, individuals who behave violently have had contact with other people who also behave violently and who have ready justifications for their violence in particular situations. This contact may be direct (e.g., the learner personally knows the model, or socializer, and witnesses the model's violent behavior) or it may be indirect (e.g., the learner is exposed to the model's violent behavior through the media, such as a newscast, a film, or a television program). In any event, the behavior is perceived as desirable or justified given the specific situation, and it results in a reward for the model (e.g., the model achieves a desired outcome or avoids an undesired outcome), which serves to reinforce the use of violence in similar future situations.

Criminologist Ronald Akers uses the example of rape to illustrate the basic principles of this theory. Akers points out that an individual who spends most of his time with people (e.g., family members, peers) who are sexually conforming, who do not engage in violence themselves, and who condemn such behavior, is unlikely to commit rape. However, if an individual spends most of his time with people who have themselves sexually coerced others and who accept or approve of such behavior, that individual is likely to behave similarly—that is, commit rape—if the opportunity arises. The more rewards the individual receives for the behavior (e.g., sexual gratification, control of women, approval of friends), the more likely he will

commit another rape under similar circumstances in the future. The attitudes and beliefs that support and reinforce the behavior may come from personal associates, but they may also come from less personal, cultural sources (e.g., rape myths prevalent in the society's culture that excuse or justify rape or that neutralize the deviant or criminal nature of the behavior).

The notion that violent behavior is learned through socialization has received considerable support in empirical research. Of course, one important implication of this research is that if violent behavior is learned, nonviolent behavior can also be learned. Nonviolent models are needed for nonviolent socialization, and individual as well as cultural attitudes and beliefs that condemn violence must replace those attitudes and beliefs supportive or accepting of violence. However, this perspective of violent behavior has also been criticized for depicting learners as passive recipients of socialization messages who unquestioningly model whoever they see around them. Socialization is not a unilateral process by which learners are shaped and molded by the models in their environment. There is considerable evidence that individuals actively seek out and evaluate the behavior of models and the information in their social environment. Furthermore, changes in socialization practices are not likely to be effective without simultaneous changes in social structure that promote equality and human rights and that devalue or condemn violence and a "might-makes-right" culture.

Claire M. Renzetti

See also Rape Culture; Social Learning Theory

Further Readings

Akers, R. L., & Silverman, A. L. (2004). Toward a social learning model of violence and terrorism. In M. A. Zahn, H. H. Brownstein, & S. L. Jackson (Eds.), *Violence: From theory to research*. Cincinnati, OH: LexisNexis.

Barak, G. (2003). *Violence and nonviolence: Pathways to understanding*. Thousand Oaks, CA: Sage.

Social Learning Theory

Aggression and violence have been key concepts in the study of human behavior. Although the definition of aggression varies among authorities, definitions are generally divided into three different schools of thought. These schools form a continuum along which at one end violence is seen as innate psychic energy and at the other end, it is seen as a reaction to one or more external stimuli. Both of these schools of thought take a deterministic approach in explaining aggression and violence. One is biological determinism (human inborn or innate tendencies) and the other is cultural-environment determinism (forces external to individuals or stimuli-response). In other words, schools on one end of the continuum with Freud as the leader believe violence is a psychological drive in human nature, or what Freud called Thanatos (human innate death and destruction instinct). For Freud, nothing is important except the individual's brain activities in general and the unconscious portion of the brain in particular. What stops an individual from aggression and violence is catharsis. Freud believed that watching or engaging in display of anger diminishes the aggressive and violence drives in human beings—that is, it has a cathartic effect.

At the other end of continuum, the chief proponent is Skinner, who took the position that the human brain is not much more complex than that of lower animals and essentially has nothing to do with human behavior. In this case, an external stimulus such as frustration is seen as a major cause of violence and aggressive behavior. Skinner argued that good and bad behavior are both learned the same way: through external stimuli and individual response (S→R).

The social learning theory of aggression and violent behavior may be placed in the middle of the same continuum. Social learning theory closes the gap between the two previously discussed schools of thought. Social learning theory, whose major proponent was Bandura, argues that an act of violence in human behavior is neither innate nor based on stimulus and response. He believed that human beings have a tendency to think about and analyze their own reactions to cultural and environmental stimuli. For the social learning theorist, personality is the totality of thinking, feeling, and behaving that is all learned through imitation. Individuals can learn a behavior by simply watching a model. Individuals who are observing certain behaviors that are exhibited by others can be affected and learn from the consequences paid for the behavior. According to social learning theory, this is called *vicarious learning*. Individuals learn behaviors by just watching or observing others engaged in

them. Therefore, for social learning theory, the relationship is expressed as external stimuli (S), individual observation (O), and then the individual response (R), or S→O→R.

Social Learning Theory and Family Violence

With regard to family violence, social learning theory states that people model behavior to which they were exposed to as children. Violence is learned through observing role models such as parents, siblings, or significant others in the family. Violent behavior is reinforced throughout childhood and continued in the adult lives of individuals as a coping mechanism for dealing with everyday stress. Children observe violence as well as emotional triggers for violence and the circumstances and consequences of violence. Whether the observed behavior is learned or not depends on both the observed consequences of the behavior and the expected outcome of using the behavior. Social learning theory states that children who grow up in violent environments use violence because they have observed more functionally positive than negative consequences of the observed behavior (e.g., an overpowered mother became submissive to the father's wishes). As a result, they have formed a positive outcome expectation for such behavior. If a child observes more negative consequences for the violent behavior, then the child will not engage in the violent behavior. Moreover, generally speaking, children who grow up in families who do not have constructive strategies and who witness their family handling frustration with anger and aggression display the same behavior when they encounter the same situation. Of course, the same observed behavior may produce different consequences for different members of the same group as was mentioned above.

Additionally, children who are exposed to violence in their family of origin develop more tolerance for violent behavior and consider violence as the ultimate resource when a situation is perceived as calling for it. There are numerous studies that have found evidence for a multigenerational cycle of violence in which violent behavior in certain circumstances gets passed on from one generation to another through vicarious learning or being directly or indirectly subjected to the violent act in the family of origin. These children grow up to become more physically abusive toward their own children and their own spouses. These children can learn to be perpetrators as well as victims of violence. Furthermore, there are a number of studies suggesting that individuals do not just randomly select their intimate partners or friends. Individuals select partners and friends with whom they can be comfortable and who can meet their expectations. Therefore, if one is used to violence and sees violence as an ultimate resource to deal with anger, one may be more inclined to seek a partner whom one can victimize to fulfill that role.

Amir Abbassi

See also Child Exposure to Violence, in Media; Child Exposure to Violence, in War Zones; Child Exposure to Violence, Role of Schools; Cycle of Violence

Further Readings

Bandura, A. (1978). Social learning theory of aggression. *Journal of Communication*, *28*(3), 12–29.

Foshee, V., Bauman, E., & Linder, F. (1999). Family violence and perpetration of adolescent dating violence: Examining social learning and social control processes. *Journal of Marriage and the Family*, *61*, 331–342.

Mihalic, S., & Elliott, D. (1997). A social learning theory model of marital violence. *Journal of Family Violence*, *12*, 21–47.

Social Support Networks

Broadly defined, the term *social support network* is used throughout the field of interpersonal violence to indicate instances where one person's welfare is dependent upon the nature and extent of positive relationships the person has with others. For example, victims of crime who suffer from physical and emotional stress often rely on the comfort and encouragement of others in order to cope successfully with a loss that has occurred. Similarly, law enforcement officers rely on the assistance of other officers in order to deal with the everyday stress of managing situations of conflict. As a final example, perpetrators of violence frequently are assessed as to whether they have adequate personal contacts to meet treatment and rehabilitation goals. Thus, uses of the term social support network can range from the therapeutic contexts of personally strengthening one who has been weakened by adversity to the everyday care provided by one's peers.

Describing Social Support Networks

Technically defined, a social support network refers to the provision of help offered through one's set of social contacts. Consisting of family, friends, coworkers, neighbors, and anybody else who plays a meaningful role in providing necessary assistance, a social support network is in direct contrast to the more formal support offered through professional medicine, counseling, education, and other traditional helping professions. Indeed, the existence and nature of informal social support networks is often seen as a beneficial adjunct within more formal helping plans. Depending on the purpose, social support networks may be analyzed from the perspective of an individual or independently as a free-standing group. For example, in order to assess an individual victim's chances of coping in the aftermath of a crime, a therapist might attempt to identify those within the victim's social support network who could provide the necessary supports (e.g., financial, emotional, spiritual, mental health) for the resumption of daily functioning. The chance of a positive therapeutic outcome increases with size and skills of the group as well as the interconnectivity among network members. Alternatively, any group of interconnected persons (e.g., police department, office workers) could be analyzed according to how integrated the group is and how likely members are to come to one another's assistance in times of need. Measures of integration usually include assessment of how much contact occurs within the group, the existence of specific relationships within the group (e.g., family, friends), the degree of reciprocal exchange among members, and the strength of the ties (ranging from voluntary to intimate) between members.

An Ecological Context for Social Support Networks

Social support networks are best understood within an ecological context. For children and adults, the immediate and extended family represent the first instances of available social support and often are the most important means to facilitate daily life. The physical proximity of peer groups as well as participation in social institutions such as schools, workplaces, churches, and voluntary associations additionally impacts the creation of social support networks. Finally, the culture in which one resides provides expectations of both providing and receiving social support. For example, some cultures place a high value on self-sufficiency, whereas other cultures more highly prize reciprocal caregiving. Ecological contexts that provide numerous opportunities for people to connect in meaningful ways with one another are more likely to produce viable social support networks.

Measurement of Social Support

The study of social support is often inclusive within the study of social support networks. Because social support is a construct that is studied by many disciplines, there is no consensus on a universal definition or measurement. In examining how social support has been studied across disciplines, the instruments used to measure social support generally fall into one of two categories: those that measure structure and those that measure function. Structural measures of social support assess the number and nature of social connections one has to others. For example, structural measures of social support might assess how many friends one has, the strength of the friendships, and the contexts from which those friendships arise (e.g., workplace, neighborhood, voluntary association). In contrast, functional measures of social support assess the purpose served by the social relationship. For example, functional measures of social support might focus on the different types of support (e.g., emotional, mental health, spiritual) available. Combining structural and functional measures of social support provides the most comprehensive picture of personal support available from one's ties to others.

Perceived and Received Social Support

Within the academic study of social support, a good deal of research has focused on the distinction between perceived social support and received social support. Perceived social support refers to subjective perceptions regarding the availability of support. Not surprisingly, the operational definition of perceived social support varies across studies and has been influenced by the context in which the subject has been assessed. In contrast to the assessment of perceived social support, there has been some uniformity in the measure of received social support. Received social support refers to a measure of the specific supportive behaviors that have been personally received. A commonly used instrument to measure received

social support is the Inventory of Socially Supportive Behaviors, a 40-item survey that measures the nature of support received from natural helpers (e.g., family and friends). How perceived and received social support interact with one another is unclear, and the exact nature of the relationship between the two concepts has yet to be determined.

Mark Small

See also Collective Efficacy; Victims' Rights Movement

Further Readings

Barrera, M., Sandler, I., & Ramsay, T. (1981). Preliminary development of a scale of social support: Studies on college students. *American Journal of Community Psychology*, *9*, 435–447.

Uchino, B. N. (2004). *Social support and physical health: Understanding the consequences of relationships.* New Haven, CT: Yale University Press.

Whittaker, J. K., & Garbarino, J. (Eds.). (1983). *Social support networks: Informal helping in the human services*. New York: Aldine.

Socioeconomic Status, Offending and Victimization by Class

Although many acts of violence are random events, there is a certain amount of patterning involved in who commits and who is victimized by violent crime. In particular, one of the stable findings of studies of violent behavior is that offending and victimization vary by class. Specifically, lower-class people are more likely to be violent offenders and also to be victims of violence compared to their middle- and upper-class counterparts. It is important to acknowledge this stable research finding and investigate some of the explanations that have been given for the disproportionate distribution of violence among social class groups.

The differential rate of violent offending and victimization among socioeconomic groups can be seen in victimization and offending data sets. Official data on victimization in the United States come from the National Crime Victimization Survey (NCVS). For example, the 2004 NCVS illustrates that persons in households with an annual income under $7,500 were robbed at a significantly higher rate and experience higher rates of assault than persons in households with higher income levels. Additionally, arrest and incarceration data illustrate that lower-class males are the most likely group to be arrested and convicted of violent crimes. However, it is important to point out that official arrest and incarceration data do not capture the full extent of who offends, only who is caught and convicted. A further limitation of the official data is that there is no definitive measure of social class available in the Uniform Crime Reports produced annually by the Federal Bureau of Investigation (FBI). Despite these limitations, the overall picture that emerges from official data sources is that violent offending and victimization do vary by socioeconomic status.

So why is violence more prevalent among the lower class? There are two main types of explanation that are often called *types of people* and *types of places* explanations. In the first instance, the types of people explanation holds that there is something about people from lower-class groups that makes violent offending and victimization more likely. For example, the idea of a subculture of violence holds that cultural norms and values among lower-class people call for the use of violence in certain social situations, and violence is thus normative for people socialized into this culture. A second account of the relationship between social class and violence holds that the prevalence of violence has less to do with people and more to do with place. For instance, research shows that crime generally, and violent crime specifically, tends to occur more in areas of concentrated disadvantage, and this relationship holds true regardless of who actually lives there. Violence is more likely then in places that are disadvantaged because of deprivations, the lack of adequate social controls, or the low levels of collective efficacy rather than because of individual propensities to violent behavior.

Patrick J. Carr

See also Collective Efficacy; Incidence; National Crime Victimization Survey; Prevalence; Subcultures of Violence; Uniform Crime Reports

Further Readings

Krivo, L., & Peterson, R. (1996). Extremely disadvantaged neighborhoods and urban crime. *Social Forces*, *75*, 619–650.

Sampson, R. J., Raudenbush, S., & Earls, F. J. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, *277*, 918–924.

U.S. Department of Justice. (2004). *National Crime Victimization Survey*. Washington, DC: Bureau of Justice Statistics.

Wolfgang, M., & Ferracutti, F. (1967). *The subculture of violence: Towards an integrated theory in criminology.* New York: Tavistock.

Sororicide

See Family Homicides

Spirituality and Family Therapy

Spirituality, like culture or ethnicity, involves streams of experience that flow through all aspects of life from family heritage to personal belief systems, practices, and faith communities. They influence ways of dealing with adversity, the experience of pain and suffering, and the meaning of symptoms, their causes, and future course. They also influence how people communicate about their pain, their attitudes toward helpers (e.g., clergy, physicians, therapists, faith healers), and their preferred pathways in coping and recovery. Some seek help for particular spiritual concerns; others suffer a spiritual void. Many who have physical, emotional, or interpersonal problems are also in spiritual distress. Mental health and health care providers are increasingly including the spiritual dimension in clinical assessment and treatment.

Increasingly, a family systems approach with individuals, couples, and families in distress addresses the interaction of biological, psychological, social, and spiritual influences. Family therapists attend to the spiritual dimension, both as a source of understanding suffering and as a potential resource for healing and resilience.

Religion and Spirituality

Most Americans find spiritual meaning and connection through religion—a particular faith tradition with organized, institutionalized beliefs, practices, and rituals. Involvement in a faith community offers pastoral guidance and congregational support in times of need. In all religions, the family is central in rites marking birth, entry into the adult community, marriage, and death. Spirituality can be experienced within and/or outside formal religious structures. It involves an active investment in internal values yielding a deep sense of meaning, wholeness, harmony, and connectedness within oneself and with others. Often people who do not consider themselves to be religious are deeply spiritual, leading ethical lives. Many find spiritual nourishment through nature, the arts, and service to others. For many, humanitarian values inspire dedication to help those in need or to alleviate injustice.

A value system provides a moral compass to guide actions and ethical relationships. It transcends the limits of one's experience, enabling people to view their own painful situation from a broader perspective that fosters meaning, purpose, and hope. Without this larger view, individuals are more vulnerable to suffering and despair.

Most Americans (85%) say religion or spirituality is important in their lives. One third view it as the most important part of their lives: It fosters closeness with their families, fulfillment in their jobs, and hopefulness about the future. African Americans are the most religious and involved in congregational life. Many immigrants also turn to traditional healing practices. With increasing religious diversity and interfaith marriage, couples and families commonly knit together spiritual beliefs and practices that fit their lives.

Spiritual Sources of Distress

Much suffering seen in mental health settings—for example, depression, addictions, or violence—also involves spiritual issues. An inability to invest life with meaning can block coping and well-being. Harsh, narrow, or judgmental religious convictions may contribute to guilt, shame, or worthlessness and wound the spirit. Patriarchy, sexism, and heterosexism—cultural patterns embedded in most religious traditions—contribute to interpersonal violence. Some misuse religious teachings to sanction subordination and violence toward women and girls. A husband's abusive, demeaning treatment may be rationalized by fundamentalist beliefs that a wife must be submissive. Marriage and family therapists have an ethical responsibility not to condone any abusive behavior that harms a spouse, child, or other family member whether based in family, ethnic, or religious traditions.

If violence is ongoing, the priority is to ensure the protection and safety of vulnerable members. Above all, every religion upholds the core values of respect for others and the dignity and worth of all human beings.

Spiritual Resources for Healing and Resilience

Family therapists are increasingly integrating the spiritual dimension of experience in practice, exploring the meaning and significance of spiritual beliefs and practices, spiritual concerns, and potential spiritual wellsprings for healing and resilience. When spiritual issues are beyond the role or expertise of the clinician, consultation with pastoral counselors and community clergy is valued.

Life crises, trauma, loss, or cumulative stresses can contribute to emotional symptoms, substance abuse, and interpersonal conflict. They can impact family functioning, with ripple effects for all members and their relationships. Resilience is the ability to rebound from crises and overcome prolonged adversity. Belying the American cultural myth of the "rugged individual," resilience is relational: nurtured by family, community, cultural, and spiritual connections. Resilience-oriented family therapy identifies and strengthens resources that enable families to rally, to buffer stress, reduce the risk of long-term dysfunction, and support positive adaptation.

A growing body of research finds that health, healing, and resilience are strengthened by a deep faith that is lived out in daily life, interpersonal relationships, and service to others in need. Medical studies find that faith, prayer, and spiritual rituals can strengthen health and healing by triggering emotions that influence immune and cardiovascular systems. Every spiritual orientation values some form of prayer, meditation, and rituals such as lighting candles or incense. For most, prayer originates in the family and is centered in the home. Prayer may serve varied functions: to connect with God, to express praise and gratitude, to gain perspective, to sustain strength and courage through an ordeal, to find solace and comfort in the face of tragedy, to request help or guidance, or to appeal for a miracle.

Meditation promotes clarity and tranquility, easing tension, pain, and suffering. A contemplative state can facilitate more deliberate action. Shared meditative experiences foster genuine, empathic communication; reduce defensive reactivity; and deepen couple and family bonds. Family therapy draws on meditative practices in integrative healing approaches.

Rituals and ceremonies in every faith tradition connect individuals and families with their communities and guide them in life passage through rites such as communion, baptism, bar/bat mitzvahs, weddings, and funerals. They facilitate difficult transitions, script actions, and comfort the dying and the bereaved. Rituals also transcend a particular struggle, suffering, or tragedy, connecting it with the human condition. Rituals are encouraged in family therapy to mark important milestones, reconnect with a family's heritage, create new patterns, and foster healing from trauma and loss.

Many studies have found that personal faith and involvement in a religious community promote resilience. Those who are deeply spiritual cope better with stress, have fewer alcohol or drug problems, less depression, and lower rates of suicide. What matters most is drawing on the power of faith to find meaning, hope, solace, and comfort.

Resilience involves both active "mastery of the possible" and acceptance of what cannot be changed, akin to the Serenity Prayer in 12-step recovery programs, which can be a valuable adjunct to couple or family therapy. The steps promote a spiritual awakening that prepares family members to practice principles for abstinence, integrity, and greater well-being. Prayer, meditation, and connection with a Higher Power all facilitate reflection, sustain efforts through troubled times, and spark life-altering transformations.

Emerging research in the trauma field finds that spirituality is a significant influence in resilience and posttraumatic growth. Suffering, and often its injustice or senselessness, are spiritual issues. Beyond coping or surviving trauma, loss, or hardship, resilience involves the potential for positive growth that can be forged out of adversity. By tapping spiritual resources for resilience, those who have been struggling can emerge stronger and more resourceful in meeting future challenges. Studies reveal that despite a traumatic childhood and troubled adolescence many are able to turn their lives around in adulthood, drawing on affirming relationships and religious involvement for strength.

A serious crisis can be an epiphany, opening lives to an untapped spiritual dimension, heightening attention to important matters, and sparking reappraisal of life priorities. Many seek help in times of crisis; resilience-oriented family therapy draws on spiritual

resources to support positive change and both personal and relational growth. In the wake of trauma, harm, or injustice, major faith traditions encourage forgiveness instead of holding onto grievances, being bound up in feelings of rage, or preoccupied by thoughts of revenge. Family therapy facilitates the repair of relational wounds and can guide those who seek reconciliation and a journey of forgiveness, drawing on spiritual resources.

Some face adversity beyond their control, such as an irreversible illness. It is crucial not to attribute lack of recovery to insufficient spirituality. Family therapists' conviction of the potential for human resilience is joined with compassion toward all who suffer, believing in the dignity and worth of every human being and supporting all people's search for greater meaning, connection, and fulfillment in their lives.

Froma Walsh

See also Faith-Based Programs; Religion; Sexual Ethics

Further Readings

Koenig, H., McCullough, M. E., & Larson, D. (Eds.). (2001). *Handbook of religion and health*. New York: Oxford University Press.

Walsh, F. (2003). *Spiritual resources in family therapy*. New York: Guilford Press.

Walsh, F. (2006). *Strengthening family resilience* (2nd ed.). New York: Guilford Press.

Walsh, F., & McGoldrick, M. (2004). *Living beyond loss: Death and the family* (2nd ed.). New York: W. W. Norton.

Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery*. Ithaca, NY: Cornell University Press.

Spouse Assault Replication Project

Starting in 1986, the National Institute of Justice sponsored studies employing randomization to compare the effectiveness of different police responses to domestic violence in five cities. The studies—collectively known as the Spouse Assault Replication Project—were conducted in Omaha, Nebraska; Charlotte, North Carolina; Milwaukee, Wisconsin; Metro-Dade (Miami), Florida; and Colorado Springs, Colorado, to help policymakers understand whether police responses would differ in effectiveness in different settings. All of the studies were supposed to test the effects of arrest on recidivism (the relapse into abusive and/or criminal behavior) for misdemeanor domestic violence. The design of the studies varied somewhat in each city, yielding a complex set of data that led many to believe that the effects of arrest were not clear. Studies that combine the data from all of the sites may yield the clearest policy recommendations.

Background

In 1984, Sherman and Berk's Minneapolis Domestic Violence Experiment was widely publicized. It was the first research to employ randomization to compare the effectiveness of different police responses to domestic violence. They found, according to victims' and official reports, that arrest for misdemeanor domestic violence was significantly more effective than other police actions in reducing repeated violence. Many people called for replications of this influential research to determine whether the Minneapolis study's results could be reproduced in other settings because jurisdictions vary widely in both law and actual police behavior in response to domestic violence.

Methods

The five studies were completed from 1986 to 1990. All of them randomly assigned police responses to cases in which there was probable cause for a misdemeanor (a crime with less injury or threat of serious harm than a felony) arrest. Most of the studies excluded cases when the suspect was gone, the victim wanted an arrest, the police thought arrest was necessary to ensure the safety of the victim, or a restraining order or warrant had been issued. They varied in whether the parties involved must have been married or have lived together for some part of the year preceding the incident, in whether both the victim and the abuser had to be present when police came, and in whether the incident had to involve an assault.

In each study, cases were randomly assigned to a variety of responses, including arrest, separation, and mediation. The Omaha study included a substudy on the effects of issuing a warrant for offenders who were absent when the police arrived. In other jurisdictions, police responses included

warnings, advice, issuing emergency protective orders, or issuing a citation for the offender to appear in court. The consequences of arrest varied in terms of length of time the offenders were held in jail, and rates of prosecution of abusers varied between sites from 1% to 35%.

The researchers used data from police reports and victim interviews to determine rates of reoffense. Victim interviews are important because many domestic violence incidents do not result in police reports. However, finding and interviewing victims can be difficult. Only 70% of victims had a first interview within about a month after the incident, and only 63% were interviewed about 6 months later.

Results

A summary of the results suggests that, while arrest sometimes had an initial deterrent effect, the effect often faded by the end of 1 year. In Omaha, Charlotte, and Milwaukee, arrest was not more effective than other options in reducing recidivism by abusers. In Metro-Dade and Colorado Springs, arrest had deterrent effects according to victim data but not according to official arrest reports. In Omaha, issuing a warrant when the offender was absent was a deterrent. There are indications in some of the studies that arrest was a deterrent only for offenders who were employed.

Criticisms

The major criticism of the studies is that they fail to take into account the contexts in which police responses take place, such as the cultural background of the couples or what might have occurred between them before the call to police. Histories of offenders were not analyzed consistently, even though offenders with previous criminal histories might be minimally affected by being arrested again.

The studies also could not measure the effects of police coming to victims' houses during a violent incident. Police arrival interrupts ongoing violence and may give victims time to escape or get in touch with help. Other limitations include the failure to take into account the effects of the different police options used, such as issuing emergency protective orders or giving warnings threatening future arrest.

These studies were not focused on coordinated criminal justice responses to domestic violence because they did not account for differences in jail time after arrest, whether there was a prosecution, or whether offenders were involved in court-ordered batterers' intervention. Although some studies mentioned that police gave out victim information cards, there was no analysis of the types of formal or informal support that the victims received.

Summary Articles

Because there was variation within the methodology and findings of the studies, it has been difficult to draw meaningful overall conclusions regarding the effects of arrest. Researchers who combined all of the cases have performed a very useful service. In 2002, Maxwell, Garner, and Fagan reported on their analysis of 4,032 cases with male perpetrators and female victims from the five studies. They used official data and victim interview data and concluded, based on both sources, that arrest was associated with modest reductions in subsequent offenses.

Future Research

These five replication studies did not show that arrest definitely deters future violence by all types of domestic abusers. However, combining 4,032 cases did show that overall arrest seemed to contribute to reduce rates of domestic violence. Future research should enlarge the context and investigate victims' perspectives on police interventions. Arrest (or failure to arrest) might give a message to victims, the abusers, their children, and the community about society's tolerance for domestic violence.

Arlene N. Weisz

See also Minneapolis Domestic Violence Experiment; Police, Response to Domestic Violence

Further Readings

Maxwell, C. D., Garner, J. H., & Fagan, J. A. (2002). The preventive effects of arrest on intimate partner violence: Research, policy, and theory. *Criminology & Public Policy*, *2*(1), 51–95.

Williams, K. R. (2005). Arrest and intimate partner violence: Toward a more complete application of deterrence theory. *Aggression and Violent Behavior*, *10*, 660–679.

STALKING

Stalking is defined as a set of intentional behaviors that involves the repeated harassment of another person. Out of context these actions may appear nonthreatening, but they cause the victim to feel fear or emotional discomfort. The conduct can be as varied as the stalker's imagination and ability to take actions that harass, frighten, threaten, and/or force himself or herself into the life of the survivor. Some common behaviors include persistent unwanted phone calls; driving by home, work, or school; showing up unexpectedly at places frequented by the victim; manipulative behavior, such as threatening suicide in order to get a response; sending letters, e-mail, instant messages, graffiti, or gifts, either romantic (flowers, jewelry) or bizarre (inappropriate personal items, dead animals, violent or disturbing images); and making threats to the victim or the victim's friends or family.

Stalking was not officially identified before 1990, when legislation was first enacted to address the issue. In 1998, the National Violence Against Women Survey was the first nationwide study of the prevalence of stalking in the United States. This study of 8,000 women and 8,000 men found that 6% of men and 12% of women experienced some kind of stalking victimization in their lifetime that incited a fearful reaction. Prevalence rates among teens and young adults have been found to be much higher than adults, with approximately one third of the former group reporting some stalking victimization.

Defining Stalking

According to many state laws, in order for a behavior to be considered stalking it must be such that it would cause a reasonable person to feel afraid. The victim, therefore, must be able to prove not only that the behavior occurred, but also that it would cause a reasonable person to feel afraid. This latter requirement is often difficult to prove and results in low arrest and prosecution rates.

More recent theoretical definitions have included obsessive intrusions and other unwanted pursuit behaviors. These definitions include harassing behaviors that range from irritating but legal behaviors, such as repeatedly calling or sending letters, to behaviors that meet the criminal definition of stalking, including threats of harm. Stalking and harassment behaviors are placed on a continuum from normal courtship to violent, obsessive behaviors. This harassment typically occurs either when an individual is pursuing a new romantic partner or after the end of a relationship. For this reason, for some, stalking may not be due to a psychiatric disorder, but instead to a skewed perception of what is acceptable behavior.

Studies that use definitions that include obsessive following and harassment find stalking to be even more prevalent than those that use legal definitions. It is estimated that 62% of young adults report being victimized by stalking behaviors after the end of an intimate relationship. Thirteen percent of college women have reported being stalked in the previous month. Other research finds that nearly all young adults (119 of 120 subjects) reported perpetrating at least one unwanted pursuit behavior after experiencing the breakup of a relationship. This indicates that it is likely that the majority of stalking behaviors do not meet the legal definitions.

Research has indicated that most stalking is perpetrated by males against females. However, due to the definitional requirement that the survivor must feel afraid in order for the behavior to be considered stalking, incidents of males being stalked may be underreported. Due to gender role socialization, males may be less likely to feel or report fear. Some research has indicated that when prevalence is measured based on behaviors alone and not reported fear, males are stalked about as frequently as females.

Causes of Stalking

Psychological disorders are the most common explanation of stalking behavior. Three types of stalkers were identified based on psychiatric definitions. One type is *ertomanic* in which the perpetrator has delusions of being loved by the victim, even if he or she does not know or has never spoken to the victim. The *love obsessional* stalker is characterized by fanatic, delusional love of the victim, but not necessarily the belief that love is reciprocated. Finally, the *simple obsessional* stalker is one who has had a previous relationship with the victim. The simple obsessional classification is also referred to as *borderline ertomania* in which the stalker does not have delusions of being loved, but instead acts out of narcissistic rage. Stalking by those with psychiatric disorders are the most highly publicized, but also the least common.

Aside from mental health, the most common explanations focus on attachment in infancy as predisposing

one to engage in stalking behavior. These theories indicate that infants who do not develop a secure attachment to a caregiver will be unable to develop healthy relationships in adulthood. Those with an insecure attachment will be constantly seeking intimacy, but will feel unworthy due to low self-esteem. It has been hypothesized that this need leads to stalking perpetration. This behavior is believed to be reinforced by the intermittent attention received from the survivor.

Some research has indicated that the causes of stalking are quite similar to domestic violence and sexual assault. The perpetrator acts out of a desire to control or harm another individual. Rejection, anger, resentment, and shame may fuel decisions to stalk. In many cases, stalking is part of or occurs at the end of an abusive intimate relationship.

Impact on Survivors

The impact of stalking victimization is similar to other forms of interpersonal violence. Due to the ongoing and unexpected nature of stalking, survivors report high levels of anxiety and posttraumatic stress disorder. In addition, the stalking survivor may experience negative mood or depression, difficulty in developing trust and intimacy, and feelings of self-blame. Although the legal system is an important avenue for intervention with survivors, most cases are never prosecuted because they do not meet the legal definitions or are difficult to prove. Research also indicates that survivors of stalking are underserved by counseling services, particularly those who are stalked by an individual who has not previously been an abusive partner. This lack of service may increase the survivor's feelings of isolation and hopelessness, thus exacerbating the mental health and relational outcomes.

Poco Kernsmith

See also Intimate Partner Violence; Sexual Harassment

Further Readings

Davis, K. E., Frieze, I. H., & Maiuro, R. D. (Eds.). (2001). *Stalking: Perspectives on victims and perpetrators*. New York: Springer.

Morewitz, S. (2003). *Stalking and violence: New patterns of trauma and obsession.* New York: Kluwer Academic/Plenum.

Tjaden, P., & Thoennes, N. (1998). *Stalking in America: Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice and Centers for Disease Control and Prevention.

State Violence

State violence is the use of legitimate governmental authority to cause unnecessary harm and suffering to groups, individuals, and states. State violence stems from the desire of official state actors to reach the organizational goals of a state or governmental agency. The goals may be implicit or explicit and are often related to building or preserving hegemony and control, racial and ethnic exclusivity, imperialism, or facilitating the accumulation of capital or scarce resources such as oil. The most common forms of state violence are human rights violations, crimes against humanity, war crimes, genocide, torture, prisoner abuse, and the oppression of racial, ethnic, gender, religious, or political minorities. These acts are prohibited by several international laws and agreements (e.g., the UN Charter and Universal Declaration of Human Rights, and the Geneva and Genocide Conventions) and some domestic legal codes (e.g., the United States Constitution). The September 11, 2001, attack on the United States is not conceptualized as state violence since Al-Qaida was and is not a legitimate state entity, although the violence was the result of the group's attempt to reach its organizational goals.

State violence in pursuit of organizational goals is both historically and contemporarily ubiquitous. Wars of aggression (i.e., those not fought in self-defense) number in the thousands, have claimed tens of millions of lives, and have resulted in innumerable injuries. State-organized genocides, such as the Nazis' systematic killings of Jews, Gypsies, and homosexuals during World War II ended over 6 million lives in horror. Instances of state violence in the late 20th and early 21st centuries are numerous: Genocide has been documented in the Darfur region of the Sudan, the Republic of Congo, Rwanda, and Albania; violent suppression of dissent has been ordered by governmental officials in Columbia and China; illegal wars have been commenced, such as the Iraqi invasion of Kuwait in 1990, Serbian aggression in the former Yugoslavia, specifically Kosovo, in the 1990s, and the U.S. invasion of Iraq in 2003, all of which were

military actions prosecuted without the legally required UN Security Council approval, as specified in the UN Charter; and thousands of women have been sexually assaulted by military personnel in the process of conquering regions in times of war (e.g., recent conflicts in Afghanistan and the former Yugoslavia). Although violent acts by individuals not in positions of state power are disproportionately discussed in the popular press, governmental crime reports, and in popular cultures, violence by legitimate states and state actors pursuing organizational goals dwarfs the injuries caused by traditional street crimes.

There is considerable debate on whether all forms of state violence are appropriately classified as criminal. One school of thought, the legalistic perspective, considers only those behaviors that violate codified national or international law to constitute criminality. The major competing position, proposed by sociologists and critical criminologists, is that a crime is not only a violation of law, but also an act or omission that is analogous to legally prohibited behavior. From this perspective, violence by a state need not be specifically identified in international or domestic law as a criminal violation but is one that is comparable or that is similarly or more harmful.

Using the latter perspective, known as the social harms approach, state violence is a form of white-collar crime, which is widely misunderstood, even by some scholars, as a nonviolent crime. Although some instances of white-collar crime may be solely economic in nature, such as embezzlement, crimes by individuals performed through their employment or political positions are equally or more likely to result in some form of physical injury, such as when corporations or states pollute air and water in the course of manufacturing nuclear weapons or chemicals. Thus, state violence, along with corporate violence, is one of the major forms of organizational white-collar crime.

An important distinction is made between violence committed for state or state agency organizational interests and violent acts committed by individuals against others who simply happen to occupy positions within a legitimate state. The former is properly regarded as state violence because the motivation for the behavior is rooted in a specified bureaucratic or larger governmental outcome. Crimes committed by those holding positions of state power that are not related to state goals but rather reflect personal or individual interests (e.g., violation of public corruption laws through receiving bribes or kickbacks) are most appropriately labeled political deviance or political white-collar crime.

State violence may be the result of commission, omission, or negligence. States and their agents may act in a violent way, such as engaging in a war of aggression, or they may fail to provide equal protection to their citizens, such as when a group is excluded from services to the point that their well-being is threatened. Both discrete physical acts and overarching governmental policies that amount to negligence can have cumulative effects on victims and their families. In the case of negligence, for instance, the lack of proper police protection, medical services, and access to quality education are correlated with other misfortunes such as unnecessary death and injury, high infant mortality rates, homelessness, and street crime victimization. State indifference on the part of both high- and low-ranking governmental officials to the risks posed to groups living near nuclear weapons manufacturing, testing, and experimental sites, including some in the United States, have resulted in premature death and disease and rendered entire communities and future generations more susceptible to health problems.

Typical victimizers involved in state violence are heads of state, regional political officers, agency or unit directors, and supervisory military personnel. Since state violence is administratively driven, presidents, prime ministers, national security officials, and sometimes lower level state agents (such as the police or local legislators) are the chief actors in the crimes. Typical victims, like those injured most by traditional street crimes, are those with less social, economic, and political power in a given milieu: the poor, the uneducated, women, and racial, religious, or ethnic minorities. State officials are not proportionately drawn from these populations nor are the victims likely to be well represented in powerful positions in government. Not only are individuals in disadvantaged groups more likely to be victimized by state violence, but less powerful and economically undeveloped states in the world (such as Nicaragua, Cuba, Iraq, and the Tibetan region) are also more likely to be victims of state violence than powerful states, such as the five influential states occupying permanent seats on the UN Security Council (China, France, the Russian Federation, the United Kingdom, and the United States).

Criminological and sociological explanations of state violence focus on the coincidence of three variables: motivation, opportunity, and control. State violence, it is theorized, is more likely to occur when states have strong economic or political goals, temporal pressures to achieve these objectives, appropriate human and technological resources, and operate in the absence of external coercive audiences, such as a vigilant press, knowledgeable public, or the threat of negative international legal responses. Scholars have noted that the ability of states and state agents to operate in secrecy, appeal to higher loyalties (e.g., national security or defense), and deny the extent of the victimization are often associated with both the decision to engage in violence and subsequent defenses of the activities.

Theories of controlling, deterring, preventing, or reducing state violence have significant variation. Some scholars believe that international systems of justice, such as the newly created International Criminal Court (ICC), have some preventive potential. Under certain conditions, the ICC has the authority to investigate, initiate prosecution, and punish actors accused of, among other things, crimes against humanity. Although the creation of the ICC in 2002 has been lauded by many as an important step toward a stable international system of justice, the court is treaty-based and thus not universally applicable to all states. Half of the countries in the world have ratified the treaty and belong to the ICC, but many powerful states are not party to the institution, including four of the five countries occupying permanent seats on the UN Security Council. Other theories regarding the control of state violence suggest a variety of responses: international sanctions and oversight, mediation, restorative justice, transparency in state decision making, and strengthening minority or oppositional social and political movement groups. More fundamentally, some scholars contend that the very nature of the world capitalist economic system and the inequalities it produces are responsible for much state violence, and thus basic political and economic structures must be significantly altered or completely changed in order for state violence to seriously diminish in frequency and prevalence.

David Kauzlarich

See also Genocide; Human Rights; Torture; United Nations, International Law/Courts

Further Readings

Cohen, S. (2001). *States of denial: Knowing about atrocities and suffering.* Cambridge, UK: Polity Press.

Friedrichs, D. O. (2007). *Trusted criminals: White collar crime in contemporary society* (3rd ed.). Belmont, CA: Wadsworth.

Kauzlarich, D., & Kramer, R. C. (1998). *Crimes of the American nuclear state: At home and abroad*. Boston: Northeastern University Press.

Kramer, R. C., Michalowski, R. J., & Rothe, D. L. (2005). The supreme international crime: How the U.S. war in Iraq threatens the rule of law. *Social Justice*, *32*, 52–81.

Simon, D. R. (2006). *Elite deviance* (7th ed.). Boston: Allyn & Bacon.

Statutory Rape

Statutory rape is generally defined as nonforced, consensual sexual relations between an adult and an individual who is not old enough legally to consent to the behavior. Statutory rape differs from rape because it is mutually consenting and because of laws that define when an individual is capable of making sexual activity decisions. Although statutory rape has historically and universally been defined as a crime, laws vary tremendously about the definition and reporting requirements. Statutory rape raises important issues related to what is the optimal societal response for child welfare, mental health, and criminal justice professionals.

Laws About Statutory Rape

Statutory rape has been considered a crime since ancient Rome. It was first considered a crime because of concerns about the ability of a minor to make decisions about sexual activity. Mainly it is considered a crime because of an assumed developmental power differential between a minor and an adult who is not related to the minor. However, the laws about statutory rape are complex and diverse. They mostly have to do with the following: (a) at what age can a minor agree to sex (consent), (b) what is an acceptable age difference for sexual relations between a minor and adult, and (c) to what extent is the adult in a position of authority (i.e., teacher, coach) over the child. Although laws first arose from concern about girls

below specified ages having sexual intercourse, most laws now are gender neutral.

The United States has defined the age of consent for a minor to have sex with an adult higher than most of the rest of the world. In most states, a 16-year-old can legally give consent for sex with an adult. Some states also specify that in addition to being under the age of consent, an age difference of at least 2 to 5 years between the youth and adult needs to be present to be considered statutory rape. Generally when a youth is 12 years old and younger, the sexual activity is considered child abuse. In contrast, in half of the jurisdictions in Europe, a 14-year-old can legally give consent for sex with adults.

Cultural Norms

Different cultural norms further complicate society's perception of and response to statutory rape. In some cultures it is completely acceptable for young girls to have sexual relations with older adult men. Sometimes when adults are interested in sexual relations with minors, they give them and even their families gifts and money. This gift is perceived as acceptable and a sign of attention or love. In contrast, in other cultural circles, this same behavior is often described as grooming the victim or seducing a minor by forming a bond with the minor and then introducing a sexual component into the relationship. Another complication is that minors may not view themselves as victims, often saying that they are in love with the adult and therefore do not think a crime has been committed.

Reporting

Unlike child sexual abuse, which historically has a reporting requirement, statutory rape historically has no reporting requirement. Some jurisdictions are moving toward mandatory reporting laws, but reporting of statutory rape tends to be voluntary. Mandatory reporting can cause dilemmas for counselors, who may not believe it is the best way to help a minor by reporting it. Some counselors may not ask the minor's age to avoid mandatory reporting requirements. Voluntary reporting can also cause dilemmas because it is often not clear in which situations it would be best to report. Because of variation in laws on what constitutes statutory rape and variation in reporting requirements, it has generally been underreported.

The most researched type of statutory rape involves an adolescent female and adult male. Overall, a small minority of adolescent females are sexually involved with older men. However, younger girls (13 or 14) are more likely to have an adult male sexual partner than older girls. Also, girls who have first intercourse at a younger age (13 or 14) are more likely to have adult males as sexual partners.

Risky Behaviors

A number of potential risky or negative behaviors are associated with statutory rape. First, unmarried teenagers whose partner is 6 or more years older have a higher pregnancy rate than those whose partner is within 2 years of age. Second, other studies show that adolescent girls who have older partners do not consistently use a condom and are more likely to contract sexually transmitted diseases compared to adolescent girls with similar aged partners. Third, adolescent girls who have older partners have more family disadvantages, such as low socioeconomic status, parents with low educational levels, and worse psychological adjustment, such as drug and alcohol use and low self-esteem as compared to adolescent girls with similar aged sexual partners.

Prosecution of Statutory Rape

Historically, there has not been a strong criminal justice response to statutory rape. Within the past decade, however, this response has changed somewhat and there is an increased interest in prosecuting these types of cases. This interest mostly has stemmed from concern that older adult men account for a large percentage of teenage pregnancy. Although this new interest is not widespread, this concern coupled with (a) increased awareness of adults, such as teachers and coaches, being sexually involved with minors and (b) youths meeting older adults on the Internet have also increased the interest in prosecuting statutory rape. Statutory rape cases are often perceived as difficult to prosecute because sometimes the minor has instigated and actively pursued the sexual activity. However, more research on prosecution is needed.

Future Directions

Limited research has examined the extent to which statutory rape occurs, why adolescents engage in

sexual relations with adults, and why adults engage in illegal sexual relations with adolescents. In addition, more research is needed that explores what would prevent these types of relationships from occurring and that explores what is the most appropriate societal response to statutory rape.

Wendy A. Walsh

See also Date and Acquaintance Rape; Rape/Sexual Assault

Further Readings

Darroch, J. E., Landry, D. J., & Oslak, S. (1999). Age differences between sexual partners in the United States. *Family Planning Perspectives*, *31*(4), 160–167.

Elstein, S. G., & Davis, N. (1997, October). *Sexual relationships between adult males and young teen girls: Exploring the legal and social responses.* Washington, DC: American Bar Association, Center on Children and the Law. Retrieved from http://www.abanet.org/child/statutory rape.pdf

Graupner, H. (2000). Sexual consent: The criminal law in Europe and oversea. *Archives of Sexual Behavior*, *29*(5), 415–461.

Manlove, J., Moore, K., Liechty, J., Ikramullah, E., & Cottingham, S. (2005, September). *Sex between young teens and older individuals: A demographic portrait* (Publication No. 2005-07). Washington, DC: Child Trends.

Mitchell, C. W., & Rogers, R. E. (2003). Rape, statutory rape, and child abuse: Legal distinctions and counselor duties. *Professional School Counseling*, *6*(5), 332–339.

STOP Violence Against Women Formula Grant Program

The STOP (Services, Training, Officers, Prosecutors) Violence Against Women Formula Grant Program was first authorized in the Violence Against Women Act (VAWA) of 1994 and was reauthorized in 2000 and 2005. It is managed by the Office on Violence Against Women of the U.S. Department of Justice. All states, territories, and the District of Columbia are eligible applicants for STOP funds. The act contains a formula for the amounts to be distributed to states and territories.

To be eligible for STOP funds, states and territories must certify that governmental entities pay the full out-of-pocket costs of forensic medical examinations for sexual assault victims. STOP funds may be used to pay for forensic medical examinations.

State and territorial grantees must also certify that judicial policy and practice in the jurisdiction gives domestic violence offenders notice of the requirements of the federal firearms statutes and related federal, state, or local laws related to firearms prohibitions. Grantees must, likewise, certify that no government official may ask or require a sexual assault victim to submit to a polygraph or other truth-telling examination as a condition precedent to investigation of the offense.

Grantees must further certify that their laws, policies, and practices do not require victims of domestic and dating violence, sexual assault, and stalking to pay the costs for filing and prosecution of criminal charges or any costs associated with the filing, issuance, registration or service of a warrant, a protection order or a witness subpoena, and prosecution of the domestic violence offenses.

The STOP match requirement is limited; states or territories that petition for a waiver of match and demonstrate financial need, therefore, will not be required to furnish matching funds. Tribes, territories, and victim service providers are exempt from any match.

States and territories must distribute STOP funds to develop and strengthen law enforcement, prosecution, courts, probation, and victim service initiatives to effectively address and eliminate violence against women, including stalking, dating violence, sexual assault, and domestic violence.

Grantees may make awards to local and tribal governments, courts, and nonprofit victim services programs (the subgrantees) that are engaged in activities within the scope of the STOP program and that focus on the development and implementation of comprehensive, coordinated community responses to promote victim safety and perpetrator accountability. In making grants, each state or territory must allocate 25% of grant funds to law enforcement agencies, 25% to prosecutors, 5% to courts, 30% to victim services, and the balance may be awarded at the discretion of the grantee. At least 10% of the awards for victim services must be targeted to linguistically and culturally specific services offered by community-based organizations.

Subgrantees under STOP must seek to forge collaboration between the criminal and civil justice systems and victim advocacy programs. These community collaboratives must also seek to engage traditionally

underserved constituency groups, faith-based and community organizations, communities of color, Indian tribes, immigrant groups, and those groups and individuals historically marginalized because of linguistic, age, disability, and class barriers. STOP funds may be used to create programs/policy to effectively and consistently respond to domestic violence inflicted by law enforcement.

A corresponding section of VAWA authorizes grants to tribal governments for similar funding to address violence against women of tribal nations.

Barbara J. Hart

See also Crime Victims Compensation Program; Legal System, Advocacy Efforts to Affect, Intimate Partner Violence; Legislation, Intimate Partner Violence; Legislation, Rape/Sexual Assault; Office on Violence Against Women; Prosecutorial Practices, Interpersonal Violence; Prosecutorial Practices, Intimate Partner Violence; Violence Against Women Act

Further Readings

U.S. Department of Justice. (n.d.). *STOP Violence Against Women Formula Grant Program.* Retrieved from http://www.ovw.usdoj.gov/stop_grant_desc.htm

Stress and Violence

Stress is defined as mental, emotional, or physical strain. Stress can derive from various sources. Biological sources such as neurotransmitter imbalances, brain damage, and testosterone can influence overreaction to events and increase an individual's stress levels. Situational cues related to stress include pain and fear. Environmental factors may also play a role in increasing stress, such as conditions of overcrowding, poverty, and a subculture of violence in a neighborhood.

Stress has been linked to violence in multiple respects. An individual's experience of stressful stimuli can influence the individual's propensity toward engaging in aggressive and violent behaviors, even if such behaviors will not alleviate the stressful stimuli. Acts of violence can then become a learned response to future stressful experiences. Reciprocally, the exposure to violence, directly or indirectly, is related to increased levels of stress. For instance, experts have diagnosed posttraumatic stress disorder in people who themselves were victims or witnesses of violence around them, even years after the violent events occurred. The violent offender can also suffer from stressful effects related to his or her use of violence. The offender's use of violence may not be merely for enjoyment, but instead may be seen as necessary to comply with neighborhood norms of peer aggression, protecting one's reputation, or an attempt to gain control.

Mediating factors have also been found in the link between stress and violence. Studies show that the use of alcohol and drugs, for instance, promotes the likelihood an individual engages in violent behaviors. One's use of alcohol and drugs also increases one's risk of being a victim of violence, often because the intoxicating substances reduce one's ability to protect oneself. Another mediating factor is the presence of weapons in a situation, whereby weapons are related to increased stress levels, as well as to the escalation of violence in a situation.

Officials have developed prevention strategies in an attempt to reduce the connection between stress and violence. Some are aimed at ameliorating community characteristics that are associated with negative health and mental health problems. Other programs target the individual level by reinforcing coping skills and improving access to supportive resources involving family, friends, and community organizations.

Melissa Hamilton

See also Alcohol and Violence; Community Violence; Oppression and Violence; Poverty; Subculture of Violence

Further Readings

Flannery, R. B. (2000). *Violence in America: Coping with drugs, distressed families, inadequate schooling, and acts of hate.* New York: Continuum.

Subcultures of Violence

Subcultures of violence are generally characterized by identifiable values, norms, or shared expectations for interaction that dictate the use of violence in some situations. Subcultures are not totally distinct from a broader culture in which they are embedded. Rather,

the subcultural adherents subscribe to many behavioral expectations of the dominant culture and adhere to a subset of norms and values that are not condoned by the broader culture. Among those adhering to the tenets of a subculture of violence, the use of violence in particular situations is not simply tolerated, but expected. This expectation implies that it is a conduct norm, meaning that negative sanctions (such as being ostracized) may occur if violence is not used in a situation in which subcultural norms call for it. Subcultures of violence are said to be maintained by a process of intergenerational transmission and social learning of the relevant norms and values. The two most widely discussed subcultures of violence are the Southern subculture of violence and the Black subculture of violence, both said to be found in America.

Southern Subculture of Violence

The Southern region of the United States, particularly the geographic area encompassing the former Confederate States, is said to harbor a region-specific subculture of violence. The evidence for this is found in the inordinately high rates of murder (compared to the other regions of the country) that have characterized the South from its earliest settlement through the beginning of the 21st century. The ultimate source of this apparent proclivity for murder was contested for many decades. Some have simply argued that the frontier conditions of the rural South and the concomitant absence of formal authority bred a culture of self-reliance and violent retaliation. Others have suggested the legacy of slavery and the routine use of violence this institution required may account for the regional disparity. Scholars have also implicated an ethic of honor that prescribes violence for slights, insults, and direct or even indirect threats to individual or family honor. A body of literature critical of the subcultural perspective argues that the structural conditions long characteristic of the South (i.e., poverty, inequality) are the sources of the regional disparity. This countervailing perspective argues that accounting for these features essentially explains the regional difference. All of these explanations, however, have their fair share of skeptics.

The most recent and comprehensive scholarship on the issue takes a long historical view and locates the roots of Southern violence in the Northern British and Celtic fringe region of the British Isles, including the Scottish lowlands and highlands (the borders), and Northern Ireland. This region was long characterized by clan and tribal warfare and a culture valuing boasting and bragging, as well as placing inordinate emphasis on personal honor. Most major analyses of this group emphasize the centrality of violence as part and parcel of the cultural worldview.

The substantial Scots-Irish migration of the middle 18th century (1717–1775) was significantly larger than that of the other major culturally distinct British migrations (Puritans, Quakers, and Royalists) and ultimately left a lasting imprint on American society. The two largest points of entry for the Scots-Irish were Pennsylvania and Virginia. In both places, the North Britons quickly took to the backcountry in the Appalachian mountains and Shenandoah valley and ultimately spread throughout the southern piney woods region. The terrain was well adapted to their herding and pastoralist lifestyle, and the remoteness of the region dovetailed with their independence and distrust of formal government. For nearly 300 years, this region of the United States has remained the most violent in the country and is particularly distinguished by its level of lethal violence, the amount of violence in small towns and rural areas, and the amount of violence committed by Whites. This region was characterized by significant violence well before the Civil War, and for a long time was notable for the degree of violence committed by social elites (e.g., dueling). Some have argued that conservative Protestant Christianity, which prevails throughout the South, may have served to maintain some of the norms and values supporting the use of violence over the centuries by way of its emphasis on hierarchical God images, individual salvation, and retribution.

Black Subculture of Violence

In addition to the regional disparity, urban Black populations have long had inordinately high rates of violence, although recent research reveals a similar disparity in the rural context. The Black experience has led some to suggest the existence of a unique Black subculture of violence, in which a small subset of the Black population adheres to normative expectations that are uncannily similar to those found in the Southern subculture of violence. Although recent empirical research using individual-level survey data finds no support for the notion that Blacks are more tolerant of violence, at least one recent analyst has intriguingly argued that Black violence is a cultural

phenomenon resulting from 200 years of immersion in the Southern culture of violence, and carried out of the South with the great migration in the first half of the 20th century. This hypothesis thus bridges the gap between these two subcultures, which until recently were treated as wholly distinct from one another.

Other Subcultures of Violence

Although these two are the most widely discussed in the academic literature, analysts have advanced that subcultures of violence may exist in other social settings. These include among contemporary street gang members, in prisons and related correctional settings, among the Corsicans of Spain, in isolated communities in Italy, and among participants in organized crime. Although apparently radically different from one another, all of these groups (and more) share the essential features of expecting the use of violence in some situations that members of the broader culture in which they are embedded do not, while simultaneously subscribing to numerous other norms and values that characterize the prevailing culture.

Matthew R. Lee

See also Cultural Defense; Cycle of Violence; Homicides, Criminal; Honor Killing/Crime

Further Readings

Cao, L., Adams, A., & Jensen, V. (1997). A test of the black subculture of violence thesis: A research note. *Criminology, 35*, 367–379.

Ellison, C. G., Burr, J. A., & McCall, P. L. (2003). The enduring puzzle of southern homicide. *Homicide Studies*, *7*, 326–353.

Nisbett, R. E., & Cohen, D. (1996). *Culture of honor*. Boulder, CO: Westview Press.

Sowell, T. (2005). *Black rednecks and White liberals*. San Francisco: Encounter.

Wolfgang, M., & Ferracuti, F. (1982). *The subculture of violence: Towards an integrated theory in criminology.* Beverly Hills, CA: Sage.

Substance Abuse

Substance use is a significant public health problem with an estimated 14 million Americans (approximately 6% of the U.S. population) currently using illicit substances. Marijuana is the most widely used illicit drug in the United States with over 72 million Americans estimated to have tried marijuana at least once; however, 41% of current illicit substance users, or 5.7 million Americans, use illicit drugs other than marijuana. Substance use has been linked to negative physical and mental health outcomes, such as cognitive deficits, paranoid feelings, delirium, depression, and suicide. Substance use has also been associated with psychosocial problems such as employment difficulties and relationship problems. In addition, substance abuse is overrepresented in samples with a history of interpersonal violence.

Theories of the Relationship Between Substance Abuse and Interpersonal Violence

Several theoretical models have been advanced to account for the relationship between substance use and interpersonal violence. For example, the tripartite conceptual framework posited three possible links between substance use and violence. The first stems from psychopharmacological effects of drugs, which may contribute to impairment in cognitive abilities and increased arousal and irrational behavior (e.g., violence). This framework is conceptually similar to the proximal effects model and the psychopharmacological model, both of which suggest that violence results from the acute and chronic effects of intoxication. Physiologic effects of drugs are thought to increase the likelihood of violence by inhibiting anxieties regarding perceived punishment. It has also been hypothesized that drugs may increase sensitivity to pain, resulting in an increased risk of reactive aggression. Additionally, drugs may interact with several neurotransmitter systems, including dopamine, serotonin, and gamma-aminobutyric acid, but the precise interactions are unknown.

The second component of the tripartite framework involves the hypothesis that violence occurs in the context of criminal behavior, such as in the procurement of drugs for economic gain or to support a drug habit (also described as an economic motivation model). The third component suggests that violence occurs within the broader system of substance use (e.g., fights over failing to pay debts) and that violence may be used to uphold rules associated with the drug market. These latter components may also be helpful

in explaining intimate partner violence. For example, trying to obtain drugs (e.g., forcing a partner to obtain drugs) and supporting a drug habit (e.g., stealing money from a partner to pay for drugs, leading to financial difficulties) could place intimate partners at risk for aggression.

Another theoretical model used to explain the relationship between substance use and violence is general deviance theory. This theory hypothesizes that substance use may not cause violence and that violence may not lead to substance use, but rather individuals more apt to be involved in one type of deviant behavior are also at risk for other types of deviant behavior. This theory is consistent with the spurious model, which proposes that violent behavior and substance use are not causally linked but, rather, both are by-products of a common third variable, such as antisocial personality disorder or child abuse victimization. Thus, violence and substance use may be viewed as deviant behaviors within the spectrum of a general deviance syndrome. An advantage of this theory is the emphasis placed on the role of environmental influences in the onset of both behaviors. For example, it is possible that cultural norms may support both violence and substance use as evidence or proof of masculinity, which may inadvertently increase the strength of the relationship between aggression and substance use.

Finally, the biopsychosocial model posits that distal influences (e.g., childhood abuse, family history of substance abuse, norms regarding aggression, psychopathology) in conjunction with proximal factors (e.g., acute intoxication, impulsivity, the milieu of the current situation) increase the risk for violence in the context of conflictual interactions. It has been suggested that distal factors may exert their effects on proximal variables and vice versa, ultimately leading to violence. The biopsychosocial model is a relatively broad model that incorporates components of numerous related theories. The etiology of violence and substance abuse are multifactorial, and no singular theory is likely to explain the relationship between all forms of aggression and substance abuse.

Empirical Data Regarding the Relationship Between Substance Abuse and General Violence

Although most substance use occurs among people who are nonviolent, there is substantial evidence that substance abuse is overrepresented in violent populations and vice versa. For example, one study found that the prevalence of violence in people diagnosed with substance abuse was 16 times that of people with no diagnosis. Similarly, violent individuals typically meet the diagnostic criteria for one or more substance use disorders. In fact, the majority of arrested violent offenders have a history of regular substance use, with many testing positive for an illicit substance following the violent incident. Drug-abusing criminals have been shown to commit more crimes against other people directly, such as robberies and assaults, than nondrug-using criminals.

Much of the research on the association between violence and illicit substance use has grouped all illicit substances together. Thus, relatively little is known about the relationship between violence and specific substances. Although few empirical studies exist and a direct link has yet to be unequivocally established, amphetamine-methamphetamine and cocaine use are frequently implicated as being related to violent behavior. Across multiple studies, 24% to 54% of methamphetamine users reported committing a violent act due to their substance use. Similarly, cocaine users (especially crack cocaine users) often report an increase in anger, irritability, and violent behavior shortly after using. It should be noted that chronic methamphetamine use and high doses of cocaine seem to be especially associated with violence. Marijuana, another commonly studied substance, is generally found to be unrelated or to have a negative relationship to general violence. However, some animal and human studies have revealed an association between small doses of marijuana and aggression.

Empirical Data Regarding the Relationship Between Substance Abuse and Intimate Partner Violence

Substance abuse is strongly related to both perpetration and victimization in intimate partner violence (IPV). One analysis of battered women revealed that, across four studies examining the prevalence of drug abuse or dependence, battered women were over 5 times more likely to report drug abuse or dependence compared to nationally representative samples. Of course, these data do not imply that battered women are to blame for their victimization, but they do suggest that substance use may be a consequence of IPV victimization or that it interferes with the

ability to avoid or escape a dangerous partner. Several studies have documented a strong relationship between illicit drug use and IPV, particularly among male perpetrators, even after controlling for antisocial personality and alcohol use. Reviews of five studies examining the association between men's substance use and male-to-female IPV found moderately large effect sizes, all in the direction of increased drug use being associated with greater risk of IPV.

As with general violence, relatively few studies have been conducted on the relationship between IPV and specific illicit drugs. Research on marijuana use and IPV shows a strong positive association within cross-sectional and longitudinal survey studies among intimate partners. Similarly, the majority of studies on cocaine use and IPV have found a strong positive relationship for perpetration and victimization of IPV in both genders. When examining the temporal relationship between cocaine use and IPV, one researcher found the likelihood of male-to-female IPV to be 3 times greater on a day when the male partner used cocaine compared to a nonuse day, after controlling for antisocial personality and relationship discord. Other studies have shown that combinations of alcohol and drugs, especially cocaine, may be particularly related to IPV.

Gregory L. Stuart, Jeff R. Temple, and Todd M. Moore

See also Alcohol and Violence

Further Readings

Boles, S. M., & Motto, K. (2003). Substance abuse and violence: A review of the literature. *Aggression and Violent Behavior*, *8*, 155–174.

Fals-Stewart, W., Golden, J., & Schumacher, J. A. (2003). Intimate partner violence and substance use: A longitudinal day-to-day examination. *Addictive Behaviors*, *28*, 1555–1574.

Goldstein, P. J. (1995). The drugs/violence nexus: A tripartite conceptual framework. *Drug Issues*, *15*, 493–506.

Harrison, L. D., Erickson, P. G., Adlaf, E., & Freeman, C. (2001). The drugs-violence nexus among American and Canadian youth. *Substance Use & Misuse*, *36*(14), 2065–1086.

Moore, T. M., & Stuart, G. L. (2005). A review of the literatures on marijuana and interpersonal violence. *Aggression and Violent Behavior*, *10*, 171–192.

Swanson, J. W., Holzer, C. E., Ganju, V. K., & Jono, R. T. (1990). Violence and psychiatric disorder in the community: Evidence from the Epidemiologic Catchment Area surveys. *Hospital and Community Psychiatry*, *41*, 761–770.

White, H. R. (1997). Alcohol, illicit drugs, and violence. In D. M. Stoff, J. Breiling, & J. D. Maser (Eds.), *Handbook of antisocial behavior* (pp. 511–523). New York: Wiley.

Suicidal Behaviors, Familial Factors in

Familial factors related to suicide can be categorized as environmental, heritable (genetic), and interactions of the two. Many familial risk and protective factors in suicide are interrelated, and it is difficult to determine whether a trait is directly associated with suicide and what proportion of that trait is heritable. Research in this area is ongoing, and knowledge is evolving rapidly.

Environmental Exposures

Exposures occurring in the family environment during an individual's developmental years have the potential to influence suicidal behaviors in many ways, including the age of onset, number of attempts, and attempt severity. Moreover, adverse childhood exposures increase risk of suicide attempts in adulthood as well as in adolescence. The most studied familial exposures concern family relationships, especially those with parents and parent substitutes. Childrearing styles that are close, nurturing, loving, supportive, and attentive are protective with respect to suicidal behaviors. Conversely, experiencing any type of child maltreatment—neglect, physical abuse, or sexual abuse—increases an individual's risk of suicidal behavior. Further, severity, duration, and number of types of maltreatment each correlate with increasing suicidal risk.

Parental absence—whether through death, divorce, abandonment, out-of-home-placement, or other circumstance—is a prominent suicide risk factor, particularly among adolescents. Related risk factors include parental mental illness, including alcoholism and other substance abuse, which can make parents neglectful, unpredictable, or violent. Finally, children who witness intimate partner violence between their parents are at increased risk of suicidal behaviors, even if they are never themselves assaulted.

Heritable Factors in Suicidal Behavior

Research has demonstrated that a substantial proportion of suicidal behavior is heritable. However, it is difficult to determine whether risk for suicidal behavior is itself heritable or if risk factors associated with suicide account for the family transmission of suicidal behavior. Efforts to identify a particular gene or group of genes that contributes to suicide have focused primarily on neurotransmitters such as serotonin and norepinephrine; so far, no genotype has been directly linked with suicidal behavior.

Many risk factors associated with suicide are partly heritable. For example, mental illnesses such as bipolar and unipolar depression, schizophrenia, and alcoholism are well-known suicide risk factors. All are heritable to some extent. Other factors related to suicide and influenced by heredity include aggression, impulsivity, serotonin availability, intellect, and a tendency toward subclinical levels of substance abuse.

Present evidence indicates that a tendency toward suicidal behavior is influenced by multiple genetic and environmental factors. Many genetic factors are not expressed unless a certain environment is present. An example of this type of interaction between genes and environment in suicidal behavior involves how a person responds to stress. For some people, their response to stress (which is partially heritable) is associated with a significantly greater likelihood of depression and suicidality than others. In this case, the depression and suicidality are said to be the result of a genotype-by-environment interaction.

Lynne Fullerton-Gleason, Michelle Chino, and Lemyra DeBruyn

See also Suicidality: Clusters, Contagion, and Pacts; Suicidality: Demographic Risk and Protective Factors; Suicidality: Nomenclature; Suicidality: Prevention; Suicide, Risk and Protective Factors: Individual Level; Suicide, Risk and Protective Factors: In Research

Further Readings

Balazic, J., & Marusic A. (2005). The completed suicide as interplay of genes and environment. *Forensic Science International*, *147*, S1–S3.

Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the Adverse Childhood Experiences Study. *Journal of the American Medical Association*, *286*, 3089–3096.

Suicidality: Clusters, Contagion, and Pacts

Suicide clusters are generally defined as groups of suicides, suicide attempts, or both that are closer in time and space than normally expected in a given location. Suicide contagion is a related concept whereby susceptible persons are thought to be influenced toward suicidal behavior as a result of knowledge of another person's suicidal act. Suicide pacts describe the suicides of two or more individuals with an agreed-upon plan to die together or separately and closely timed. This entry discusses each of these concepts.

Suicide clusters usually occur among high-risk young people. Clusters primarily refer to a statistical phenomenon and may or may not involve a relationship between victims. There may be no identifiable connection between incidents of suicide within a particular cluster. Some evidence has shown no relationship between suicides in a cluster other than geographic location. Other evidence indicates that the individuals may have known about another's death, although they may not have known the other victim personally. It is also posited that people who are vulnerable to suicide may associate with each other, so the suicide of one may increase the risk for the group. Regardless of the dynamics, suicide clusters can create a crisis atmosphere in the local community. As such, prevention efforts are often focused at the community level. Measures to prevent additional suicides include identification of susceptible individuals, that is, friends of those who have died and persons with previous attempts, and other postvention strategies (i.e., actions taken after a suicide) that help decrease the emotional distress of affected individuals and defuse tension and fear in the impacted community.

There is a great deal of debate as to the validity of suicide contagion. Groups of suicides classified as resulting from contagion are often characterized by either a direct or indirect relationship among victims. Some evidence indicates that exposure to real or fictional accounts of suicide, including media coverage of suicide, intensive reporting of the suicide of a celebrity, or the fictional representation of a suicide in a popular movie or television program is a potential risk factor in prompting contagious suicidal behavior. In addition, there is some evidence that suicide clusters have a contagious influence.

Suicide pacts have usually involved small groups of people such as intimate partners, family members,

or close friends who are generally older and whose motivations may be intensely personal and individual. A new phenomenon is a suicide pact between individuals who meet on the Internet. Reports of Internet-generated suicide pacts have come from the United States and other countries. Although research is greatly needed, Internet-related suicide pacts appear to differ markedly from types of suicide pacts recorded throughout most of history. Known Internet suicide pacts involve young people almost exclusively and tend to be between complete strangers or individuals with platonic friendships.

Michelle Chino, Lemyra DeBruyn, and Lynne Fullerton-Gleason

See also Suicidal Behaviors: Familial Factors in; Suicidality: Demographic Risk and Preventive Factors; Suicidality: Nomenclature; Suicide, Risk and Protective Factors: Individual Level; Suicide, Risk and Protective Factors: In Research

Further Readings

O'Carroll, P. W., & Mercy, J. A. (1990). Responding to community identified suicide clusters: Statistical verification of the cluster is not the primary issue. *American Journal of Epidemiology*, *132*, S196–S202.

Mercy, J. A., Kresnow, M., O'Carroll, P. W., Lee, R. K., Powell, K. E., Potter, L. B., et al. (2001). Is suicide contagious? A study of the relation between exposure to the suicidal behavior of others and nearly lethal suicide attempts. *American Journal of Epidemiology*, *154*, P120–P127.

Suicidality: Demographic Risk and Protective Factors

Each year since 2001, over 30,000 people have died by suicide in the United States. At least 650,000 persons each year receive emergency treatment after attempting suicide. Over a million die by suicide worldwide. Suicide, the taking of one's own life, is the 13th leading cause of death worldwide and 11th in the United States.

In the United States, suicide kills nearly twice as many people each year as homicide. Although suicide is an individual act that occurs in what can appear to be unique circumstances, examining patterns of suicide deaths indicates many risk and protective factors at different levels—demographic, community, familial, and individual. Demographically, suicide completion and attempt patterns vary by age, gender, race-ethnicity, occupation, geography, income, and other factors.

Age, Gender, Ethnicity

Suicide is the third leading cause of death among 10- to 24-year-olds in the United States, despite a decline among 15- to 19-year-olds from 10.71/100,000 in 1992 to 7.26/100,000 in 2003. Youth suicide in the United States is more common among Whites than among African Americans or Latinos. Suicide is the 8th leading cause of death for all U.S. males, but 17th among females. Suicide rates are highest among White males and second highest among American Indian or Alaska Native males. The high rate among White males (20.97/100,000 in 2003) is largely driven by the rate of deaths of those aged 65+ years (33.13/100,000). The highest rates among American Indian or Alaska Native males are between the ages of 24 and 34 (31.71/100,000) and 15 and 24 (27.22/100,000) years. Suicide rates decline substantially in American Indian or Alaskan Native males after age 55 years. Among females, suicide rates increase to age 45 years, then decline. Suicide rates among females across ethnic groups are more similar than are male suicide rate patterns in those same groups. The lowest suicide rates, all ages, are among Asian or Pacific Islanders. The difference in suicide rates between Whites and African Americans, all ages, has decreased in the past 15 years due to an increase among African American males starting in 1986.

Fatal and nonfatal suicidal behavior patterns differ markedly by age, gender, and ethnicity. Males are 4 times more likely to die from suicide than females, while females attempt suicide about 3 times more often than males. A previous suicide attempt has occurred in 25%–30% of completed suicides among youth and is considered a major risk factor, particularly among males. Hispanic youth report high rates of suicide attempts, but have lower suicide completion rates than non-Hispanics.

Marital Status, Household Composition, Sexual Orientation, Incarceration

In general, suicide rates are lower among married persons than among those who are single, divorced, or widowed. However, intimate partner violence, regardless of

marital status, raises suicidal risk. Being married is more protective for males than for females, while the presence of children, particularly young children, is especially protective for females. Sexual orientation appears to be a suicide risk factor for males only. Evidence indicates that gay or bisexual males ages 18–40 are 5–14 times more likely to report a suicide attempt than heterosexual males. Same-sex attraction is associated with suicide attempts among male adolescents; however, the vast majority of youth reporting same-sex sexual orientation report no suicidality at all. Suicide rates for jail inmates are 9 times greater than that of the general population and 15 times higher for incarcerated males. Incarcerated adolescents and adolescents with legal problems exhibit significant risk for suicidal behaviors. Most completed suicides are young White males arrested for nonviolent offenses who are intoxicated when arrested.

Occupation, Education, Unemployment, Income, Religion

Persons employed in certain occupations, such as police, doctors, dentists, and military personnel, have higher suicide rates than others. This increase may in part be due to the accessibility in these occupations to lethal means, such as potentially deadly medications and firearms.

Education may be an independent risk factor for suicide, or it may be associated with suicide because of its correlation with income and employment status. Some studies indicate higher rates of suicide at both ends of the educational spectrum.

Unemployment, especially prolonged unemployment, correlates with suicide risk. Unemployment is also associated with poverty, intimate partner violence, and substance use.

Income has consistently been found to correlate negatively with suicide rates, both at individual and population levels.

Religious involvement, defined as attending church, has been shown to be protective for suicidal behaviors. It is not clear whether the church social network or the belief system is protective, but it is probably a combination of both.

Geographic Patterns, Urban Versus Rural, Mobility

U.S. suicide geographic patterns have persisted for more than a decade. Most of the contiguous western states and Alaska, with the exception of California and Washington, have consistently had the highest suicide rates. No one variable (e.g., higher rates of household firearm ownership, higher proportions of populations living in rural areas) explains the consistently high rates in western states.

Suicide rates are generally higher in rural locations and lower in urban locales. Some evidence indicates these factors may have to do with access to pesticides and guns, and lack of access to Level 1 trauma centers.

Youth and young adult mobility is a potential risk factor for suicidal behavior. A population-based, case-control study of nearly lethal suicide attempts indicated that moving in the past 12 months was positively associated with a nearly lethal suicide attempt as were specific characteristics of the move such as frequency, recentness of move, distance, and difficulty staying in touch.

Global Patterns

Although suicide completions worldwide are usually higher among males than among females and females attempt suicide more than males, there is some variation. China, for example, has had consistently higher rates of completed suicides for females than for males. However, international comparisons of suicide rates must be considered cautiously because of differential surveillance methods.

Suicide pattern variations demonstrate that social norms, trends over time, environmental influences, and surveillance methods must be considered when interpreting demographic risk and protective factors for suicide.

Lemyra DeBruyn, Lynne Fullerton-Gleason, and Michelle Chino

See also Suicidal Behaviors, Familial Factors in; Suicidality: Clusters, Contagion, and Pacts; Suicidality: Nomenclature; Suicidality:Prevention; Suicide, Risk and Protective Factors: Individual Level; Suicide, Risk and Protective Factors: In Research

Further Readings

Centers for Disease Control and Prevention, Department of Health and Human Services. (2006, July 7). Homicides and suicides: National violent death reporting system, United States, 2003–2004. *Morbidity and Mortality Weekly Report*, *55*(26).

Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. (2005). *Web-based injury statistics query and reporting system (WISQARS).* Retrieved July 17, 2006, from http://www.cdc.gov/ncipc/wisqars

Goldsmith, S. K., Pellmar, T. C., & Kleinman, W. E. (Eds.). (2002). *Reducing suicide: A national imperative.* Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide and Board on Neuroscience and Behavioral Health, Institute of Medicine. Washington, DC: National Academies Press.

Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Child and Adolescent Psychiatry*, *42*, 386–405.

Suicidality: Nomenclature

Suicide terminology or nomenclature describes the continuum of behaviors, actions, and events related to suicidal acts. A standard vocabulary and understanding of the distinction between commonly used terms are important to ensure clear communication about a complex topic. Multiple interpretations of suicide-related language can and have resulted in confusion and disagreement among clinicians and researchers. Although efforts are being made to improve the reliability and validity of suicide nomenclature, some common terms, discussed below, offer a framework for understanding the phenomenon.

Suicide ideation is the accepted term for thoughts of suicide without action. Thinking about suicide, however, can range from fleeting thoughts to detailed planning, making the term *ideation* incomplete. Suicidal actions that are unlikely to end in severe injury or death are sometimes called *suicide gestures.* Although gestures are usually considered a plea for help rather than an attempt at death, they should not be taken lightly. A suicide gesture can be an important point of intervention and a chance to possibly prevent future and possibly more lethal attempts. A *suicide attempt* is a suicidal action that is not fatal, while a *completed suicide* results in death. The distinction between attempted and completed suicides is not necessarily related to a person's intentions. There are many factors that can alter the lethality of a suicide attempt. For example, an attempt that is primarily a plea for help may unintentionally end up as a fatality. Actions by someone determined to end his or her life may be thwarted by means that have low lethality or by rescue efforts. For many reasons, the current terminology fails to encompass the specificity and the complexity of the range of suicidal behaviors.

Intentionality is a subjective term that refers to the intended outcome of suicidal behavior and considers the elements of impulsivity, planning, knowledge of the possible outcome, and choice of means. The intended outcome of suicidal behavior may not always be death. Only the attempter can express intent and, without retrospective information, intent can be difficult to establish. For example, many young people who attempt to overdose on acetaminophen do not realize that its toxic effects are often irreversible and fatal, unlike aspirin, which is usually not fatal. Clinicians working with youth who have a history of suicide attempts can gain insight into the intended outcome by exploring intentionality. The suicide nomenclature is further complicated by terms such as *parasuicide* or *deliberate self- harm,* which are sometimes used to include all self-harm behaviors, regardless of whether the intended outcome was death.

As part of assessing intentionality, it is important to distinguish between impulsive suicidal behavior and behavior that is the result of forethought and planning. A number of recent studies have examined impulsive suicidal behavior and found that attempted suicide is often an impetuous decision fueled by drugs and alcohol. Attempters in these studies described impaired thinking with suicidal behaviors driven by anger, loss, hurt, depression, anxiety, and stress, all greatly exacerbated by acute drug and alcohol use. Attempters who had a history of suicidal behaviors often described their problems as long-standing, while the decision to kill themselves was made abruptly. Impulsive suicide attempters were more likely to have a personality disorder, a chaotic home life, difficulties with anger, drug and alcohol use, and a history of childhood abuse than attempters who planned their suicide attempts.

Lethality is an objective term that refers to the level of injury severity resulting from suicidal behavior, and the potential for the selected means and actions to result in death. It has been suggested that lethality of suicide attempts is an adequate proxy for intentionality; however, research indicates that the two are distinct and, further, are measured using different scales. More lethal means, such as the use of firearms, usually result in a higher degree of lethality. However, the lethality of means such as poison varies considerably depending on the type of poison available. In the United States, suicide attempts using poison are

sometimes considered to be of low intent, and typical poisons used in suicide attempts have low fatality rates. Conversely, in rural Asia, highly toxic pesticides are easily accessible, often used in suicide attempts, and highly lethal. In both areas, poisons may be selected as a means to suicide because of their ready availability, but the outcome is very different.

When an attempter's knowledge about lethality is coexistent with access to highly lethal means, risk for death increases. Evidence indicates that a suicide attempter's knowledge of the lethality of his or her method is highly correlated with degree of injury. Intent and lethality become increasingly correlated depending on how well informed the individual is about lethality levels of various means of suicide. Suicide completion–attempt ratios also increase with age, as knowledge of suicidal means and access to more lethal methods of suicide increase. The availability of lethal means (chemicals, firearms) may be more prevalent in certain communities or countries.

Means refers to the use of implements, substances, weapons, or actions as the mechanism of injury or death. The choice of means is strongly correlated with both intent and lethality. The availability of lethal means is an important focus of prevention efforts. Legal, technological, and educational efforts to restrict access to highly lethal means have been successful in reducing the number of deaths resulting from suicide attempts. For example, waiting periods on firearm purchases, mechanical barriers on bridges, detoxification of domestic gas, modifications to automobiles, and prescription drug limitations may provide effective countermeasures.

Michelle Chino, Lynne Fullerton-Gleason, and Lemyra DeBruyn

See also Suicidal Behaviors, Familial Factors in; Suicidality: Clusters, Contagion, and Pacts; Suicidality: Demographic Risk and Protective Factors; Suicidality: Prevention; Suicide, Risk and Protective Factors: Individual Level; Suicide, Risk and Protective Factors: In Research

Further Readings

Beck, A. T., Beck, R., & Kovacs, M. (1975). Classification of suicidal behaviors: I. Quantifying intent and medical lethality. *American Journal of Psychiatry*, *132*, 285–287.

Brown, G. K., Henriques, G. R., Sosdjan, D., & Beck, A. T. (2004). Suicide intent and accurate expectations of lethality: Predictors of medical lethality of suicide attempts. *Journal of Consulting and Clinical Psychology*, *72*, 1170–1174.

O'Carroll, P. W., Berman, A. L., & Maris, R. W., Moscicki, E. K., Tanney, B. L., & Silverman, M. M. (1996). Beyond the Tower of Babel: A nomenclature for suicidology. *Suicide and Life Threatening Behavior*, *26*, 237–252.

Suicidality: Prevention

Suicide prevention is complex and necessary at many levels. One obvious suicide prevention strategy includes supporting healthy childhood environments in which child maltreatment, intimate partner violence, and substance abuse are absent. Suicide prevention demands individual-level prevention and broader public health strategies that reduce the likelihood of suicide before individuals become vulnerable or before vulnerable individuals engage in suicidal behaviors. Current knowledge suggests reaching individuals early when developmental patterns leading to problematic behaviors in youth and psychiatric symptoms can be prevented or changed. Suicide prevention includes surveillance of suicidal acts to determine patterns and intervention points. The best suicide prevention incorporates multiple interventions at different levels because of overlapping of risk and protective factors across many domains of influence.

Clinical Interventions for At-Risk Individuals and Families

The ability of primary care and other health providers to recognize and treat depression, substance abuse, and other mental illnesses associated with suicide risk, often as comorbid conditions, and to make referrals to specialty care when appropriate, all constitute prevention. Reducing stigma associated with suicidal behaviors and supporting help seeking for mental illness, including substance abuse disorders, contribute to reducing suicidal risk. Accessibility to and acceptability of effective clinical care for mental, physical, and substance abuse disorders, and family and community support are protective, as are removing financial barriers and alleviating geographic distance as barriers to clinical interventions.

With the availability of many antidepressants, it is critical to work with a knowledgeable service provider to determine the best medication(s) and most

appropriate levels if a drug regimen is indicated. Suicide prevention contracts are widely used. Their effectiveness may depend on the strength of the therapeutic relationship between clinician and patient. They are likely overvalued and should not be used as the sole treatment for patients with suicidal behaviors.

Means Restriction

Evidence suggests that means restriction has an immediate impact on suicidal behavior. Examples of lethal means (and restrictions) include firearms (not having them in the home, removing them from the home to prevent access for at-risk persons, locking them away, separating the firearm from ammunition); bridges (barriers, particularly on bridges that are symbolic, e.g., the Golden Gate bridge); and potentially deadly medications, for example, acetaminophen (bubble wrap, where only one tablet can be undone at a time). Evidence consistently indicates that firearms are the most common method for suicide completion for all demographic groups in the United States, and are particularly highly used in the 24 and younger age groups. Declines in suicides following means restrictions sometimes occur without means substitution, resulting in reduced suicides, especially in the short term. The impact of such restrictions over longer time periods is not clear. Evidence suggests legislation can be effective in promoting means restriction. Health care professionals should involve families in reducing access to means. Education of health care professionals about means restriction can increase their potential effectiveness in helping reduce suicidality among their patients.

School Prevention Programs

School suicide prevention programs that include longer-term education and clinical referral have shown success in reducing suicidal acts. Components include skills training, gatekeeper training, crisis response plan(s), and screening for youth at risk. One-time assemblies teaching about suicide have not been determined effective; some evidence indicates they may be harmful. Concern has been raised that indiscriminate suicide awareness efforts and overly inclusive screening risk factor lists may promote suicide as a possible solution to ordinary distress or suggest that suicidal thoughts and behaviors are normal responses to stress. Recent evidence from a randomized control trial suggests, however, that no harm came from screening universally in school settings for suicidal risk. Given that youth suicides are often impulsive, screening should take place at regular intervals. Natural or peer helpers have been used in schools with some success since youth often confide in peers before adults. It is critical that peer or natural helpers are backed with knowledgeable adults and clinical support in the school setting.

Community Prevention Programs

Hotlines are used throughout the United States; some evidence indicates that they do not reduce suicide completions, but may have some impact on suicide attempts. The value of hotlines to reduce suicidal risk is limited because they are not used by high percentages of those at risk and successful treatment referral is limited. Gatekeeper training, when included with other integrated suicide prevention programs, has shown some success. Much of the focus on suicide prevention is among youth. Few programs focus on older adults. Those programs that do need to address suicidality complicated with chronic illness, bereavement, and isolation.

In the U.S. Air Force, following the implementation of a multipronged suicide prevention intervention, suicide deaths were reduced by 33% from 1997 to 2002. The program provided easily available and free treatment. In some cases, treatment was mandated. Other efforts focused on institutionalized community-wide training to heighten awareness of suicide risk factors, community-wide education about policy changes regarding availability of resources, and senior officials endorsing radical changes in social norms to decrease stigma around help-seeking behaviors. This program is one of very few that has been extensively evaluated. Continuous evaluation will determine whether the Air Force program maintains success in substantially reducing suicidal acts.

Suicide prevention necessitates ongoing vigilance. Anecdotal evidence indicates that suicidal activity increases when successful programs cease to operate systemically at multiple levels.

Media

Educating media professionals about appropriate reporting of suicides seems to reduce suicidal acts in certain contexts. However, data are limited, calling for evaluation of long-term public education campaigns

and media training to change public knowledge and attitudes toward suicide and reduce suicidal behaviors.

State- and National-Level Suicide Prevention

Comprehensive multilevel integrated state and national suicide prevention strategies that focus on suicide risk factors and barriers to treatment appear to reduce suicidal acts. Evaluation of these programs is challenging due to the many variables at individual and population levels that interact to impact suicide rates.

National strategies for suicide prevention were outlined in 1999, calling for national-level federal and private partnerships, state suicide prevention plans, school and gatekeeper programs, and other promising prevention strategies. Lack of adequate planning and funding for programs and evaluation continue to challenge suicide prevention efforts.

Lemyra DeBruyn, Michelle Chino, and Lynne Fullerton-Gleason

See also Suicidal Behaviors, Familial Factors in; Suicidality: Clusters, Contagion, and Pacts; Suicidality: Demographic Risk and Protective Factors; Suicidality: Nomenclature; Suicide, Risk and Protective Factors: Individual Level; Suicide, Risk and Protective Factors: In Research

Further Readings

Goldsmith, S. K., Pellmar, T. C., & Kleinman, W. E. (Eds.). (2002). *Reducing suicide: A national imperative.* Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide and Board on Neuroscience and Behavioral Health. Institute of Medicine. Washington, DC: National Academies Press.

Gould, M. J., Marrocco, F. A., Kleinman, M., Thomas, J. G., Mostkoff, K., Cote, J., et al. (2005). Evaluating iatrogenic risk of youth suicide screening programs. *Journal of the American Medical Association*, *293*, 1635–1643.

Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Child and Adolesdent Psychiatry*, *42*, 386–405.

Knox, K., Litts, D. A., Talcott, G. W., Feig, J. C., & Caine, E. D. (2003). Risk of suicide and related adverse outcomes after exposure to a suicide prevention program in the U.S. Air Force: A cohort study. *British Medical Journal*, *327*, 1376–1380.

U.S. Public Health Service. (1999). *The Surgeon General's call to action to prevent suicide*. Washington, DC: Author.

Suicide, Risk and Protective Factors: Individual Level

Risk and protective factors related to suicide can be grouped in several ways, one of which is to separate them into individual, interpersonal, and environmental factors. Such distinctions are somewhat artificial, as individual characteristics can be fully understood only as they exist and are expressed in a person's social and physical environment. However, categorizing risk and protective factors this way is useful in identifying potential solutions to the complex causes of suicidal behavior.

The body of research examining suicide risk and protective factors is so large that it is impossible to list all that has been learned, let alone describe how the influence of each characteristic varies for different groups by age, sex, race-ethnicity, and geography. For example, a debilitating physical illness influences suicidal behavior somewhat differently for males than females and for adolescents compared to elderly individuals. Similarly, some risk and protective factors influence fatal and nonfatal suicidal behavior differently, with small differences in the magnitude of their effects. However, the associations identified here are robust for describing overall suicidal behavior.

Although most of the risk factors below are discussed individually, recent research indicates that the number of cumulative risk factors may be a better predictor of suicide risk than the risk factors themselves. This has been shown most convincingly for environmental exposures experienced in childhood, but likely applies to individual risk factors as well.

Mental and Physical Illnesses

Mental illnesses, particularly when two or more coexist, are the most potent risk factors yet identified for suicidal behavior. Depression is the most frequently diagnosed mental illness in both fatal and nonfatal suicide attempts; diagnoses related to alcohol abuse are also common. Duration, relapse/recurrence after treatment, and severity all contribute to suicide risk. A suicide attempt, particularly one of high intent or lethality, is a risk factor for a later completed suicide, with the risk most pronounced in the 6 months following the attempt.

Other factors related to mental illness that influence suicidal behavior include the availability and

accessibility of treatment, and patients' willingness and ability to accept a mental illness diagnosis and adhere to their treatment protocols. From 2001–2003, 59% of persons in the United States with mental illness were not receiving any type of treatment. Of those receiving treatment, 67% were undertreated. Many patients do not take their medications as prescribed or fail to appear for therapy sessions.

Certain types of physical illness are also correlated with suicidal behavior, independent of their influence on mental health. Predominant among these are illnesses and injuries that result in chronic, severe pain or disability. Examples include AIDS, renal disease, coronary artery disease, some types of cancer, back injuries, and traumatic brain injuries.

Values, Temperament, and Other Personal Attributes

Individual values can influence whether or not a person considers suicide. For example, some religions forbid suicide and warn of serious consequences for those who kill themselves. Participation in religious activities has been shown to be protective with respect to suicide, perhaps in part because these activities provide individuals with a community and a support system. Also, cultural (including religious) teachings can influence a person's perspective on the value of human life. Other values that have been shown to be protective factors in suicide are self-esteem (self-value), feeling as though life has a purpose, and feeling useful and valued at home, at work, and in the community.

Research has identified several personal attributes that influence suicidal behavior. Locus of control, interpersonal dependency, problem-solving ability, intellect, and resilience are each associated with suicidal behavior, particularly among youth. People who believe that they are in control of their own lives, and that the things that happen to them occur because of decisions they themselves make, are less likely to attempt suicide than those who feel as though their lives are controlled by forces external to them. Individual attitudes, such as hope and optimism about the future, are also protective. Many of these characteristics can be enhanced with therapy and skills training. Impulsivity and aggressiveness are risk factors for suicide; the magnitude of the risk appears to be higher for youth and young adults than for older individuals.

Behavioral Risk Factors

Use of alcohol and other substances is a well-known risk factor for suicidal behavior. Some substance use is abusive and is serious enough to be diagnosed as a mental illness. However, use of alcohol and other substances can occur outside the realm of mental illness, yet these behaviors remain risk factors for suicidal behavior. Studies have shown that even nicotine consumption, especially heavy cigarette smoking, is associated with suicide death. The mechanisms by which alcohol and other substances contribute to suicidal behavior are not fully understood, but reduced inhibitions and impaired judgment are likely contributors. Numerous studies have examined the role of alcohol in completed suicides, and estimates of the percentage of these deaths that are alcohol-related range from 28% to 79%. Alcohol use prior to suicide is higher for males than females, for young adults than the elderly, and for some racial/ethnic subgroups and geographic locations.

The role of behavioral risk factors has been more thoroughly studied among adolescents than among adults. Multiple years of data are available from the National Longitudinal Study of Adolescent Health, initiated in 1994, and the Youth Risk Behavior Survey Surveillance System, initiated in 1991. Data from these studies have consistently shown that, among teens, risk factors for suicide include early onset of sexual activity, substance use, educational failure, same-sex attraction, and being a victim or perpetrator of violence.

Other behavioral risk factors, such as exaggerated risk taking, may be difficult to discern from suicidal behavior. Examples include games such as Russian roulette, the hanging game, drug overdoses, and dangerous climbing activities. Finally, access to highly lethal means has been shown to be a risk factor in suicide fatalities, particularly among young people. For example, individuals who can easily acquire a firearm are more likely to use a firearm in a suicide attempt than persons for whom firearms are less available, and such attempts are nearly always fatal.

Lynne Fullerton-Gleason, Lemyra DeBruyn, and Michelle Chino

See also Suicidal Behaviors, Familial Factors in; Suicidality: Clusters, Contagion, and Pacts; Suicidality: Demographic Risk and Protective Factors; Suicidality: Nomenclature; Suicidality: Prevention; Suicide, Risk and Protective Factors: In Research

Further Readings

Brezo, J., Paris, J., & Turecki, G. (2006). Personality traits as correlates of suicidal ideation, suicide attempts, and suicide completions: A systematic review. *Acta Psychiatrica Scandinavia*, *113*, 180–206.

Goldsmith, S. K., Pellmar, T. C., & Kleinman, W. E. (Eds.). (2002). *Reducing suicide: A national imperative.* Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide and Board on Neuroscience and Behavioral Health. Institute of Medicine. Washington, DC: National Academies Press.

Wang, P. S., Lane, M., Olfson, M., Pincus, H., Wells, K., & Kessler, R. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*, 629–640.

Suicide, Risk and Protective Factors: In Research

A central focus of suicide research, including suicide prevention, is an understanding of suicide risk and protective factors, as well as a related term *resiliency.* This entry discusses each of these concepts and its relation to suicide research.

A *risk factor* is a characteristic that describes a group of individuals who have a higher likelihood of some undesirable health outcome. Groups of persons with the characteristic have higher rates of the outcome than those without the characteristic. For example, in the context of suicide, clinical depression is a risk factor. This risk factor is interpreted as follows: In a population, all other things being equal, it is likely that the group of people that experiences clinical depression will have higher rates of suicide than the group that does not have clinical depression.

Several things should be noted: (a) Risk factors operate at the group rather than the individual level, so while the group of people with clinical depression will have higher rates of suicide than the group of people who do not have this trait, an individual with depression is not necessarily more likely to be suicidal than an individual who is not depressed. (b) An increased risk does not necessarily translate to a high risk. The majority of people with any risk factor, no matter how potent, will not kill themselves. (c) Risk factors are associated with the outcome, but may not cause the outcome. Clinical depression does not cause suicide. Researchers do not know what causes suicide. (d) Knowledge of risk factors does not allow researchers to predict who will complete suicide.

The term *protective factor* has been defined rather loosely as having the opposite meaning of risk factor. Thus, a protective factor is a characteristic that is associated with a reduced rate of an outcome in groups of people having the trait. This definition is often sufficient, for example, while clinical depression is a risk factor for suicide, good mental health is a protective factor. Most researchers focus on risk factors because these are the characteristics that identify groups for whom preventive interventions may be helpful. More recently, there has been a shift toward designing interventions to increase protective factors rather than reduce risk factors, but the outcome is essentially the same.

The term *resiliency* factor has recently been used as a synonym for protective factor. However, resiliency is better understood as an individual's (or group's) ability to rebound from various adverse circumstances. An individual's resilience is influenced by many factors and appears to be a composite of inherited abilities, experiences, environmental exposures, training, and other factors not yet fully understood.

The purposes of identifying and understanding suicide risk and protective factors are myriad, including (a) to distinguish characteristics associated with suicidal behavior that are amenable to intervention, (b) to identify and target those most in need of preventive interventions, and (c) to contribute to research aimed at identifying the true causes of suicide. These include factors at the individual, interpersonal, and environmental levels; interrelationships between multiple factors; and factors that need to be studied over time.

Lynne Fullerton-Gleason

See also Suicidal Behaviors, Familial Factors in; Suicidality: Clusters, Contagion, and Pacts; Suicidality: Demographic Risk and Protective Factors; Suicidality: Nomenclature; Suicidality: Prevention; Suicide, Risk and Protective Factors: Individual Level

Further Readings

Last, J. (Ed.). (1995). *A dictionary of epidemiology*. New York: Oxford University Press.

Luthar, S. S. (Ed.). (2003). *Resilience and vulnerability: Adaptation in the context of childhood adversities.* New York: Cambridge University Press.

T

Take Back the Night

Take Back the Night refers to rallies, marches, and vigils that have emerged within the United States over the past 30 years as important components of the anti-rape movement. These events are intended as protests against sexual violence and symbolize women's right to be free from rape on the streets and in their own homes.

Although there is some debate about its origins, it is believed that the roots for Take Back the Night can be found in a protest that occurred in England in 1877. A group of women gathered in the streets of London to protest the robberies and violence that they were experiencing at night on the streets. Some argue that the first rally against rape occurred in Germany in 1973 as a response to widespread violent crimes against women.

The first Take Back the Night in the United States occurred in 1978 when approximately 5,000 women from all over the country gathered together in San Francisco. The focus of this event was on women's experiences of rape and testimonies about the effects of pornography. The rally concluded with a candlelight march through the streets.

In the United States, the first Take Back the Night events involved primarily feminist women who were survivors of sexual violence. Speak-outs, where survivors of rape and sexual assault provided testimony about their experiences and the effects of the violence on their lives, were central to the first events and still occur at most Take Back the Nights today. However, there are many different types of events that have occurred since the late 1970s, and this movement has not been without conflict. The role of men in Take Back the Night has been the focus of debate, with some arguing that this event should focus on women's collective experience and the creation of a safe and empowering space for women. However, others argue that both women and men should be involved in working to challenge the rape culture and ending rape. In the mid-1990s the number of Take Back the Night events decreased with the backlash against feminism and the popular media's focus on "rape hype." However, since this time, Take Back the Night events have occurred across the country to raise awareness about the prevalence of rape.

Take Back the Night varies considerably today from college campuses where small groups of women gather to speak out and march with candles to large community events that involve keynote speakers and educational workshops. Regardless of the form that it takes, Take Back the Night continues to symbolize a commitment to empowering survivors of sexual violence and raising awareness about rape and its effects.

Raquel Kennedy Bergen

See also Anti-Rape and Rape Crisis Center Movements; Rape Culture; Rape/Sexual Assault

Further Readings

A History of Take Back the Night. (n.d.). Retrieved from http://www.takebackthenight.org/history.html

Martell, D., & Avitabile, N.E. (1998). Feminist community organizing on a college campus. *Affilia, 13*(4), 393–410.

Nable, E., & Maryland Coalition Against Sexual Assault. (2002, Spring). Take Back the Night: A stop rape movement tradition. *Frontline*, 1, 6–7.

Smith, J. (2000). Take Back the Night: Postmodern theory turns into action. *Off Our Backs, 30*(1), 14–16.

Web Sites

Take Back the Night: http://www.takebackthenight.org

Temporary Assistance for Needy Families Program

The Temporary Assistance for Needy Families (TANF) program is a federal program that provides cash assistance for low-income, single mothers; individual states set income limits and grant award levels. TANF recipients are usually eligible for other federal programs, including food stamps and medical assistance. Past and current domestic violence may affect women's ability to comply with welfare reform provisions made in 1996. In that year, TANF placed a lifetime limit of 60 months for receipt of welfare funds and required that recipients be placed in "work activities" whenever the state determines they are ready to do so or after 24 months of cash benefits, whichever occurs earlier. To avoid federal financial penalties, the law also set state minimum caseload percentages that had to be involved in work activities. Research finds that some women use the work requirement to successfully escape violence, while for others domestic violence prevents them from working and causes them also to lose their welfare benefits, leaving them even more financially dependent upon their abusers.

Between 1995 and 1997, the Chicago-based Center for Impact Research (formerly Taylor Institute) demonstrated for the first time that large numbers of women on welfare were current and past victims of domestic violence. This finding might be because trauma from past violence affects women's abilities to obtain or sustain employment; for them, welfare serves as a financial safety net or enables them in the first place to escape the violence. The partners of many current domestic violence victims, underemployed or unemployed themselves, are threatened by their efforts at education, training, and work, actively sabotaging their efforts at economic independence and forcing them to rely on welfare. Later, formal research samples established consistent percentages of domestic violence in welfare caseloads; about two thirds of women on welfare were found to have been victims of domestic violence in the past and between 20% and 30% were currently victims of domestic violence.

As a result of this research, Senators Paul Wellstone (D-Minnesota) and Patty Murray (D-Washington) successfully amended the proposed TANF legislation with the Family Violence Option. States choosing this option and screening applicants for current or past domestic violence could, without federal financial penalty, temporarily exempt them from work activities and other TANF requirements, such as establishing child support or paternity and the 60-month time limit, if the women could not safely comply due to the effects of domestic violence.

In 2005, the U.S. Government Accountability Office (GAO) found that all but three states had adopted the Family Violence Option or a comparable policy, meaning that most states screen for domestic violence. Because the GAO discovered that data on the number of waivers issued were limited, to date, evaluation of these state efforts has remained impossible. Research studies with TANF caseloads over time have found that the work requirements have encouraged many domestic violence victims to escape the abuse through employment, while others, usually the victims of more current and severe abuse, find it difficult to sustain work over time and will need more support to overcome the effects of violence than they have been receiving.

Jody Raphael

See also Battered Women, Economic Independence of; Poverty

Further Readings

Raphael, J. (2000). *Saving Bernice: Battered women, welfare, and poverty.* Boston: Northeastern University Press.

U.S. Government Accountability Office. (2005). *TANF: State approaches to screening for domestic violence could benefit from HHS guidance* (Report to Congressional Requesters). Washington, DC: Author. Available at http://www.gao.gov

Torture

Article I of the UN Convention Against Torture defines torture as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for the purpose of obtaining information or a confession, as punishment for a behavior or suspected behavior, as a means of intimidation or coercion, or for any reason based on discrimination of any kind.

Integral to the UN definition of torture is the notion of the instrumental infliction of pain and suffering under state authority. Under such a legalistic definition, torture is a means to an end, and if they were not expressly excluded, many state-authorized punishments might be characterized as torture. Indeed, many of the punishments of bygone days, including most forms of corporal punishment and many early methods of execution, are considered torture today.

In its general usage, the term *torture* refers more broadly to the infliction of severe pain and suffering, and the purpose of its infliction may be more expressive (e.g., sadistic) than instrumental.

Uses of Torture

Torture has been used as a means of state repression and control through the ages. It has been used to intimidate enemies, punish wrongdoers and dissidents, extract information, and terrorize. Though at times an end in and of itself, torture frequently came as a prelude to execution, prolonging the process. Burning at the stake, drawing and quartering, and stoning to death were all methods of execution that involved the infliction of prolonged pain and suffering. Often described as a way of increasing the deterrent value of the death penalty, some have argued that additional pain and suffering inflicted on the body of the person subject to execution served principally to attract and excite a sadistic and bloodthirsty mob. Executions, particularly those that incorporated torture and prolonged death, were by many accounts well-attended spectacles.

Although often depicted as the purview of less civilized nations, the use of torture has been documented in countries that routinely decry it as a barbaric practice. The United States, Great Britain, and Israel have been implicated in scandals around the use of torture.

Although individual acts of torture are occasionally exposed and often described as isolated incidents, acts of torture sometimes indicate broad-based, though clandestine, policies. Many of those accused of inflicting the excessive pain and suffering in these "isolated" acts of torture claim to have been acting under orders of superiors and in doing so frequently implicate those at the highest levels of government.

Physical and Psychological Torture

There are almost as many methods of torture as there are conceivable ways of inflicting pain and suffering. Some methods require elaborate devices, while others require little more than crude objects to inflict pain and suffering. Physical torture techniques that involve, for example, mutilation, burning, electric shock, or exposure to extreme conditions might be described as archetypal torture tactics. Physical torture typically leaves remnant scarring and other evidence of the pain and suffering endured.

Psychological torment reaching the level of torture may be practiced as frequently as its more infamous physical counterpart and likely has many of the same short-term and long-term effects. Psychological methods, which leave less visible scars and seem less ominous to those who have never experienced them, may in fact be used more frequently than physical methods, particularly in interrogative environments. Common psychological methods of torture include sensory deprivation or overstimulation, prolonged sleep deprivation, and extended periods of confinement in dark or confined spaces.

Utility of Torture

Where the goal of torture is simply to impose pain and suffering, torture can easily achieve those ends, but where the goal is to elicit information, the utility of torture is debatable. While some argue that under duress people will say anything, others point to cases in which the use of torture has produced actionable intelligence that might have otherwise gone undisclosed. Still others argue that torture is of questionable effectiveness in securing reliable general confessions, but might be more effective in eliciting specific information.

International Law Prohibiting Torture

Regardless of its utility, torture is a tactic that is universally condemned and internationally criminalized.

Torture is explicitly or implicitly prohibited in Article 7 of the International Covenant on Civil and Political Rights (ICCPR), the Third and Fourth Geneva Conventions, and most explicitly addressed in the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (usually referred to simply as the Convention Against Torture, or CAT).

The CAT was initially drafted in 1975, adopted by the UN General Assembly in 1984, and entered into force on June 26, 1987. As of 2004, there were 74 signatories and 136 state parties to the CAT. The United States became a signatory to the CAT in 1988, ratifying the CAT in 1994.

In addition to defining and unconditionally prohibiting torture in all its forms and guises, the CAT established a 10-person Committee Against Torture that meets twice annually in Geneva and is charged with monitoring compliance with the convention. State parties to the CAT must submit an initial report within one year and periodic reports every 4 years to the Committee Against Torture. The ICCPR and CAT each also regard the prohibition against torture as absolute: there are no exceptions and no exigent circumstances that justify the use of torture.

The Third and Fourth Geneva Conventions protect combatants and civilians, respectively, during times of war. Torture is considered a grave breach of the Third and Fourth Geneva Conventions, is classified as a war crime, and can be prosecuted under international law. One hundred ninety-two countries, including the United States, have ratified all four of the Geneva Conventions. Alleged violations of the Geneva Conventions are investigated by the International Committee of the Red Cross.

The United States prohibits the use of torture by its agents through federal and military law as well. Federally, statute 18 U.S.C. § 2340A, prohibits the use of torture under color of law by U.S. personnel operating outside of the United States. The Uniform Code of Military Justice prohibits the use of degrading and inhumane punishment by military personnel. Neither of these prohibitions applies to pain and suffering incidental to lawful punishment.

Natasha A. Frost

See also Police, Use of Violence/Excessive Force; Prison Violence by Corrections Staff; State Violence; United Nations, International Law/Courts; United Nations Conventions and Declarations

Further Readings

Kirk, M. (Producer). (2005, October 18). The torture question (Television series episode). In *Frontline.* Boston: WGBH Educational Foundation.

Mannix, D. P. (2003). *The history of torture.* Gloucestershire, UK: Sutton.

Scott, G. R. (2003). *History of torture throughout the ages.* London: Kegan Paul International.

Spierenburg, P. (1984). *The spectacle of suffering.* Cambridge, UK: Cambridge University Press.

Trafficking, Human

Trafficking in humans is a form of modern day slavery. It is the transportation and exploitation of women, men, and children within or across countries for a variety of purposes. Humans are trafficked by use of force, abduction, fraud, and coercion. Trafficking activities include recruiting individuals, transporting and transferring them from their home country or region to other transshipment points and to destination countries, receiving such trafficked persons, and keeping them in custody or housing them.

Types of Trafficking

Many forms of trafficking exist. Young girls and women are common targets of commercial sexual exploitation. They may be forced into prostitution and other sexual activities such as for the production of pornography. There are accounts of women servicing 30 men a day and children trapped in pornography rings. Others become human containers in the transportation of drugs through forced ingestion of condoms or other containers of illegal substances. Labor servitude is another type of trafficking affecting men, women, and children that can be found in nearly every area of industry. For example, children are used to make clothing, women are transported to become housekeepers and nannies, and trafficked laborers can be found in sweatshops, factories, agricultural fields, and fisheries. Victims may work long hours in unpleasant, unsanitary, or dangerous conditions for low wages, sometimes unable to take breaks or leave the facility. In some instances, debts may be passed on to other family members or even entire villages from generation to generation, creating a constant supply of indentured servants for traffickers. Traffickers use

young boys in combat, forcing them to serve as soldiers or decoys in local, civil, and territorial wars. They are also used in sport, such as for jockeys in the popular, yet dangerous sport of camel racing in some Middle Eastern countries.

Trafficking Statistics

While trafficking is widespread across the world, comprehensive and reliable statistics on the number of persons trafficked are not currently available. Trafficking is, in most countries, a criminal enterprise, and because of secrecy and silence surrounding this activity, it is difficult to determine the number of trafficked victims. In addition, there is a lack of an agreed-upon precise definition of trafficking, and this lack of clarity leads to disparate estimates. Governments, lawmakers, and researchers often disagree on activities to categorize as trafficking. One reason is because it is difficult to distinguish what is considered trafficking and what is voluntary migration. For example, smuggling of individuals who want to migrate illegally is not considered trafficking until the person being smuggled is kept against his or her will and exploited to repay his or her debt.

Furthermore, published estimates focus on different types of trafficking and where it occurs, making it difficult to arrive at precise numbers of trafficking occurrences worldwide. One governmental group may examine trafficked young girls in the sex trade around the world, while a non-governmental organization (NGO) monitors trafficked men, women, and children within a country's textile industry. Trafficking statistics from these two groups will vary in the population, location, and type of trafficking, illustrating the difficulty of establishing a single accurate number of the prevalence of trafficking in humans. Estimates of the amount of people trafficked internationally each year range from 600,000 men, women, and children to 1.2 million children alone. Despite the differences in these numbers, it is undeniable that a huge amount of trafficking in humans occurs around the globe.

Contributing Factors

Although trafficking in humans has occurred throughout history, today it is facilitated by the global economy and relaxation of corporate boundaries. Victims are often poor and aspire to a better life. They may be forced, coerced, deceived, and psychologically manipulated into industrial or agricultural work, marriage, domestic servitude, organ donation, or sexual exploitation. Although victims often come from poorer countries, the market for labor and sex is found in wealthier countries or in countries that, while economically poor, cater to the needs of citizens from wealthy countries, of corporations, or of tourists. The places from which trafficked people originate are referred to as *supply* countries/regions or simply the *supply side*. The destination locations where exploitation occurs are referred to as *demand* countries/regions or simply the *demand side*. There is no single reason for why trafficking occurs; numerous factors contribute to trafficking, including a combination of economic, social, political, and legal contexts.

Economic Contexts

Demand sides are usually more developed and affluent with the needs and the means to attract people from supply sides for labor and sexual servitude. Labor restrictions and limited employment opportunities in supply sides increase the chances that trafficking will occur. While some individuals are trafficked directly for purposes of prostitution or commercial sexual exploitation, other trafficked persons and even those trafficked for legitimate work may become victims of interpersonal violence. Women trafficked for domestic work in wealthy countries or laborers trafficked for construction, logging, factory, or farm work are vulnerable to exploitation by their employers. Individuals trafficked for the purpose of labor are usually unfamiliar with their new location and the language spoken there. They often lack formal education and do not know about the human and legal resources that could help them. For these reasons, individuals are vulnerable to the violence of exploitation.

Social Contexts

The social environment of different countries influences their role as part of the supply side. For instance, the social status of females affects trafficking. In societies where girls and women are not valued or respected there is an increased risk of being taken advantage of or exploited. Women and girls may not have the same rights as men, forcing subservience and reliance on men. Women may also be denied an education or may be forced to drop out of school to work and help support their family, increasing their vulnerability

to trafficking. Children have little or no voice in decisions that affect them in most nations. As a result, they are usually powerless to resist pressures from family and community and to fight against traffickers. In addition, cultural attitudes that tolerate violence, particularly violence against women and children, also contribute to trafficking. Once individuals have been trafficked, they are likely to be socially stigmatized in their home communities as well as in their new locations. This stigmatization is a significant problem for women and children used for prostitution and for those who have become infected with HIV. For these reasons, reintegration of trafficked persons into society becomes difficult or impossible.

Political and Legal Contexts

Conflict, war, political disorganization, and unrest in a country can contribute to trafficking. In newly organized countries emerging from a period of war, new governments may find it difficult to respond to trafficking activities and to combat organized crime or corruption, a difficulty which can spur and maintain trafficking activities, even where laws against these activities have been enacted.

Many countries do not have formal laws explicitly prohibiting trafficking. Some countries with laws prohibiting slavery have modified them to include trafficking. And countries that do have laws against trafficking often find it difficult to capture and prosecute traffickers. Prosecution and punishment of traffickers is complicated if victims and witnesses do not or cannot testify. Victims and witnesses may fear for their lives or receive threats against their families, forcing them to stay quiet and allow their traffickers to walk free. Punishments for traffickers in most jurisdictions are often not severe or certain enough to deter these behaviors. Traffickers often find it easy to return to the business after being released from a short period of incarceration.

There are also few consequences for people who participate in trafficking as clients, particularly those who employ trafficked victims or those who use the services of prostituted women, men, and children. Sex tourism is a booming business, and many men from wealthy nations engage in sexual activities with trafficked individuals by traveling to destinations where women and children are prostituted. Some countries have recently written laws to prevent their citizens from engaging in sexual activities with minors while traveling outside of their own country. These laws try to deter sex tourism, making travelers reconsider their actions because of the consequences. However, enforcement of these laws may prove difficult because of jurisdiction and proof.

Trafficking Methods

Traffickers may be members of organized crime networks or may be locals, friends, or even family members well known to the victim. Trafficking in persons can be an extremely profitable business. It is ranked the third most profitable form of organized crime after drugs and arms trafficking, reaching billions to tens of billions of dollars in profits each year. In addition, traffickers may be involved in other criminal activities—for example, using the vehicles that transport victims and drugs out of a country to transport weapons or other items back in.

Deception may be used to ensnare those unaware of trafficking methods. Someone will approach a victim with a proposition of work in another area, such as being a waitress in a large city, for a fee. The victim, usually in need of employment or money, will accept and automatically accrues debt for the trafficker's service. Families with young children are typically told that there is a good educational opportunity or vocational apprenticeship elsewhere for the child. Once the victim arrives at the destination, passports and other forms of identification are seized by the trafficker and the real type of employment is revealed (e.g., sex work, domestic labor, field or factory labor). Wages are withheld until the contract ends or when the person becomes less profitable (e.g., through sickness or death). Families, relatives, or friends may sell a victim or enter him or her into a contract with traffickers. Other forcible methods, such as physical violence, torture, beatings, sexual violence, or kidnapping are also commonly used to traffic men, women, and children.

Traffickers may use tourist or work visas and thus circumvent regulations to transport people across borders with little difficulty. Then they may force victims to stay illegally. The inability of governments to track traffickers and visas make it difficult to pinpoint who is doing the trafficking and how many people are trafficked into and out of a given area.

Traffickers exert their control over the victims through physical abuse, sexual abuse, verbal abuse, direct threats to the victims, and threats to harm family members if the victims do not cooperate. They

also capitalize on the shame and guilt victims experience after being raped, prostituted, or forced to participate in illicit actions, such as drug smuggling and war crimes. Victims may not want this information made public, giving traffickers further control over them.

Victims may be hurriedly transported from one location to another, contributing to their inability to flee. Confiscation of personal documents (e.g., a passport) by the traffickers further decreases the likelihood of escape. Language barriers and lack of familiarity with the legal system may increase fear and decrease the chances that the victim will escape or successfully seek help.

Consequences for Victims

Women, men, and child victims of trafficking may be physically, mentally, and emotionally injured and often are found to need medical care. There are also many social consequences for survivors, such as a social stigma that traffickers use to their advantage. Families may reject survivors if they are considered "dirty" due to sexual exploitation, if they have failed to provide for the family, or if they have broken a contract. Once freed, women and children seldom have skills that will allow them to find legitimate employment. Some women are impregnated and have newborn children for whom they must provide. Male and female victims may also be deported or face criminal charges themselves if they go to the authorities for help.

Difficulties facing victims of trafficking include the following: isolation in a new country and inability to contact friends and family; lack of language skills in a new country; fear that they or their family members back home will be harmed by the traffickers; mistrust of government officials; fear that they will be arrested, prosecuted, or incarcerated; and mental health problems, including posttraumatic stress disorder, and physical health problems resulting from injuries or illnesses, including HIV/AIDS.

Stopping Trafficking in Humans

Advocates for trafficking victims have called for more attention to this problem from governments across the globe. Both demand and supply countries need to be involved in solutions. Laws directed at traffickers and that treat victims fairly are needed, and where they exist, enforcement is necessary. Victims need support to be able to assist with interdiction and control of trafficking. Special training for law enforcement officers is necessary to ensure that they understand the laws, are able to recognize trafficking situations, and can effectively assist victims.

Survivors also require laws protecting them from deportation and imprisonment. They may face criminal charges for illegally entering the country and participating in prostitution or drug smuggling. Survivors also require protection from their traffickers, especially if they are to cooperate in the prosecution of their traffickers. The United States has created a number of visas for trafficked victims, including T visas for trafficked survivors allowing them to stay in the United States, find employment, and potentially apply for citizenship.

Most important, programs need to provide services in the language of their survivors. A great program will only be effective if the survivor can understand what is offered and be able to use it. Awareness campaigns also need to be able to reach the target audience. Many sites launch Internet or television awareness advertisements that are only effective if they are seen by those who are most at risk. People in rural villages or small towns may not have access to televisions or computers with Internet access.

Currently, there is a variety of organizations that are addressing this problem with different approaches and goals, including governments and NGOs. Governments with the assistance of NGOs have worked on legislation to outlaw trafficking, punish or prosecute traffickers, and provide legal support and visas for victims. Prevention programs may focus on addressing supply and demand issues. Rescue and rehabilitation organizations provide safe space and support for victims. Needed support includes social support, legal assistance, mental health services, and literacy or occupational training in the language of the victims. Research organizations collect data to help better understand the problem, evaluate the impact of new programs and policies, and disseminate findings.

Linda M. Williams and Jennifer M. Ngo

See also Commercial Sexual Exploitation of Children; Mail Order Brides; Posttraumatic Stress Disorder; Prostitution

Further Readings

IOM International Office of Migration. (2002). *Journeys of jeopardy: A review of research on trafficking on women*

and children in Europe (Publication No. 11). Retrieved from http://www.iom.int/documents/publication/en/mrs%5F11%5F2002.pdf

Miller, J. (2005, April). *Testimony before the House Committee on Financial Services Subcommittee on Domestic and International Monetary Policy, Trade, and Technology.* Retrieved May 17, 2005, from http://usinfo.state.gov/gi/Archive/2005/Apr/29-703614.html

UNICEF. (n.d.). *Factsheet: Child trafficking in the Philippines*. Retrieved from http://www.unicef.org/media/files/ipulocaltrafficking.doc

U.S. Department of State. (2005). *Trafficking in persons report*. Washington, DC: Author. Retrieved from http://www.state.gov/g/tip/rls/tiprpt/2005/

Transitional Housing Programs

The term *transitional housing* refers to residence programs developed for battered women and their children where they can live for a period of time until they can obtain permanent housing on their own. Domestic violence shelters and safe houses often limit stays to 30–90 days. Transitional housing programs, with stays averaging 18–24 months, bridge the gap between short-term crisis housing and a longer-term permanent housing solution. Without safe affordable housing alternatives, many domestic violence victims stay with their abusers or return to them after staying at a battered women's shelter.

Housing costs have risen in recent years and now take a larger percentage of household budgets than in the past. Domestic violence survivors leaving shelters are often on public assistance or are employed in low-income jobs. Affordable, decent, and safe housing is usually beyond their grasp for many reasons. Affordable housing may not be located near jobs or public transportation. Women may lack the resources to pay for security and utility deposits. Affordable housing may be substandard and located in unsafe neighborhoods. Battered women may also face discrimination by property owners who prefer not to rent to someone who might attract criminal behavior, such as stalking and violence by the abuser. Because of reductions in federal subsidies for housing, there are often long waiting lists for public and Section 8 housing. The "one strike and you're out" rules of public housing often put battered women in life-threatening dilemmas regarding calling the police for immediate help and possibly losing their housing.

In response to these issues, domestic violence advocates sought to address the housing needs of domestic violence victims in various federal programs. Funding is now available for both the development of transitional housing programs and assistance grants for victims. The Violence Against Women Act also amended public housing rules to eliminate discrimination against victims of domestic violence.

Transitional housing programs may include apartment complexes built by domestic violence organizations or apartment units or houses scattered across the community or can include designated sites in a domestic violence shelter. Many programs provide individual and group counseling and safety planning to residents. Program rules and regulations often bar batterers from the premises, and women must keep the location confidential to protect their safety as well as the other residents.

The benefits of transitional housing programs are that they provide women safe places to stay while they build their economic self-sufficiency and access to support through peer networks and domestic violence advocates. Transitional housing programs also increase a woman's safety by keeping her name off official documents such as rent and utilities, thus shielding her from a batterer who might track her down through utility and telephone records.

Fran S. Danis

See also Safe Houses; Shelters, Battered Women's; Violence Against Women Act

Further Readings

Melbin, A., Sullivan, C. M., & Cain, D. (2003). Transitional supportive housing programs: Battered women's perspectives and recommendations. *Affilia: Journal of Women and Social Work*, *18*(4), 445–460.

Menard, A. (2001). Domestic violence and housing: Key policy and program challenges. *Violence Against Women, 7*(6), 707–720.

Trauma-Focused Therapy

Trauma-focused therapy (TFT) represents an array of therapeutic approaches that concentrate on a patient's traumatic experience with the goal of ameliorating the potentially destructive psychological aftereffects.

Generally speaking, TFT is based on the idea that a life-endangering experience for the patient or a loved one can result in a range of psychological symptoms that tax a person's coping resources and impair his or her ability to adequately function. Indeed, experiencing a traumatic event has been associated with several psychological problems including, but not limited to posttraumatic stress disorder (PTSD), depression, anxiety, hypervigilence, insomnia, and nightmares. From a learning perspective, an initial trauma may condition some people to respond in emotionally maladaptive ways when encountered with memories or situations they associate with that event. This effect often results in the avoidance of situations, environments, or people that may trigger the conditioned response.

Several different clinical approaches fit under the spectrum of TFT. Exposure therapy involves the description and reexperiencing of a traumatic event (i.e., imaginal exposure) and/or exposing the patient to situations that trigger the distressing memories (i.e., in-vivo exposure). Exposure is accomplished by gradually (e.g., using systematic desensitization) or abruptly (e.g., using flooding) introducing anxiety-inducing stimuli until the patient's distressed reactions are diminished. It is generally believed that exposing a patient to feared stimuli while in a relaxed, safe environment will allow the person to fully process the event while not being traumatized. Of note, the above approaches are often paired with cognitive-behavioral techniques, such as cognitive restructuring, stress management, relapse prevention, relaxation training, and coping enhancement. Another form of TFT is eye movement desensitization and reprocessing (EMDR). Primarily based on information processing theory, EMDR involves describing past and current experiences while simultaneously focusing on an external stimulus.

Case Example

The following fictitious case is used to illustrate the general course of TFT. A woman sexually assaulted at night in a parking garage has developed anxiety in a broad spectrum of situations that she has associated with the traumatic event. She fears going out at night, experiences anxiety when she is in enclosed places, and has frequent nightmares. In addition, she has lost interest in sex with her husband. She reports feeling guilty and blames herself for not being more aware of her surroundings and not taking appropriate precautions. In this example, a trauma-focused therapist would likely ask the woman to repeatedly detail the events surrounding the sexual assault until her emotional response decreases. Additionally, the therapist may introduce the patient to feared and avoided stimuli (e.g., going out at night, parking garages) in hopes of reducing her anxiety around these situations and ultimately improving her ability to function. Moreover, by examining and cognitively processing the trauma in a relaxed state, the patient is more likely to recognize faulty or exaggerated perceptions of the event and future danger. For example, cognitive restructuring might be useful to help her reconceptualize the traumatic event and decrease overgeneralization of fear, potentially leading to an improved relationship with her husband.

Efficacy

TFT has generally been found to be an effective method of treatment across a variety of samples (e.g., children, adolescents, adults), modalities (e.g., individual, group), and techniques (e.g., trauma-focused cognitive-behavioral therapy, imaginal exposure, in-vivo exposure, EMDR). Moreover, these therapies have been shown to be beneficial in reducing psychological symptoms resulting from a wide variety of traumas including child abuse, sexual assault, intimate partner violence, wartime trauma, and natural disasters. In several randomized controlled studies, patients receiving variations of TFT were found to have less PTSD and related symptoms as compared to patients receiving supportive therapy, relaxation training, or wait-list controls. Studies comparing TFT to cognitive-behavioral therapy (CBT) techniques that do not include a focus on the traumatic experience generally do not support one technique over the other. For example, in a seminal study of patients with PTSD, one group of researchers reported that while exposure and coping skills enhancement (i.e., stress inoculation training) were both effective in reducing PTSD severity and depression compared to wait-list controls, their relative effectiveness was not significantly different. Combining the two forms of treatment (exposure and stress inoculation training) was no better at reducing symptoms than either treatment alone. Similarly, in a study comparing trauma-focused CBT and skills-focused CBT (with no exposure to traumatic memories), a team of researchers found little overall difference between the two forms of treatment with respect to PTSD, substance abuse, or violence perpetration.

An underlying goal of TFT is the improvement in quality of life following a traumatic event, rather than simply reducing the symptoms associated with the trauma. Consistent with this notion, it has been argued that a major advantage of TFT over other clinical approaches is the beneficial lasting effects on general psychological health. However, additional long-term outcome data are needed prior to making this claim. It should be noted that critics of TFT posit that exposing patients to their traumatic experiences may result in symptom escalation, including increased substance abuse and increased risk of dropping out of therapy. As a result, it is crucial that therapists monitor the safety of their patients and ensure they have adequate coping resources.

Jeff R. Temple and Gregory L. Stuart

See also Abuse-Focused Therapy; Batterers, Treatment Approaches and Effectiveness; Posttraumatic Stress Disorder

Further Readings

Cohen, J. A., Deblinger, E., Mannarino, A., & Steer, R. A. (2004). A multistate, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry, 43,* 393–402.

Foa, E. B., Dancu, C. V., Hembree, E. A., Jaycox, L. H., Meadows, E. A., & Street, G. P. (1999). A comparison of exposure therapy, stress inoculation training, and their combination for reducing posttraumatic stress disorder in female assault victims. *Journal of Consulting and Clinical Psychology, 67,* 194–200.

Foa, E. B., Keane, T. M., & Friedman, M. J. (Eds.). (2000). *Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies.* New York: Guilford.

Marks, I., Lovell, K., Noshirvani, H., Livanou, M., & Thrasher, S. (1998). Treatment of posttraumatic stress disorder by exposure and/or cognitive restructuring. *Archives of General Psychiatry, 55,* 317–325.

Monson, C. M., Rodriguez, B. F., & Warner, R. (2005). Cognitive-behavioral therapy for PTSD in the real world: Do interpersonal relationships make a real difference? *Journal of Clinical Psychology, 61,* 751–761.

Schnurr, P. P., Friedman, M. J., Foy, D. W., Shea, T., Hsieh, F. Y., Lavori, P. W., et al. (2003). Randomized trial of trauma-focused group therapy for posttraumatic stress disorder: Results from a Department of Veterans Affairs Cooperative Study. *Archives of General Psychiatry, 60,* 481–489.

Tarrier, N., Pilgrim, H., Sommerfield, C., Faragher, B., Reynolds, M., Graham, E., et al. (1999). A randomized trial of cognitive therapy and imaginal exposure in the treatment of chronic posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 67,* 13–18.

Tribal Issues

From birth to death, many Native women face a life characterized by violence and poverty. Tribal governments struggle to provide safety and justice for their citizens, including individual Indian women and their children, and this struggle is directly tied to the sovereignty of Indian nations. Sovereignty of Indian tribes is not based on race or culture, but is rooted in the unique historical, political, and legal relationship between tribes and the U.S. government.

Prior to colonization, tribal justice systems and cultural supports were in place to ensure safety and protection for tribal women. The capacity of Indian tribes to care for their citizens was diminished by the imposition of colonial tribal governments. According to the U.S. Department of Justice, 34.1%, more than one in three, Indian women will be raped in their lifetime; 64%, more than 6 in 10, Indian women will be assaulted; and, Indian women are stalked at more than twice the rate of other women. Seventy percent (70%) of violent victimizations experienced by Native women are more likely to be committed by other races, mostly Black and White men. This victimization differs from all other populations of women who are most at risk of being assaulted by members of their own race.

Primary tribal issues in responding to domestic violence and sexual assault include the lack of jurisdiction to respond to crimes committed by non-Indians on trust lands, the lack of authority to impose appropriate sentences in tribal courts, and the lack of resources to build the infrastructure of tribal criminal justice systems and community resources. This entry discusses historical tribal beliefs, the impact of colonization on Native women, contemporary tribal issues, and the future direction of addressing violence against Native women.

Historical Tribal Beliefs and Responses to Violence Against Women

The colonization of Native America disrupted effective social and justice systems of Indian nations. Prior to colonization, Native women were property owners, legislators, diplomats, and policymakers. The oral history and customary practices of tribal kinship networks and Indian nations describe women as full participants in all aspects of tribal life. Teachings about respect for women were brought by feminine, supernatural powers that held women as sacred and counseled the people that women were to be treated accordingly. Among the Lakota, the feminine entity, the White Buffalo Calf Pipe Woman, brought teachings to men, women, and children. Men were taught that women were to be respected, even in thought. The man who was unable to recognize her sacredness was reduced to a pile of bones.

Tribal oral histories describe the balance between the male and female, with feminine power honored and recognized. Tribal worldview was not hierarchal, but was circular. Every nation and all elements had a place and function within the circle. Natural law afforded Native women the safety and protection of their kinship network and tribe.

The governance of tribes was also based on these natural laws and ensured proper behavior of individuals. Although violence against Native women was not unheard of, it was the exception and not the rule. The oral histories of many tribes describe the harsh and severe nature of punishment in the event a husband abused his wife.

Mental self-discipline was highly valued, and those unable to adhere to customary practices of respectful behavior experienced consequences from kinship networks and social societies with the power to physically punish, shun, banish, or even kill an abuser of women.

The Impact of Colonization on Safety and Justice for Native Women

When genocide failed, Indian tribes were geographically isolated in prisoner of war camps where Indians were assigned camp numbers for tracking and annuity purposes. When a military presence was no longer needed, these camps became known as Indian reservations. Indian affairs, originally under the War Department, were transferred to the U.S. Department of the Interior. The U.S. government divided Indian tribes between various Christian denominations. Today, individual Indians are assigned a number that reflects their legal status as a member of an Indian tribe.

The civilizing of Native people became synonymous with Christianizing, and federal government policy was to remove Indian children from their families and place them in residential Christian missions or government boarding schools. This tactic helped to distort or destroy traditional parenting abilities that were predicated on the worldview that children are sacred beings and replace it with experiences of corporal punishment that did not reflect Native American values. Similarly, Indian boys and girls were immersed in an environment that reflected male domination and female subservience.

Mission and boarding school experiences reinforced earlier role modeling of cavalry and government officials. Women were devalued and not allowed to participate in earlier treaty making and negotiations between sovereign tribal governments and a fledgling U.S. government. Treaties between Indian nations and the U.S. government, made in exchange for promises of tribal sovereignty, have not been honored and, in combination with subsequent congressional policy and legal decisions, result today in a lack of protection and safety for Native women.

There is a complex legal history that defines the contemporary political and legal relationship between Indian tribes and the U.S. government. Federal statutes such as the Major Crimes Act, Dawes Act, Indian Reorganization Act, Termination Act, Indian Self-Determination Act, Public Law 83-280, and the Indian Civil Rights Act were enacted to assimilate, terminate, and empower Indian tribes. Numerous Supreme Court decisions such as *Oliphant v. Suquamish Tribe* and *Duro v. Reina* have served to limit the sovereign right of Indian nations and to punish those who commit violations within their territories, including non-Indians. In the case of *Duro v. Reina,* congressional intervention was necessary to restore the sovereign right of Indian tribes to prosecute Indians who are members of a different tribe.

These federal statutes and court decisions are referred to as federal Indian policy. This legislative and legal history has affected Indian tribal governments in caring for their citizens, including protecting Native women.

Contemporary Tribal Issues

Although Indian nations as sovereign are capable of enacting their own laws and creating their own tribal criminal justice institutions, Indian nations do not have criminal jurisdiction over non-Native batterers and rapists. In 2003, there were only 54 convictions for rape of adult Indian women in the federal court system. Alaska, with the highest rate of rape victims in the United States, of whom many are Native women, is not included the federal conviction rate since the state of Alaska is a PL-280 state, meaning the state can exercise jurisdiction. Alaska Native villages often lack the resources and infrastructure to exercise their sovereignty or may feel limited by a federal statute that allows the state to exercise jurisdiction.

When responding to crimes against Indian women, there are many layers of bureaucracy, and tribal advocates may have to deal with a multitude of different criminal justice jurisdictions. It is highly unlikely that non-Native advocates will have contact with the Federal Bureau of Investigation; the Bureau of Alcohol, Tobacco and Firearms; the U.S. Marshall's Office; or the U.S. Attorney's Office.

Tribal courts are restricted in sentencing and can only impose one-year sentences, even for felony domestic violence and sexual assault crimes. Compounding jurisdictional and sentencing restriction issues is a lack of resources available to Indian nations in responding to crimes of domestic and sexual violence. Many tribal criminal justice institutions lack the basic infrastructure for effective system response, and community services for prevention, intervention, and healing are minimal.

Other tribal resource issues include poverty and inadequate housing, transportation, health care, and other basic community services. In the United States, 4 of the top 10 poorest counties are located in Indian reservations in South Dakota. Indian nations in general do not have any across-the-board institutional capacity that allows for effective administration, implementation, and response to crimes against Native women.

Future Directions

Restoring the government-to-government relationship between Indian nations and the United States may strengthen federal, state, and tribal responses to crimes against Native women. The reauthorization of the Violence Against Women Act and the inclusion of Title IX, Safety for Indian Women, ushers in a new era for Native women and provides a starting place for the federal government in meeting its treaty and trust responsibilities to its Indigenous citizens.

Karen Marlene Artichoker

See also Sacred Circle National Resource Center to End Violence Against Native Women; Violence Against Indigenous Children, Youth, and Families; Violence Against Women Act

Further Readings

Artichoker, K., & Mousseau, M. (1999). *Domestic violence is not traditional.* Rapid City, SD: Cangleska.

Deloria, V., Jr. (2000). *Singing for a spirit: A portrait of the Dakota Sioux.* Santa Fe, NM: Clear Light.

Greenfield, L. J., & Smith, S. K. (1999). *American Indians and crime.* Washington, DC: U.S. Department of Justice.

Jones, B. J. (1998). Welcoming tribal courts into the judicial fraternity: Emerging issues in tribal-state and tribal-federal court. *William Mitchell Law Review, 24*, 457.

U.S. Commission on Civil Rights. (2003). *A quiet crisis: Federal funding and unmet needs in Indian country.* Washington, DC: Government Printing Office.

12-Step Programs

Twelve-Step Programs are fellowships for various types of problems adopted from the 12-step recovery philosophy initiated by Alcoholics Anonymous (AA) in 1939. These mutual support groups offer assistance in coping with an addiction, compulsion, disease, or some other destructive stimulus in members' lives.

The 12 Steps

The original 12 Steps from the AA regime are summarized as follows:

1. Admitting being powerless over alcohol.
2. Believing in a higher power that can help.
3. Deciding to give one's life over to the higher power.
4. Making a moral inventory of one's life.

5. Admitting to oneself, the higher power, and others, the nature of one's wrongdoings.
6. Being ready for the higher power to eliminate one's personal flaws.
7. Asking the higher power to eliminate one's personal flaws.
8. Listing all persons one has wronged.
9. Making amends to those one has wronged.
10. Continuing to make a moral inventory and admitting wrongs.
11. Improving one's relationship with the higher power through prayer and thought.
12. Carrying the message of the 12 Steps to other alcoholics.

Advocates for other causes who have adopted AA's philosophy often modify AA's 12 Steps in various ways to fit their unique circumstances, goals, and spiritual foci. These now join AA in a broad category generally referred to as 12-Step Programs.

The use of *steps* in the philosophy is to signify a sequential progression of the stages toward recovery. The opening three steps are cathartic in focus. The first step in the recovery process is to admit being powerless over the problem. Accepting the existence of a higher power comes next, followed by consciously embracing the higher power's control. Some programs focus the reference to the higher power on a specific religion or identify their religious ideology. Other programs, though, view the higher power concept more broadly as representing spirituality in general. Invoking the higher power and acknowledging the higher power's control is meant to reduce individual self-blame and self-criticism concerning one's problem.

Steps 4 through 9 regard taking a moral inventory of one's life, confessing wrongs, and making amends. In steps 4 through 6, members are encouraged to be honest with themselves and others about their shortcomings. By admitting their shortcomings, they free themselves to be rid of them. Then they make amends, via steps 7 through 9, for when their failures negatively affected themselves, their families, or others.

Steps 10 through 12 are about continued self-evaluation and being of service to others. Doing "12th-step work" involves teaching and helping others with the same problem. Through this last step, group membership is maintained and solidified as those who may have recovered continue in the program and help socialize new members into the program's philosophy. This step is consistent with the 12-Step philosophy that the addiction, disease, or other problems will never be entirely cured or overcome. For instance, an alcoholic may remain sober for years, but retains the status as an alcoholic with the concomitant daily struggle to remain sober. Although the steps are seen as a progression, lapses are common, and a program member may have to retreat a step or two or even to restart at Step 1. Members are often encouraged, therefore, to live one day at a time.

Twelve-Step Programs generally are open to anyone who wishes to stop or otherwise control a harmful influence. Often the fellowships are loosely organized, nonprofit institutions. Group meetings are a common format for providing peer support, information, and a forum to offer members opportunities to publicly share their personal stories. The opening statement, "Hi, I'm Mary, and I'm an alcoholic," has spread to other programs where *alcoholic* is replaced with whatever problem is associated with the group. Traditionally, 12-Step groups revolved around face-to-face contact. With the proliferation of the Internet, 12-Step Programs are actively using electronic communication, such as e-mail, online chatting, electronic bulletin boards, and blogs, as devices to foster interaction and provide support. Despite members' public admissions and sharing, privacy remains a cornerstone to the 12-Step philosophy. The identity and personal stories shared by members are expected to remain confidential within the group.

Variety of 12-Step Programs

The 12-Step Program philosophy has expanded beyond alcohol to other types of addictions and disorders. These efforts have included using the 12 steps to fight a range of problems tied to issues with eating, gambling, deviant sexual practices, violent tendencies, medical diseases, and mental health problems, among others. The list of various groups that use the 12-Step Program tenets include Batterers Anonymous, Cancer Anonymous, Cocaine Anonymous, Compulsive Eaters Anonymous, Diabetics Anonymous, Incest

Survivors Anonymous, Narcotics Anonymous, Marijuana Anonymous, Sex Addicts Anonymous, and Sexual Ritual Abuse Anonymous.

Criticisms of 12-Step Programs

Critics point to several problems associated with 12-Step programming. First, the programs generally do not offer holistic services or other assistance. For instance, someone with an addiction may also need help from mental health professionals, while a person with a medical disease could benefit from medical care. The fear is that members may feel that the 12-Step Program is all they need to recover from their disease. Second, there is very little empirical support for these programs. Even for AA, the longest running and largest of the 12-Step Programs, available research indicates mixed results, with a number of studies showing no or negative impact on certain populations. Third, the emphasis on a higher power and on religiosity is a drawback for some. Finally, the emphasis on identifying oneself with an addiction, compulsion, disease, or other condition can have long-term stigmatizing impacts.

Melissa Hamilton

See also Alcoholics Anonymous

Further Readings

Alcoholics Anonymous. (2002). *Alcoholics Anonymous—Big book* (4th ed.). New York: Alcoholics Anonymous World Service.

Alcoholics Anonymous. (2002). *Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcoholism* (4th ed.). New York: Alcoholics Anonymous World Service.

Phillip, Z. (1990). *A skeptic's guide to the 12 Steps.* Center City, MN: Hazelden.

Swora, M. G. (2004). The rhetoric of transformation in the healing of alcoholism: The twelve steps of Alcoholics Anonymous. *Mental Health, Religion & Culture, 7,* 187–209.

U

Uniform Crime Reports

The Uniform Crime Reporting Program (UCR) is an annual compilation of statistical information on crimes known to the police in the United States. The program, which is administered by the Federal Bureau of Investigation (FBI), represents the voluntary efforts of the nation's law enforcement agencies to monitor crime patterns. The UCR compiles data on reported crime and arrests for those crimes and is the most important source of information on crime in the United States.

The UCR traces its roots to the 1920s, when the International Association of Chiefs of Police called for a national system for collecting and reporting crime statistics and trends. Initially, seven crime categories were selected in efforts to monitor national crime trends. These crime categories, which later became known as the Crime Index, included homicide, rape, robbery, aggravated assault, burglary, larceny-theft, and auto theft. In 1979, arson was added as the eighth Crime Index offense.

Over the years, the scope of the UCR has expanded beyond its original purpose of simply estimating crime rates. The 1950s, for example, saw the introduction of demographic information on arrestees (e.g., age, race, gender). In the 1960s, the UCR added the *Supplementary Homicide Report* (*SHR*), which includes data on murder victims, weapons used, and circumstances of the crime. The most significant changes occurred in the 1980s, when law enforcement officials initiated the National Incident-Based Reporting System (NIBRS), which significantly expanded, modernized, and improved the UCR program. With this new reporting strategy, states collect incident, victim, property, offender, and arrestee information for 22 crime categories. As of 2005, 29 states were certified NIBRS participants.

For crimes that are typically reported, such as homicide, the UCR data are very useful. The *SHR,* for example, is the most important source of statistics on homicide between intimates. However, for largely hidden forms of interpersonal violence, such as child abuse, intimate partner violence, and rape, the UCR is of little use. Indeed, many of these behaviors are not even recognized as crime, per se, and subsequently are not reported to the police. In the study of interpersonal violence, therefore, researchers tend to rely on alternative data sources. Examples include the Conflict Tactics Scales, the National Crime Victimization Survey (NCVS), the National Child Abuse and Neglect Data System, and the National Violence Against Women Survey.

Robin Perrin

See also Conflict Tactics Scales; National Crime Victimization Survey; National Incident-Based Reporting System; National Violence Against Women Survey

Further Readings

U.S. Department of Justice. (2004). *Uniform crime reporting handbook.* Washington, DC: Author. Retrieved May 8, 2006, from http://www.fbi.gov/ucr/handbook/ucrhandbook04.pdf

U.S. Department of Justice. (2005). *Crime in the United States 2004: Uniform crime reports*. Washington, DC: Author. Retrieved May 8, 2006, from http://www.fbi.gov/ucr/cius_04/documents/CIUS2004.pdf

United Nations, International Law/Courts

The World Health Organization, a specialized agency of the United Nations, identifies interpersonal violence as "violence inflicted by another individual or by a small group of individuals where there is no clearly defined political motive." The World Health Organization separates interpersonal violence into two categories: (1) family and intimate partner violence and (2) community violence. Family and intimate partner violence is "violence largely between family members and intimate partners, usually, though not exclusively, taking place within the home." Community violence is distinguished as "violence between individuals who are unrelated, and who may or may not know each other, generally taking place outside the home."

The United Nations recognizes that interpersonal violence is a pervasive, complex problem. In 2000, approximately 520,000 deaths worldwide resulted from acts of interpersonal violence. Official statistics, however, do not fully capture the magnitude of the problem. Many interpersonal-violence deaths are wrongfully reported as the result of illness or other causes. Furthermore, for every death by interpersonal violence, countless more people are psychologically and physically injured. This entry discusses the UN's response to interpersonal violence through international law, international courts, and specialized agencies and the future directions the United Nations is taking to address interpersonal violence.

International Law

Equality on the basis of gender and protection of children are fundamentals of international human rights law. The founding document of the United Nations, the UN Charter, recognizes the dignity and worth of the human person and guarantees the equal rights of men and women. The Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights, core international human rights documents, guarantee the equal rights of women and men and acknowledge that children have rights and require special protection. For example, Article 3 of the Universal Declaration of Human Rights states that "everyone has the right to life, liberty and security of person."

The Rights of Women

International instruments that specifically address the rights of women include the Convention on the Elimination of All Forms of Discrimination Against Women, the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women, the Declaration on the Protection of Women and Children in Emergency and Armed Conflict, and the Declaration on the Elimination of Violence Against Women.

The Declaration on the Elimination of Violence Against Women, promulgated by the UN General Assembly in 1993, defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." The declaration urges states to condemn violence against women and strive toward its elimination by taking actions, such as developing legislation to punish violence against women, allocating resources for special assistance to women and children who are victims of violence, conducting sensitivity training for law enforcement and public officials, and informing women of their rights.

International humanitarian and human rights laws grant increasing attention to the role of women as victims of armed conflict. Although previously categorized alongside children as civilians, women are being distinguished as uniquely subject to acts of interpersonal violence under circumstances of both internal and international armed conflict. The UN Special Rapporteur, appointed in 1993 by the Declaration to Eliminate Violence Against Women, investigates the causes and consequences of violence against women, including within the context of armed conflicts.

The Rights of the Child

International documents that more specifically address the protection of children from violence and exploitation include the Hague Convention, the Convention on the Rights of the Child, the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, and the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict.

The Declaration of the Rights of the Child proclaimed by the UN General Assembly in 1959 recognizes that

children "shall be protected against all forms of neglect, cruelty, and exploitation." The Convention on the Rights of the Child further mandates that state parties exercise appropriate measures to protect children from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."

International Courts

The International Criminal Court

The International Criminal Court (ICC) was established in 2002 to prosecute serious crimes of international concern. The founding document of the ICC, the Rome Statute, recognizes "rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity" as a crime against humanity.

International Criminal Tribunals

Unlike the ICC, International Criminal Tribunals are established for a specific purpose and are not permanent courts. These courts have also addressed interpersonal violence. For instance, The UN International Criminal Tribunal for the former Yugoslavia began to prosecute rape and sexual violence as war crimes against humanity, while the UN International Criminal Tribunal for Rwanda prosecuted rape as genocide. The prosecution of sexual violence in International Courts as a form of genocide and/or torture demonstrates the criminalization of interpersonal violence against women, particularly in situations of armed conflict.

Agencies

The UN system includes many specialized agencies. Several of these agencies address issues of interpersonal violence through research, advocacy, and prevention. These agencies include the following: International Labour Organization, UN Office for Drug Control and Crime Prevention, UN Office of the High Commissioner for Human Rights, UN Development Programme, UN Educational, Scientific and Cultural Organization, UN Population Fund, UN Human Settlements Programme, UN Office of the High Commissioner for Refugees, UN Children's Fund, UN Interregional Crime and Justice Research Institute, UN Institute for Disarmament Research, UN Development Fund for Women, University for Peace, World Bank Group, and the World Health Organization.

Future Directions

Although international human rights law recognizes the rights of women and children and UN agencies are dedicated to the prevention of interpersonal violence, the United Nations acknowledges that more work needs to be done to more effectively address this dilemma. Increasing collaboration in research, prevention, and advocacy, and implementing common goals and strategies among agencies and with nongovernmental organizations and governments have been identified by the World Health Organization as especially important to improving the efficacy and efficiency of UN efforts to address problems of interpersonal violence.

Juley Fulcher, Reema S. Ali, and Kirsten Harmon

See also Genocide; Human Rights; Torture; United Nations Conventions and Declarations

Further Readings

Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), *entered into force* Sept. 2, 1990.

Declaration on the Elimination of Violence Against Women, G.A. res. 48/104, 48 U.N. GAOR Supp. (No. 49) at 217, U.N. Doc. A/48/49 (December 20, 1993).

Gardam, J. G. (1998). Women, human rights, and international humanitarian law. *International Review of the Red Cross, 324*, 421–432. Retrieved from http://www.icrc.org/Web/eng/siteeng0.nsf/html/57JPG4

Injuries and Violence Prevention Department, Noncommunicable Diseases and Mental Health Cluster, World Health Organization. (2002). *Guide to United Nations resources and activities for the prevention of interpersonal violence.* Geneva: World Health Organization. Retrieved from http://www.who.int/violence_injury_prevention/violence/united_nations/un5/en/

Rome Statute of the International Criminal Court UN Doc A/CONF 183/9 (17 July 1998).

United Nations, Department of Public Information. (1996). *Women and violence.* Retrieved from http://www.un.org/rights/dpi1772e.htm

World Health Organization. (2002). *World report on violence and health: Summary.* Geneva: Author. Retrieved from http://www.who.int/violence_injury_prevention/violence/world_report/en/index.html

World Health Organization. (n.d.). *Interpersonal violence*. Retrieved October 23, 2006, from http://www.who.int/violence_injury_prevention/violence/interpersonal/ipv2/en/print.html

United Nations Conventions and Declarations

United Nations (UN) conventions and declarations signify an important step in the promotion and protection of international human rights. They establish the international standards that are intended to be transposed into national laws and policies. Some conventions and declarations specifically address violent acts, such as torture or cruel or degrading punishment or treatment. In other cases, instruments frame protection against violence as related rights, such as the right to life, the right to liberty and security of person, and the right to the highest attainable standard of health. Increasingly, advocates and scholars have invoked the protection of UN conventions and declarations to promote the human rights of victims of interpersonal violence. For example, in the late 1980s and the early 1990s, advocates lobbied the UN to explicitly state that domestic violence is a violation of women's fundamental human rights, which are protected by UN human rights declarations and conventions.

A *convention,* also known as a *treaty* or *covenant,* is a legally binding instrument for states that ratify it. Once a state ratifies a convention, it signals its intent to conform to it and is legally bound to it. Thus, the state commits to ensuring its own legal system and practices comply with these international standards. When ratifying a treaty, a state may make reservations to some of the treaty's provisions it does not or is unable to accept. A state may also derogate from provisions in specific situations, such as a public emergency that threatens the life of a nation. However, there are some human rights that are so fundamental, such as the right to life or freedom from torture, that no derogations or reservations are ever allowed. A *declaration,* however, is not legally binding on states and lacks enforcement provisions. Nevertheless, a declaration sets forth agreed-upon standards and represents a statement of intent by the international community.

There are many international treaties and declarations that protect against interpersonal violence. Although some of these instruments prohibit specific acts of violence, others provide protection against related rights or situations that increase vulnerability to violence. These instruments set the standards by which to monitor compliance and, in some cases, can be used as a complaint mechanism when states have failed to adequately protect citizens from violence.

Historical Origins

The atrocities of World War II compelled nations to establish the United Nations as a common forum through which to maintain peace and security. The charter of the United Nations states the four main purposes of the organization, one of which is international cooperation in resolving international economic, social, cultural, or humanitarian problems and to promote and encourage "respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion" (Article 1). Article 55 also states that the United Nations is to promote:

a. higher standards of living, full employment, and conditions of economic and social progress and development;
b. solutions of international economic, social, health, and related problems and international cultural and educational cooperation; and
c. universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion.

Importantly, member states pledge to take action toward achieving these goals (Article 56) and must make a formal declaration accepting the obligations of the charter before they can join the United Nations (Article 4(1)). In addition, the charter authorizes the Economic and Social Council to establish commissions to promote human rights, one of which has been the Commission on Human Rights.

On June 26, 1945, 50 nations convened to sign the charter at the San Francisco Conference, and the charter entered into force on October 24, 1945. There are currently 192 countries that are members of the United Nations.

International Bill of Human Rights

The Commission on Human Rights met for the first time in 1947 when it decided to create an International Bill of Human Rights, consisting of a declaration, treaty(ies), and measures for implementation. The process for creating the International Bill of Human Rights as it exists today spanned over 4 decades and ultimately consisted of five instruments. These include the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the International Covenant on Civil and Political Rights (ICCPR) and its two Optional Protocols.

Universal Declaration of Human Rights

The first and most comprehensive instrument is the UDHR. The UDHR addresses a full range of human rights, including civil, political, economic, social, and cultural, and is generally regarded as the authoritative interpretation of the UN Charter's human rights provisions. Adopted by the General Assembly on December 10, 1948, the UDHR is nonbinding as a declaration. Nevertheless, many of its provisions are regarded as customary international law, or law that is unwritten but practiced by states and accepted as an international legal obligation. This binding status was created partly by the delay in adopting the ICCPR and ICESCR. During these 2 decades, the international community relied upon the UDHR as the standard for human rights. Other international documents also support the position that the UDHR, or at least some of its provisions, constitutes customary international law. The 1968 Proclamation of Tehran states that "the Universal Declaration of Human Rights states a common understanding of the peoples of the world concerning the inalienable and inviolable rights of all members of the human family and constitutes an obligation for the members of the international community." Also, a 1971 Advisory Opinion by Judge Fuad Ammoun of the International Court of Justice suggested that although the UDHR was not a binding treaty, that it could bind states on the basis of custom. The UDHR contains multiple provisions that protect against violence, such as the right to life, liberty, and personal security; freedom from torture and degrading treatment; and the right to an adequate standard of living.

International Covenant on Civil and Political Rights and International Covenant on Economic, Social and Cultural Rights

The ICCPR and the ICESCR were both adopted in 1966, but did not enter into force until 1976. As covenants, the ICCPR and ICESCR are legally binding on those states that ratify them, and they have 156 and 153 states parties, respectively. Both treaties contain provisions that address interpersonal violence. The ICCPR protects the right to life (Article 1) and the right to liberty and security of person (Article 9). In addition, the ICCPR protects persons who may be in situations that increase susceptibility to interpersonal violence. For example, persons deprived of their liberty are to be treated with humanity and respect for their dignity (Article 10); this article is an important safeguard for prisoners who may be vulnerable to abuse or mistreatment by guards and other prison staff. The right to peaceful assembly and freedom of association (Articles 20 and 21) are important provisions, particularly for human rights defenders who may face threats of violence or intimidation because of their work. The ICESCR also envisions the "highest attainable standard of physical and mental health" (Article 12). Article 11 addresses the right to an adequate standard of living, which encompasses adequate housing, an important factor in preventing violence. Inadequate housing increases women's susceptibility to violence including domestic violence, sexual assault, or harassment both during and after a forced eviction. For example, domestic workers who are forced to sleep in common areas are exposed to a greater risk of sexual assault by their employers. In 1976, the First Optional Protocol to the ICCPR entered into force, and it authorizes the Human Rights Committee to receive complaints from individuals alleging violations of their human rights under the ICCPR. In 1991, the Second Optional Protocol, which seeks to abolish the death penalty, entered into force.

Core International Human Rights Treaties

There are now over 60 international human rights instruments, many of which offer protections against violence. Five other conventions, together with the ICCPR and ICESCR, constitute the core human rights instruments. These treaties constitute the human rights safeguards that protect certain classes of rights or groups of people against violence.

Convention on the Elimination of All Forms of Discrimination Against Women

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) entered into force in 1981 and protects women's human rights through the framework of gender-based discrimination. CEDAW calls for states to condemn and work toward ending discrimination against women in all forms (Article 2). It also requires states to modify sociocultural patterns of conduct to eliminate practices that are based on gender inferiority or stereotypes (Article 5(1)). The optional protocol to CEDAW established the authority of a committee (CEDAW) to receive communications about treaty violations. One hundred eighty-three states have ratified CEDAW.

Convention on the Rights of the Child

The Convention on the Rights of the Child (CRC), which entered into force on September 2, 1990, protects children against violence, including physical, sexual, and mental violence (Articles 19 and 34), torture (Article 37), and other types of exploitation detrimental to children's welfare (Article 36). The CRC protects children's rights to life and the "highest attainable standard of health," and it requires states parties to ensure "to the maximum extent possible the survival and development of the child" (Articles 6 and 24). Every UN member state has ratified the CRC, except for the United States and Somalia. The UN also recognized the vulnerability of children in war and the sex trade, two situations that are inherently violent, and adopted two accompanying protocols on May 25, 2002. The Optional Protocol on the Involvement of Children in Armed Conflict and the Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography address not only prevention and punishment of such practices, but also the recovery and rehabilitation of victims.

International Convention on the Elimination of All Forms of Racial Discrimination

The International Convention on the Elimination of All Forms of Racial Discrimination (CERD) entered into force on January 4, 1969. CERD guarantees the right to security and state protection against violence without distinction based on race, color, or national or ethnic origin (Article 5(b)). Also, it requires states to prohibit violence or inciting violence against a group based on race, color, or ethnic origin. There are 170 states parties to CERD.

International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families

The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW) contains provisions that protect the right to life, liberty, and security and that prohibit torture. Due to their migrant status and the lack of accountability sometimes found in these employment situations, migrant workers are more vulnerable to sexual and physical violence. Yet migrant workers and their families are also entitled to protection against "violence, physical injury, threats and intimidation" by public or private actors (Article 16(2)). Thirty-four states have ratified CMW, which entered into force on July 1, 2003.

Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) entered into force on June 26, 1987, and has 141 ratifications. CAT defines and prohibits torture in all circumstances, including war and public emergencies, and requires states to take measures to prevent and punish such acts. In addition, countries must refrain from sending a person to another country if he or she might be tortured. The optional protocol to CAT, which

recently entered into force on June 22, 2006, establishes a subcommittee on prevention and a mechanism to visit people deprived of their liberty as a means of protecting against torture and other cruel, inhuman, or degrading treatment or punishment. The prohibition against torture not only covers acts committed or condoned by state officials, but also those actions traditionally viewed as private matters. For example, there is a growing consensus that domestic violence constitutes torture when the nature of the act fits that of international standards of torture and the government has not provided effective protection to these victims.

Each of these human rights conventions has a committee to monitor compliance. For example, ratifying states are obligated to submit periodic reports detailing their compliance with the treaty provisions to the appropriate committee, which then reviews the state report and issues concluding observations and recommendations. In some cases, these committees can receive complaints from individuals (HRC, CERD, CAT, CEDAW), initiate inquiries (CAT, CEDAW), or address interstate disputes about alleged treaty breaches (HRC, CEDAW, CERD, CAT, and CMW). These treaty bodies represent an important mechanism for victims of interpersonal violence who lack or have exhausted their domestic remedies in countries that have ratified the treaty. In one case brought before CEDAW, a Hungarian victim of domestic violence filed a complaint against the Hungarian state, alleging the government violated CEDAW by failing to provide her with effective protection under the treaty. The committee found the Hungarian government had violated CEDAW and recommended that it provide the woman with appropriate child support, legal aid, and reparations.

Other International Instruments

In addition, there are several conventions that address acts or situations that inherently involve violence, such as war, crime, or terrorism. For example, humanitarian law, which governs the laws of war, seeks to minimize the impact of armed conflict and protect individuals who are not fighting in the war or who can no longer fight from acts of violence or retribution. Humanitarian law prohibits types of warfare that cause unnecessary suffering or excessive injuries and bans weapons such as chemical and biological weapons and antipersonnel land mines.

Declarations

In addition to conventions, there are also declarations that provide protection against violence. Although not binding, declarations represent an international consensus on standards and can be as or more expansive in their protection against interpersonal violence as conventions. Declarations are generally thematic and protect certain groups of people or classes of rights. There are declarations on issues such as development, health, crime, terrorism, peace, disarmament, and apartheid. For example, the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power addresses the rights of individuals who have suffered harm, including physical or mental injury, and requires that they be granted access to mechanisms for justice and redress. In addition, the United Nations has adopted declarations that protect persons with disabilities, minorities, women, children, and non-nationals. For example, the Declaration on the Elimination of Violence Against Women affirms that "violence against women constitutes a violation of the rights and fundamental freedoms of women" and provides an expansive definition of violence, including private and public acts that result or are likely to result in physical, sexual, or psychological harm, or the threats of such harm.

Rosalyn S. Park and Cheryl A. Thomas

See also Human Rights; United Nations, International Law/Courts

Further Readings

Askin, K. D., & Koenig, D. M. (Eds.). (2000). *Women and international human rights law* (Vol. 2). New York: Transnational.

Buergenthal, T., Shelton, D., & Stewart, D. (2002). *International human rights in a nutshell.* St. Paul, MN: West Group.

International Committee of the Red Cross. (2004). *What is international humanitarian law?* Retrieved August 15, 2006, from http://www.icrc.org/Web/eng/siteeng0.nsf/htmlall/humanitarian-law-factsheet/$File/What_is_IHL.pdf

Newman, F., & Weissbrodt, D. (1996). *International human rights: Law, policy, and process* (2nd ed.). Cincinnati, OH: Anderson.

United Nations. (n.d.). *Charter of the United Nations*. Retrieved from http://www.un.org/aboutun/charter/index.html

United Nations. (n.d.). *A United Nations priority: Universal declaration of human rights.* Retrieved August 15, 2006, from http://www.un.org/rights/HRToday/declar.htm

United Nations Office of the High Commissioner for Human Rights. (1996). *Fact sheet no. 2 (Rev. 1), The International Bill of Human Rights.* Retrieved August 24, 2006, from http://www.ohchr.org/english/about/publications/docs/fs2.htm

Web Sites

United Nations Public Inquiries Unit: http://www.un.org/geninfo/faq/index.html

UXORICIDE

See FAMILY HOMICIDES

V

Verbal Abuse

Verbal abuse is a form of psychological or emotional maltreatment in which perpetrators use words to harm others. Verbal abuse communicates a basic disrespect for another's personhood. The content of the abuse can include criticism, threats, insults, humiliation, degradation, intimidation, invalidation, harassment, hate speech, or profanity. Verbal abuse can be perpetrated by parents, teachers, peers, intimate partners, strangers, colleagues, or superiors in the workplace. This form of abuse can have serious emotional consequences, and many victims experience depression, anxiety, or low self-esteem. Healthful relationships can help to repair the effects of verbal abuse, and several forms of psychotherapy can address the abuse and its effects.

Verbal abuse may range from a single incident to an environment that is characterized by chronic verbal aggression. Repeated verbal abuse, especially when perpetrated by individuals close to the victim, can produce exceptionally deleterious consequences, including depression and anxiety. Chronic verbal abuse can also exacerbate levels of stress-related physical and psychological conditions. Individuals who experience verbal abuse are at risk of internalizing the negative messages contained within the maltreatment, a risk which can produce low self-esteem and anxious or depressed moods. Though research concerning abuse initially focused on the occurrence of physical and sexual abuse, recent research has demonstrated that psychological or emotional abuse, including verbal abuse, often produces consequences that are just as dire. Both victims and health professionals may fail to take verbal abuse seriously, with the result that individuals may experience the effects of the abuse while remaining unaware of the origin of their symptoms.

Both the scope of verbal abuse and its intangible nature make it challenging for researchers to investigate and for victims to recognize. Therefore, it frequently is undetected and is rarely prosecuted, especially since child protective services typically prioritize crisis situations. Nonetheless, several research studies have demonstrated the serious effects of verbal abuse on mental and physical health and show that its consequences can be as harmful as the effects of physical or sexual abuse, and in some cases even more damaging.

Verbal Abuse During Childhood

Children's experiences with verbal abuse occur at the same time that they are developing an understanding of the world and a sense of their own identity. Perhaps for this reason, earlier onset of abuse is linked to more severe emotional effects. Children are vulnerable to believing the messages about themselves that they receive from parents and from other authority figures. When those messages include verbal abuse, children are likely to develop views of themselves as worthless, bad, or unlovable. These beliefs often endure into adulthood and influence victims' relationships, work, and parenting. Forms of abuse often occur together. For instance, parents who verbally abuse their children are likely to be neglecting their children's emotional needs, and parents who physically or sexually abuse their children often commit verbal abuse such as threats or insults as part of those forms of

abuse. Children whose parents are verbally abusive are less likely than other children to develop healthful attachments to caregivers. Often, verbal abuse perpetrated by parents is not intentional, but may arise from the mistaken belief that frequent criticism is helpful for children. Parents may replicate the same type of parenting they received as children.

Bullying from other students, actions which can include insults or threats of physical attacks, can result in a dislike or avoidance of school among children and adolescents. Similarly, teachers who communicate that students are incapable, unintelligent, or unimportant can seriously impact students' views of themselves and their abilities. In these ways, verbal abuse from peers or teachers may detract from optimal academic and professional achievement.

Verbal Abuse During Adulthood

Adults may often be victims of verbal abuse, and their experiences may be similar to those described above. The abuse may take place when there is a power difference that prevents victims from protesting their treatment. When verbal abuse occurs in intimate relationships, victims may believe the negative messages they receive from their partners and doubt that they would be able to function effectively if they were to leave abusive situations. When verbal abuse or harassment occurs in the workplace, financial dependence or career advancement may prohibit individuals from taking action.

Hate Speech

When a person is verbally abused on the basis of his or her gender, ethnicity, religion, sexual orientation, or physical appearance, such attacks target aspects central to that person's identity. When this type of abuse occurs, individuals are likely to feel alienated, disempowered, angry, or depressed. These feelings may be exacerbated when victims feel unable to change the disrespectful attitudes they encounter.

Consequences

A common consequence of repeated verbal abuse is for victims to believe its content rather than to protest their mistreatment. Freyd has explained that victims of abuse often selectively ignore information when it would threaten necessary relationships. If abuse is inescapable, it may not be adaptive for victims to be aware that it is occurring. Instead, it may be easier and safer at the time of the abuse for victims to incorporate negative messages into views about themselves. Even after victims are no longer dependent on caregiving relationships characterized by verbal abuse, they may be reluctant to question the treatment they received. Because verbal abuse often challenges a person's sense of self-worth, depression and anxiety are common consequences. Research underscores that internalizing the content of verbal abuse does indeed produce some of the emotional disturbances commonly observed in victims. Sachs-Ericsson and colleagues demonstrated these connections in a sample of over 5,000 adults and reported that self-criticism fully accounted for the link between parental verbal abuse and symptoms of depression and anxiety.

Another frequent outcome of verbal abuse is dissociation, in which people "space out" in order to mentally escape the reality of their actual experiences. Histories of verbal abuse are overrepresented in individuals with personality disorders, dissociative disorders, and schizophrenia and among people who commit suicide. Victims of verbal abuse are more likely to use and abuse alcohol than other individuals and are at greater risk for medical issues such as disordered eating and childbirth complications

Treatment

When individuals are hurt in the context of relationships, as is the case with abuse, positive interpersonal exchanges can help repair the effects of maltreatment. Healthful relationships convey messages that impart respect and care and can occur with therapists, counselors, friends, intimate partners, family members, or mentors. When victims of verbal abuse seek help from a counselor or therapist, they commonly have not formed a conscious understanding regarding the abuse and their current emotional difficulties. Instead, abuse victims usually seek therapy for issues related to depression or difficult relationships. Though some therapists' backgrounds and training lead them to consider whether their clients have experienced abuse, other therapists may not address this possibility. Mental health professionals may approach people who have experienced verbal abuse with a range of treatment orientations. These therapeutic methods include relational therapy, interpersonal therapy (IPT), and cognitive-behavior therapy (CBT).

Therapists approaching clients from a relational perspective endeavor to establish genuine relationships

with their clients. Relational therapists provide careful listening and empathy, support empowerment, and attend to feelings of both connection and misunderstanding. The therapeutic relationship then serves as a model that extends to clients' other relationships.

Mental health practitioners who use IPT focus on aspects of current relationships and seek to discover patterns and make changes to improve the ways individuals relate to others. IPT sessions may also explore the ways that aspects of past relationships affect present relationships. This type of therapy addresses roles, transitions, grief, communication, and interpersonal difficulties. From an interpersonal perspective, focusing on improving relationships produces benefits in clients' emotions and behaviors.

Health professionals who provide CBT attend to links among thoughts, feelings, and behaviors. Individuals who have suffered long-term verbal abuse are likely to have negative thoughts and core beliefs about themselves, an effect which then leads to undesirable feelings and behaviors. By helping clients identify their current thoughts and beliefs, form more positive thoughts, and increase healthful behaviors, CBT can improve individuals' emotional states.

At present, there is limited research regarding the best type of therapy for individuals who have experienced verbal abuse. However, large-scale studies of the effectiveness of psychotherapy indicate that the relationship between the therapist and the client is more important than the particular type of therapy that is conducted. In addition, there is substantial evidence that both CBT and IPT are effective for treating depression and that CBT also is useful in treating anxiety symptoms, another frequent response to verbal abuse. Other health professionals will prescribe antidepressant or anti-anxiety medications to address these symptoms.

Future Research

Verbal abuse is a form of interpersonal violence that can have serious health consequences. Healthful relationships can help repair the harm caused by verbal abuse, and several types of psychotherapy address this form of victimization and the emotional difficulties that may result. Future research will increase our understanding of its effects and clarify optimal methods of prevention and treatment.

Rachel Evelyn Goldsmith

See also Dissociation; Health Consequences of Child Maltreatment; Intimate Partner Violence; Psychological/Emotional Abuse; Sexual Abuse

Further Readings

Eliasson M. A., Laflamme L., & Isaksson K. (2005). Verbal abuse, gender and well-being at school. *International Journal of Adolescent Medicine and Health, 17*(4), 367–378.

Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting abuse.* Cambridge, MA: Harvard University Press.

Goldsmith, R. E., & Freyd, J. J. (2005). Awareness for emotional abuse. *Journal of Emotional Abuse, 5*(1), 95–123.

Gracia, E. (1995). Visible but unreported: A case for the "not serious enough" cases of child maltreatment. *Child Abuse & Neglect, 19*(9), 1083–1093.

Sachs-Ericsson, N., Verona, E., Joiner, T., & Preacher, K. J. (2006). Parental verbal abuse and the mediating role of self-criticism in adult internalizing disorders. *Journal of Affective Disorders, 93*(1–3), 71–78.

Teicher, M. H., Samson, J. A., Polcari, A., & McGreenery, C. E. (2006). Sticks, stones, and hurtful words: Relative effects of various forms of childhood maltreatment. *American Journal of Psychiatry, 163*(6), 993–1000.

VICARIOUS TRAUMATIZATION

Vicarious traumatization, compassion fatigue, and secondary trauma all refer to the potentially negative impact of working with trauma survivors, including survivors of interpersonal violence, on caregivers, including therapists, counselors, advocates, and volunteers. Caregivers have described a range of responses to working with trauma survivors, including fear, feeling overwhelmed, anxiety, insomnia, physical ailments, emotional numbing, anger, hopelessness, vulnerability, grief, guilt, dread, horror, and over- or underidentification with survivors.

While some writers use the terms *vicarious traumatization* and c*ompassion fatigue* interchangeably, others have attempted to differentiate them. Vicarious traumatization focuses more on trauma work's capacity to create changes in a caregiver's cognitive schema, or underlying beliefs, about trust, safety, meaning, and self- and other esteem, and sense of meaning. Vicarious trauma can lead to increased fearfulness about one's own or loved ones' well-being, suspicion of others, a more negative view of personal and others' motives,

social isolation, a lack of enjoyment of personal pleasures and pursuits, and attempts to either control others or surrender control to others. Finally, vicarious trauma can lead to transformations of the caregivers' worldview, spirituality, meaning, and sense of hope. Compassion fatigue focuses more on symptoms of posttraumatic stress, such as emotional numbing, intrusive images, and hyperarousal, agitation, and anxiety that are the result of a caregiver's interactions with trauma survivors. Research has also attempted to differentiate vicarious trauma and compassion fatigue from earlier conceptualizations of work stress such as burnout and countertransference.

Both compassion fatigue and vicarious trauma are thought to occur as a result of caregivers' empathic connection with survivors' intense feelings about and reactions to the traumatic event, overload of work demands, and the challenges to basic beliefs that traumatic events can present. Youth and inexperience, high caseloads of trauma survivors, lack of education (particularly trauma-specific education), and a personal history of trauma are thought to make caregivers more vulnerable to vicarious trauma-compassion fatigue, although findings on the impact of the therapist's own history of trauma on current report of vicarious trauma are equivocal. Numerous articles by caregivers have discussed possible approaches to preventing or mediating vicarious trauma or compassion fatigue, including limiting exposure to traumatized clients; taking care of one's body through rest, exercise, and healthy nutrition; developing personal and organizational support; maintaining good boundaries; obtaining trauma-specific education and supervision; and seeking help such as therapy or consultation as needed. However, there is little research to support any particular approach. It appears that at this time vicarious trauma, compassion fatigue, or secondary trauma are potential, though not inevitable, consequences of long-term work with trauma survivors.

Holly Bell

See also Posttraumatic Stress Disorder

Further Readings

Bell, H. (2003). Strengths and secondary trauma in family violence work. *Social Work, 48,* 513–522.

Figley, C. (Ed.). (1995). *Compassion fatigue: Secondary traumatic stress disorders from treating the traumatized.* New York: Brunner/Mazel.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* New York: W. W. Norton.

Stamm, B. H. (1999). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd ed.). Lutherville, MD: Sidran Press.

Victim Blaming

See Victim Precipitation Theories

Victim Impact Statements

Victim impact statements are written and/or oral statements that describe the impact a crime has had on the victim and those close to her or him. In a criminal justice system structured around the state and the defendant, victim impact statements offer a brief shift from the concerns of the parties to the effect of the crime on the person most directly harmed.

Generally presented during sentencing hearings, victim impact statements provide the crime victims a voice, allowing them to make the court—and, in some cases, the defendant—hear the effect the crime has had on their lives, including the way the crime has harmed their health, relationships, financial well-being, employment, housing, and other physical, emotional, and practical concerns. Victim impact statements are also often used at parole hearings and at any other reconsideration of sentencing. Written victim impact statements are often filed with the state's attorney general, prosecutors, or other officials and are included in the presentence investigation report or other official report.

Every state provides for some form of victim impact statement, as does federal law. Some states make victim impact statements available only to victims of specific crimes, such as sexual assault, kidnapping, and other crimes involving death or bodily injury. Others permit all crime victims the opportunity to provide victim impact statements. The victim impact statements may be oral or written. Some states offer a mechanism for statements to be taped in advance and played in court, to be read by a third party, or to be conducted from a remote location and broadcast in the courtroom.

Some state codes specifically enumerate the types of information that may be included in victim impact statements. Others simply provide that the victim may describe the impact the crime has had on her or his life. In some instances, as is the practice in Michigan, victims are permitted to indicate their opinions regarding appropriate sentencing.

Additional differences in treatment exist on a state-by-state basis. For example, some states, such as Iowa, require the defendant be present at the delivery of the victim impact statement. The Iowa Code also specifically notes that the victim is not to be placed under oath or subjected to cross-examination at the sentencing hearing. Conversely, a small number of states may allow cross-examination, and others allow for the defendant to contest the assertions made in the victim impact statement.

Until 1991, victim impact statements were not admissible in death penalty cases. The Supreme Court held in *Payne v. Tennessee* (1991) that the admission of victim impact statements in criminal cases did not violate the U.S. Constitution. Some attorneys and legal scholars argue that victim impact statements are harmful, causing jurors to react emotionally rather than reasonably, and render individual defendants nonhuman. Many victims and victim advocates note that victim impact statements provide a perspective no one else can provide and that they offer victims an important opportunity to be heard.

Kimberly A. Tolhurst

See also Legal System, Criminal Justice System Responses to Intimate Partner Violence; Victims' Rights Movement

Further Readings

Bandes, S. (1996). Empathy, narrative, and victim impact statements. *University of Chicago Law Review, 63,* 361–412.

Victim impact statement: Commonwealth of Virginia. (2000). Retrieved from http://www.dcjs.virginia.gov/victims/documents/VictimImpactStatement.pdf

Victimization, Predictors of

Much of the research examining predictors of interpersonal violence risk has focused on factors that increase the likelihood of risk for perpetration. In some instances, these factors also have been shown to increase the likelihood of interpersonal violence victimization, although in other cases distinct risk factors for victimization have been identified. Overall, there has been less research focused on prediction of victimization in part because such research could be seen as attributing blame to the victim. Nevertheless, there is evidence to suggest that a number of distinct risk factors increase the likelihood of victimization, particularly with regard to subtypes of violence including bullying, community violence, sexual victimization, dating violence, and intimate partner violence. These risk factors can be divided into four major categories: (1) individual demographic factors such as age, gender, and ethnicity; (2) developmental and psychosocial factors such as history of victimization; (3) situational factors such as alcohol and drug use; and (4) contextual factors such as living in poor communities. These categories also correspond with ecological frameworks of interpersonal violence risk that emphasize individual and contextual factors and how they interact over time.

Individual Demographic Predictors

Statistics reveal differences among interpersonal violence victims based upon individual predictors such as age, gender, and ethnicity. The National Crime Victim Survey (NCVS), conducted annually in the United States by the Bureau of Justice Statistics (BJS), reports that for the year 2004 approximately 54 of every 1,000 youths ages 12–24 and 22 of every 1,000 adults ages 25 and above were the victims of aggravated assault, suggesting that youth is a risk factor for assault victimization. Gender-based differences in crime victimization documented in the NCVS reveal that females were the victims of 99.5% of all sexual assaults reported in 2004. However, males are more likely to be victims of violent crime as a whole. In 2004, 56 out of every 1,000 males were the victims of violent crimes as compared to 39 of every 1,000 females. Thus, being male increases risk for victimization overall, with the exception of sexual assault victimization, which is almost exclusively associated with being female. With respect to ethnicity, 28 out of every 1,000 Blacks in the United States were victims of interpersonal violence in 2004 as opposed to 21 out every 1,000 Whites.

Developmental and Psychosocial Predictors

Early victimization and history of abuse, exposure to domestic violence, emotional distress, and psychological problems are among the developmental and psychosocial predictors of victimization. The most well-documented predictor of interpersonal violence victimization is childhood victimization. When children are maltreated early in life, they are also at greater risk for suffering from emotional distress and other psychosocial disorders that further increase the risk of victimization. For example, a 20-year prospective study showed that children who were exposed to domestic violence between parents were also at high risk for victimization of any type of interpersonal violence later in life. It appears that early violence exposure, either through direct maltreatment or indirectly through observation of family violence, is a significant risk factor for subsequent victimization. The effects of early violence exposure on subsequent interpersonal violence victimization may also be linked to corresponding emotional distress and psychological maladjustment.

Situational Predictors

Alcohol and substance use are among the most frequent situational predictors of interpersonal violence victimization. Indeed, the Centers for Disease Control and Prevention (CDC) reports that heavy alcohol and drug use is considered a risk factor for intimate partner violence. The CDC also notes that women who use drugs and/or drink heavily in high school are at greatest risk for victimization of sexual assault while intoxicated. More specifically, a study of rape victims revealed that 51% of all participants reported substance use immediately before victimization by rape.

Contextual Predictors

The National Crime Victimization Survey reports that the likelihood of victimization increases as an individual's income decreases. In 2004, 51 out of every 1,000 individuals with an annual household income of less than $7,500 were victims of violent crime compared with 18.5 out of every 1,000 individuals with annual incomes over $75,000. Sociological studies examining the influence of neighborhoods and communities on victimization suggest a relation between low income and victimization, particularly in communities with a high concentration of poverty and limited opportunities. As violence and victimization in a community increase, these contexts become increasingly dangerous. Residents and businesses may move to safer communities, buildings and community spaces may deteriorate, and the willingness of neighbors to intervene to stop violence victimization may decrease.

Interpersonal violence victimization also occurs in specific settings where individuals have repeated contact over time. Schools and workplaces are two important settings where interpersonal violence victimization occurs. Although extreme violence such as school shootings is rare, studies have found that bullying and fighting are relatively common in schools. For example, although the BJS reports in 2004 a declining trend in incidents of violence in U.S. schools, 13% of all high school students ages 12–18 recently surveyed reported involvement in a physical fight while on school grounds, 18% reported being threatened with violence at school, and 7% reported being the victims of bullying on school property. Thus, the context of being in high school can carry an increased risk of victimization of interpersonal violence. The workplace is another setting where violence is common. The BJS reports that an estimated 18% of all violent incidents in the United States between 1993 and 1999 occurred in the workplace. Correctional officers, taxi drivers, private security guards, and bartenders are the occupations at the greatest risk of violent victimization in the workplace.

Emily K. Asencio and Nancy G. Guerra

See also Ecological Models of Violence; Epidemiology, Victimization Patterns by Age, Gender, Ethnicity, Socioeconomic Status; Family Violence Co-Occurrence of Forms; Substance Abuse

Further Readings

Centers for Disease Control and Prevention. (2006). *Understanding intimate partner violence fact sheet.* Retrieved from http://www.cdc.gov/ncipc/dvp/ipv_factsheet.pdf

Ehrensaft, M., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology, 71,* 741–753.

U.S. Department of Justice, Bureau of Justice Statistics. (2004). *National crime victimization survey.* Retrieved from http://www.ojp.usdoj.gov/bjs/cvict.htm#ncvs

Victim Offender Mediation and Dialogue

Victim offender mediation and dialogue is a process that provides interested victims of primarily property crimes and minor assaults the opportunity to meet the juvenile or adult offender in a safe and structured setting with the goal of holding the offender directly accountable for his or her behavior while providing important assistance and compensation to the victim. With the assistance of a trained mediator, the victim is able to let the offender know how the crime affected him or her, to receive answers to questions the victim may have, and to be directly involved in developing a restitution plan for the offender to be accountable for the losses the victim incurred. The offender is able to take direct responsibility for his or her behavior, to learn of the full impact of what he or she did, and to develop a plan for making amends to the person(s) he or she violated. Although there exist certain procedural differences and differences in terminology between implementing victim offender mediation in juvenile versus adult courts, the overall approach and procedure is quite similar in both settings.

Victim offender mediation programs were initially referred to as *victim offender reconciliation programs* (VORP) in the mid-1970s and 1980s. Some programs still go by the name of VORP. Today, most programs throughout the world identify themselves as victim offender mediation (VOM). In the United States some programs are also called *victim offender meetings* or *victim offender conferences.* In recent years, an increasing number of VOM programs are periodically working with cases involving severe violence, including homicide. This change requires advanced training and far more preparation of the parties over many months prior to ever meeting face to face. This entry, however, focuses on the most widespread application of VOM, in property crimes and minor assaults, in thousands of cases in numerous countries throughout the world.

Humanistic Model

Although many other types of mediation are largely settlement driven, victim offender mediation is primarily dialogue driven, with the emphasis upon victim healing, offender accountability, and restoration of losses. Contrary to many other applications of mediation in which the mediator would first meet the parties during the joint mediation session, in most victim offender mediation programs a very different process is used based upon a humanistic model of mediation. A humanistic model of mediation involves the following: reframing the role of the mediator from being settlement driven to facilitating dialogue and mutual aid; scheduling separate premediation sessions with each party; connecting with the parties through building rapport and trust, while not taking sides; identifying the strengths of each party; using a nondirective style of mediation that creates a safe space for dialogue and for accessing the strengths of participants; and recognizing and using the power of silence.

Impact

Most victim offender mediation sessions do in fact result in a signed restitution agreement. This agreement, however, is secondary to the importance of the initial dialogue between the parties that addresses emotional and informational needs of victims that are central to their healing and to the development of victim empathy in the offender, a development which can lead to less criminal behavior in the future. Several studies have consistently found that the restitution agreement is less important to crime victims than the opportunity to talk directly with the offender about how they felt about the crime.

From its inception in Kitchener, Ontario, when the first victim offender mediation program was established in 1974, many criminal justice officials have been quite skeptical about victim interest in meeting the offender. Victim offender mediation is clearly not appropriate for all crime victims. Practitioners are trained to present it as a voluntary choice to the victim and as voluntary as possible for the offender. With more than 20 years of mediating many thousands of cases throughout North America and Europe, experience has shown that the majority of victims presented with the option of mediation choose to enter the process. A statewide public opinion poll in Minnesota found that 82% of a random sample of citizens from throughout the state would consider participating in a victim offender program if they were the victim of a property crime. A multistate study found that, of 280 victims who participated in victim offender mediation programs in four states, 91% felt their participation was totally voluntary.

Victim offender mediation is the oldest, most widely developed, and empirically grounded expression of restorative justice. Restorative justice is a movement that is promoting more active involvement of individual victims, victimized communities, families, and offenders in the justice system in such ways that offenders are actively involved in repairing the emotional and physical harm they caused; victims receive far more support, assistance, and input; and positive relationships within communities are strengthened. Although restorative justice consists of a wide range of policies and practices and is ultimately a very different way of understanding and responding to the real human impact of crime, the core of restorative justice is anchored in processes that allow for direct dialogue between those affected by crime and those who committed the offense. Examples of the more widely known restorative justice dialogue interventions include victim offender mediation, family group conferencing, and peacemaking circles. After a quarter of a century of practice experience, more than 50 empirical studies in North America and Europe have consistently found VOM to have a positive impact upon victim and offender satisfaction and perceptions of fairness, higher rates of restitution completion, and significantly lower rates of recidivism.

Victim offender mediation and dialogue programs currently work with many thousands of cases annually through more than 300 programs throughout the United States and more than 1,200 in primarily Europe but also Canada (where it all began), Israel, Japan, Russia, South Korea, South Africa, South America, and the South Pacific. A recent U.S. survey that examined to what degree victim offender mediation was supported by formal public policy found a considerable amount of legislative backing. A total of 29 states had legislation, in one form or another, that addressed victim offender mediation. Of these, 14 states had quite specific legislation that spoke to various issues related to the use and development of victim offender mediation, and 15 states had a more brief reference to victim offender mediation.

Endorsements

The American Bar Association (ABA) has addressed restorative justice through the practice of victim offender mediation, its most widely used and empirically validated practice. The ABA has played a leadership role over many years in promoting the use of mediation and other forms of alternative dispute resolution in civil court–related conflicts, yet for most of that time remained skeptical and often critical of mediation in criminal court settings. That changed in 1994 when, after a year-long study, the ABA fully endorsed the practice of victim offender mediation and dialogue. The association recommended its use in courts throughout the country and also provided guidelines for its use and development.

Restorative justice policies and practices, including VOM, have recently been endorsed by two important international bodies. Both the United Nations and the Council of Europe have begun to address restorative justice issues. Meeting in 2000, the UN Congress on Crime Prevention considered restorative justice in its plenary sessions and developed a draft proposal for "UN Basic Principles on the Use of Restorative Justice Programs in Criminal Matters." The proposed principles encouraged the use of restorative justice programming by member states at all stages of the criminal justice process, underscored the voluntary nature of participation in restorative justice procedures, and recommended beginning to establish standards and safeguards for the practice of restorative justice. This proposal was adopted by the United Nations in 2002. The Council of Europe was more specifically focused on the restorative use of mediation procedures in criminal matters and adopted a set of recommendations in 1999 to guide member states in using mediation in criminal cases.

Process

Careful preparation of participants has been one of the hallmarks of the VOM movement. In a national survey, it was found that 78% of the programs reported that participants received at least one preparation meeting. In general, preparation meetings are understood to consist of personal face-to-face contact with the participants, usually by the actual mediator or occasionally by some other worker from the VOM program.

The primary goal of victim offender mediation is to provide a safe place for dialogue among the involved parties that fosters both offender accountability and growth as well as victim empowerment and assistance. Today, VOM programs frequently involve family members and representatives of the community who frequently serve as volunteer mediators. The

mediator facilitates this process by first allowing time to address informational and emotional needs, followed by a discussion of losses and the possibility of developing a mutually agreeable plan to repair the harm (i.e., money, work for the victim, work for the victim's choice of a charity, etc.). The victim offender mediation process can be summarized by four distinct phases: (1) referral-intake, (2) preparation for mediation, (3) mediation, and (4) follow-up.

Mark S. Umbreit

See also Family Group Conferencing; Mediation; Peacemaking Circles; Restorative Justice

Further Readings

European Forum for Victim Offender Mediation and Restorative Justice. (2000). *Victim offender mediation in Europe: Making restorative justice work.* Leuven, Belgium: Leuven University Press.

Morris, A., & Maxwell, G. (2001). *Restorative justice for juveniles: Conferencing, mediation & circles.* Portland, OR: Hart.

Umbreit, M. S. (1994). *Victim meets offender: The impact of restorative justice and mediation.* Monsey, NY: Criminal Justice Press.

Umbreit, M. S. (2001). *The handbook of victim offender mediation: An essential guide to practice and research.* San Francisco: Jossey-Bass.

Umbreit, M. S., Vos, B., Coates, R. B., & Brown, K. (2003). *Facing violence: The path of restorative justice and dialogue.* Monsey, NY: Criminal Justice Press.

VICTIMOLOGY

Victimology is the study of victims of crime, including their characteristics and their relationships with offenders and the criminal justice system. Traditionally, victimology is considered to be a subarea within criminology. Victimology, which involves the study of crime victims, is different from criminology, which involves the study of crime and criminal behavior.

Victimology may take many different forms, including penal victimology, theoretical victimology, general victimology, and critical victimology. However, mainstream victimology continues to focus solely on the study of crime victims. This emphasis has resulted in an increased awareness and understanding of not only victims of crime, but also has impacted the way crime is measured and the role victims play within the criminal justice system.

Development of Victimology

The development of victimology as a field of study began in the 1940s and 1950s with the work of von Hentig and Mendelsohn. Interested in understanding crime, von Hentig and Mendelsohn examined the relationship between victims and offenders. Their early work was especially focused around victim actions and weaknesses.

In its infancy, work produced by victimologists was scant and overshadowed by the coming out of criminology. As such, little recognition was given to either the field of victimology or the scholars who studied crime victims. It was not until the 1970s that victimology was formally recognized as a subfield within criminology.

Over the past 3 decades, the growth within victimology has been substantial. This expansion is largely the result of a heightened attention to victims of crime. This attention has resulted in increased interest in data collection, theorization, and legislation development directed toward the victim rather than the victimizer. In addition, the victims' rights movement has been influential in drawing attention to crime victims and to the field of victimology.

Penal Victimology

Penal victimology focuses on the role of the victim in relation to the social forces that lead up to and follow from criminal acts that are defined by criminal law. The first victimologists, such as von Hentig and Mendelsohn, were considered penal victimologists. Research emerging from this paradigm generally focuses on the victim's role in both crime causation and criminal proceedings.

Theoretical Victimology

Largely concerned with causal explanations of victimization, theoretical victimology focuses on data collection, analysis, and theory formulation. In doing so, several theoretical models have been advanced to explain variation in victimization risk, correlates of

victimization, and repeat victimization. These theoretical models focus primarily on victim demographics as well as on victim–offender interactions and relationships.

There are two general types of theoretical models. The first focuses on opportunity. This type of criminal victimization theories focuses on opportunities for crime rather than on criminal motivation in their explanation of crime and criminal events. The second type of theoretical model focuses on the interaction between victim and offender. Victim–offender interaction theories concentrate on the interplay between victim and offender in their attempt to explain personal crimes.

General Victimology

General victimology involves a broader focus on the study of all victims, not just victims of crime. Some scholars refer to general victimology as *victimity*. General victimology includes the study of five specific types of victimization: criminal victimization, self-victimization, social environmental victimization, technological victimization, and natural disaster victimization.

Critical Victimology

The newest type of victimology to have emerged is called critical victimology. Critical victimology is concerned with the larger social environment in which crime occurs—especially, the impact social structure and context have on criminal victimization. Accordingly, critical victimologists are interested in how crimes are defined as well as in why some victims are overlooked or ignored by both the criminal justice system and society as a whole.

Data Gathering

An important task for victimologists is the gathering of empirical data. Data on victims of crime are collected through victimization surveys. Victimization surveys, such as the National Crime Victimization Survey, allow for the analysis of patterns and trends related to victimization. Although victimization surveys have been criticized for methodological problems, these types of surveys have produced important data on crime victims—information that is generally lacking from other sources of data on crime.

Lisa R. Muftić

See also National Crime Victimization Survey; Victimization, Predictors of; Victim Precipitation Theories

Further Readings

Doerner, W. G., & Lab, S. P. (2005). *Victimology* (4th ed.). Cincinnati, OH: Anderson.

Fattah, E. A. (2000). Victimology: Past, present and future. *Criminology, 33,* 17–46.

Karmen, A. (1990). *Crime victims: An introduction to victimology.* Belmont, CA: Wadsworth.

Shichor, D., & Tibbetts, S. G. (2002). *Victims and victimization: Essential readings.* Long Grove, IL: Waveland Press.

Victim Precipitation Theories

Victim precipitation theories generally involve an explanation of how an individual's behavior may contribute to his or her own victimization. Behavior by a victim that initiates subsequent behavior of the victimizer is referred to as *victim precipitation.* The examination of victim precipitation, while important from an etiological perspective, is not without controversy. Victim precipitation theories have been accused of being veiled attempts at victim blaming. In addition, studies that have examined the concept of victim precipitation have been criticized for relying on poor methodology.

Development of Victim Precipitation Theories

Early attempts at studying victim behavior involved the development of typologies that allowed victimologists to determine who was most responsible for the criminal incident—offender or victim. For instance, Mendelsohn developed a victim typology based on the culpability of the victim, where victims were placed on a continuum between *totally guiltless* and *completely responsible.*

Wolfgang first introduced the formal concept of victim precipitation in his seminal work on homicide in 1967 when he argued that, in some instances, the victim may initiate the behavior of the victimizer. To test this assertion, Wolfgang collected official data on

588 homicides that occurred over the course of 4 years in Philadelphia and found that almost 26% (150 homicides) fit his definition of victim precipitation.

Subsequent studies that have included a measure of victim behavior in their analyses have found that victim-precipitated violent crimes are most likely to occur between a female offender and a male victim known to one another. Alcohol is another common predictor, with one or both parties having consumed alcohol prior to the incident.

Victim Blaming

Prior research that has examined the concept of victim precipitation has been criticized for insinuating that the victim was somehow responsible for his or her own victimization. This is generally referred to as *victim blaming*.

For example, Amir's research, which examined the concept of victim precipitation in relation to incidents of forcible rape, was subject to criticism largely because of his conceptualization of victim precipitation, which focused on the offender's interpretation of the victim's behavior. Feminist scholars were particularly disturbed and argued that Amir used rape myths to justify sexual assault.

Because of such criticism, it is important to differentiate victim precipitation, which is a behavioral concept, from provocation, which is a legal notion. Provocation is a legal concept used by criminal courts to determine and measure offender culpability. In contrast, victim precipitation is a behavioral concept used by social scientists to determine the causes of victimization. The criterion for establishing provocation from a legal stance is the behavior of the offender, particularly the mindset of the offender and his or her level of self-restraint. For instance, courts look at the reasonable behavior of a "normal" individual in the same circumstance.

Victim precipitation, in contrast, focuses on the behavior of the victim without accusations of fault or guilt. As such, the study of victim precipitation allows the researcher to take into consideration situational factors, providing a richer, more thorough explanation of the criminal event. The concept of victim precipitation is important from an etiological perspective because it allows us to consider a multitude of factors that contribute to a criminal incident.

Methodological Issues

A primary methodological issue is the large number of cases where there is insufficient detail to allow for an accurate determination of victim precipitation. Missing data raise the question of validity in research findings. For instance, although in 1967 Wolfgang found that 26% of homicides were victim precipitated, in 44% of the incidents he was unable to make a determination due to missing data. As such, his findings may over- or underestimate the prevalence of victim precipitation.

Other methodological concerns related to victim precipitation include competing or conflicting accounts, temporal ordering of events, and operationalization of key variables.

Lisa R. Muftić

See also Victimization, Predictors of; Victimology

Further Readings

Amir, M. (1967). Victim precipitated forcible rape. *Journal of Criminal Law, 58,* 493–502.

Felson, R. B., & Messner, S. F. (1998). Disentangling the effects of gender and intimacy on victim precipitation in homicide. *Criminology, 36*, 405–423.

Polk, K. (1997). A reexamination of the concept of victim-precipitated homicide. *Homicide Studies, 1,* 141–168.

Wolfgang, M. E. (1967). Victim-precipitated criminal homicide. In M. E. Wolfgang (Ed.), *Studies in homicide* (pp. 72–87). New York: Harper & Row.

Victims of Crime Act

Enacted in October 1984, the Victims of Crime Act (VOCA) fundamentally changed the way the United States responds to crime victims by providing ongoing federal support for services and programs that help victims rebuild their lives. VOCA established the Crime Victims Fund to sustain a substantial infrastructure of services and financial assistance to victims of all kinds of crime.

Comprised solely of criminal fines and penalties imposed on federal offenders, the Fund receives no taxpayer dollars. Most of the funds distributed each year go to states through formula grants to fund

(a) crime victim compensation programs, which pay many of crime victims' out-of-pocket expenses that directly result from the crime and (b) crime victim assistance programs. VOCA funding serves nearly 4 million crime victims annually through more than 4,400 state and local victim programs, including rape crisis centers, domestic violence shelters, victim service providers in law enforcement and prosecutor offices, and other direct services for victims of crime.

VOCA funds services that help victims in the immediate aftermath of crime, including accompaniment to hospitals for examination; hotline counseling; emergency food, clothing, and transportation; replacement or repair of broken locks; the filing of restraining orders; support groups; and more. VOCA money also funds assistance as victims move through the criminal justice system, including notification of court proceedings, transportation to court, help completing a victim impact statement, notification about the release or escape of the offender, and help in seeking restitution.

VOCA also supports crime victim compensation, which steps in when victims have no insurance, no workman's compensation, and no other assistance to meet out-of-pocket expenses related to the crime. The crime victim compensation program pays medical bills, counseling costs, crime scene cleanup, burial costs, and similar expenses. The Crime Victims Fund reimburses states for 60% of their compensation costs.

In the past, all money collected in a given year was disbursed in the following year. However, the nature of the funding stream—all criminal fines on federal offenders—caused the level of available funding to significantly fluctuate. In some years, large fines against corporate offenders caused a surge in deposits followed by several years of declining deposits. In 1999, U.S. Congress acted to ensure a stable level of funding for victim services and programs by placing a cap on the amount of VOCA funding disbursed from the fund and saving the amount over the cap for leaner years.

The Crime Victims Fund became a target for rescission during the congressional appropriations process in fiscal year 2005–2006, an effort that would have bankrupted VOCA by 2007. Although that effort failed, similar budget-cutting efforts may be expected in future appropriations cycles.

Mary Gleason Rappaport

See also National Center for Victims of Crime; Violence Against Women Act

Further Readings

Derene, S. (2005). *Crime Victims Fund report: Past, present, and future.* Madison, WI: National Association of VOCA Assistance Administrators.

Victims' Rights Movement

The victims' rights movement refers to the convergence of events and social movements that resulted in efforts to change social and legal policies that were harmful to victims of crime and to create new policies that acknowledged the impact of crime on individuals and their families. These policies created new services for crime victims to help them recover from the aftermath of crime and to involve them in the criminal justice system proceedings to successfully pursue and prosecute the perpetrators of crime.

Historical Influences

The idea that victims of crime are entitled to certain rights has its origins in the Code of Hammurabi (2000 BC). The Code of Hammurabi set forth rules regarding the role of the state in holding offenders responsible for their behavior and the restoration of persons who had been wronged by a crime. The code also addressed rules regarding interpersonal violence, including the rights and duties of married couples and children. At the core of these rules was the notion that weaker individuals should be protected from stronger persons.

Early Roman law, the Judeo-Christian Bible, and English law including common law and Magna Carta also provided guidelines regarding the rights of victims to seek compensation or revenge for personal wrongs committed against them. Over the centuries, as governments codified crimes and punishments, the notion of personal wrongs became transformed into crimes against the state. In this paradigm, the role of the victim became secondary to the pursuit of punishment by the state.

The Modern Movement

The modern victims' rights movement was influenced by the civil rights and antiwar movements of the 1960s and 1970s with their emphasis on drawing public attention to marginalized populations and questioning unjust policies of the government. However, it

was the rising crime rates in the 1960s, the feminist movement's attention to the issue of violence against women, early victim compensation programs, and political activism by victims that led more directly to the victims' rights movement.

Rising Crime Rates

A rise in crime rates in the 1960s sparked a "get tough on crime" attitude by politicians and the general public. In what can also be called the law and order movement, the criminal justice system, state and federal policymakers, and victim advocacy groups worked together to increase penalties for offenders. The treatment of crime victims by the criminal justice system also came under scrutiny. Early crime victimization studies identified a large gap between the number of crimes reported to police and the number of self identified crime victims. The often insensitive treatment of crime victims and witnesses by police, prosecutors, and judges was a major reason why victims were reluctant to ask law enforcement for help or to participate in prosecution. Law enforcement and prosecutors also began to recognize that addressing victims' problems resulting from the crime may increase victims' cooperation, thereby increasing the quality of evidence needed for successful prosecution.

The Feminist Movement

The feminist movement of the 1960s and 1970s drew attention to the crimes of sexual assault and domestic violence. Law enforcement and prosecutors often did not take these crimes seriously and often blamed the victims for abuse. In 1972, the first community-based programs—rape crisis centers—were opened. In 1976, the National Organization for Women established a task force on battered wives, thus initiating the battered women's movement. The feminist movement is credited with laws protecting the rights of sexually and physically assaulted women and the development of rape crisis programs and shelters for abused women and their children.

Early Crime Victim Compensation Programs

In 1965, California was the first state to establish a victim compensation program. Within 5 years, five additional programs were established in New York, Hawaii, Massachusetts, Maryland, and the Virgin Islands. These programs recognized that victims also bear financial consequences of crime and provided reimbursement for some of their expenses. Today, all 50 states plus the District of Columbia and the Virgin Islands have funded compensation programs. A special victim compensation program was developed in response to the attacks on the World Trade Center on September 11, 2001.

Political Activism by Crime Victims

In addition to the community-based advocacy fueled by the feminist movement, other groups, such as Mothers Against Drunk Driving, Parents of Murdered Children, and the National Organization of Victim Assistance, advocated for local, state, and federal policy changes. Law enforcement and prosecutor-based victim assistance programs were developed to assist crime victims in coping with the aftermath of crime and to participate in the criminal justice process.

Major Accomplishments

The victims' rights movement has amassed an impressive resume of accomplishments, including both state and federal laws, ongoing public education efforts, and funding to support community-based and institution-based programs and services.

In 1982, recommendations of the federal Task Force on Victims of Crime provided the foundation for the Victims of Crime Act (VOCA), passed 2 years later. This act provided funding to qualified victim assistance programs and for state crime victim compensation programs. Congress amended the Victims of Crime Act in 1988 to establish the Office for Victims of Crime located in the U.S. Department of Justice. This office administers the grant programs, provides training and technical assistance to local and state programs, and sponsors an annual Crime Victims' Rights Week and Crime Victim Academies for advocate training.

In 1994, the Violence Against Women Act (VAWA) was passed (and reauthorized in 2000 and 2006), providing federal funding for shelters for battered women, sexual assault programs, and a variety of other measures to combat violence against women. Other accomplishments include victim-witness notification systems at federal, state, and local levels; funding for programs in Indian country and for special populations such as elders and persons with disabilities; hate crime and antistalking legislation; campus sexual assault reporting

requirements; sex offender registries; and community mobilization programs via Megan's Law.

All 50 states have passed legislation establishing victim rights, and 33 states have passed constitutional amendments requiring the provision of certain services to crime victims. Although the rights of crime victims may differ from state to state, there are four basic types of rights: (1) the right to notification of various aspects of the stages of criminal justice proceedings, including arrest, prosecution, parole, and release; (2) the right to be present at the trial; (3) the right to be heard through victim impact statements and when bail is being set; and (4) the right to restitution from the offender and to compensation for expenses incurred as a result of the crime.

Controversial Issues

One of the most controversial issues is an attempt to pass a federal victim rights constitutional amendment. Proponents of a constitutional amendment argue that persons charged with a crime have federally protected constitutional rights, while victims have rights protected by individual states. As federal law supersedes state law, they argue that federal constitutional rights are needed to establish parity between the rights of the victim and the rights of the accused. However, the National Clearinghouse for the Defense of Battered Women and other groups oppose this constitutional amendment. An unintended consequence of fighting back in self-defense is the arrest of abused women. Abusive partners may use their special status as "victims" to further manipulate the system to keep women in jail and from their children. Groups who oppose the proposed constitutional amendment believe the state-level initiatives are better suited to address the complexity of problems that result from a lack of parity between the rights of victims and the accused.

Another controversial issue facing the victims' right movement is the death penalty. While victim rights organizations have often advocated for increased penalties for crimes against persons, support for the death penalty is not universal. Although the families of some homicide victims support the death penalty, others, including the group Murder Victims' Families for Reconciliation, actively oppose the death penalty. Families opposed to the death penalty have complained that prosecutors do not actively involve them in the murder trials and especially in the penalty phase when a successful conviction has been won.

Future Directions

The victims' rights movement is faced with myriad challenges influencing its future directions. These challenges include differential responses to victims by the criminal justice system with regard to race and ethnicity, age, socioeconomic status, gender, sexual orientation, citizenship status, and (dis)ability. There is also a lack of consistency across local, state, and federal jurisdictions with respect to implementing victims' rights. Some believe that one way to address this lack of consistency is to develop standards for victim assistance programs. Although research has focused on the mental health trauma associated with violent crime, research into pathways to resiliency for crime victims has received less attention. More research exploring linkages between mental health outcomes and victim rights is also needed.

Fran S. Danis

See also Crime Victims Compensation Program; National Center for Victims of Crime; Secondary Victimization by Police and Courts; Victim Impact Statements; Victims of Crime Act

Further Readings

Walker, S. D., & Kilpatrick, D. G. (2002). Chapter 1: Scope of crime/historical review of the victims' rights discipline. In A. Seymour, M. Murray, J. Sigmon, M. Hook, C. Edmunds, M. Gaboury, et al. (Eds.), *National Victim Assistance Academy textbook.* Victims' Assistance Legal Organization. Retrieved from http://www.valornational.org/ovc/toc.html

Young, M., & Stein, J. (2004). *The history of the crime victims' movement in the United States: A component of the Office for Victims of Crime Oral History Project.* Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Retrieved October 3, 2006, from http://www.ojp.usdoj.gov/ovc/ncvrw/2005/pg4c.html

Victim-Witness Advocacy Programs

Victim-witness advocacy programs provide services for victims of crimes. These programs are usually funded by and associated with departments of the criminal justice system, such as police organizations or

prosecutors' offices. Their goal is to provide information and support for victims after a crime and during the process of prosecuting the offender. Crisis counseling may also be provided. When children are the victims, advocates provide them with support and information about the legal process and provide referrals for other services to their caregivers. In many settings, these advocacy services are also expected to increase cooperation between criminal justice agencies and victim survivors, a result which might increase convictions.

Background

Victim-witness advocacy services became increasingly common in the late 1970s and in the 1980s in response to recognition that going through the legal system is often traumatic for victims. After being harmed by a crime, victims are often harmed a second time by the criminal justice process because the proceedings can involve multiple interviews by legal professionals as well as intimidating court appearances.

Services

These services focus primarily on information, support, and referrals. Advocates provide information about legal processes so that victims understand their rights and choices and what will happen at each step of the proceedings. Information can include knowledge about other legal options, such as protective orders or victim compensation. Victim-witness advocates often provide court escorts so that victims have support before and during their testimony. Advocates may assist with transportation or childcare for court dates. As intimidating as it is for an adult to participate in prosecution, it is much more intimidating for child witnesses. Therefore, advocacy that familiarizes children with the courtroom and legal proceedings can be extremely helpful. Referrals can include linkages to organizations that provide further counseling, emergency funding, housing, vocational assistance, and legal aid for civil matters. Advocates usually know much more about potential resources than victims do, and their referrals may increase victims' safety if the perpetrator is a continuing threat. Because of advocates' support, victims may be more likely to follow through with legal actions, such as getting protective orders and testifying for the prosecution, and they may be more likely to follow up on referrals.

Critiques and Concerns

The key question raised about this type of advocacy is whether the advocates' primary loyalty is to the criminal justice agency that pays them or to the victims. For example, if victims do not feel safe participating in prosecution, is it the job of victim-witness advocates to convince them to participate anyway? Some critics suggest that advocates employed by agencies that are independent of the criminal justice system are more likely to adopt the victim's goals as their own.

Arlene N. Weisz

See also Advocacy; Vicarious Traumatization; Victim Witness Specialists

Further Readings

Davies, J., Lyon, E., & Monti Catania, D. (1998). *Safety planning with battered women: Complex lives/difficult choices.* Thousand Oaks, CA: Sage.

DeHart, D. D. (2003). *National Victim Assistance Standards Consortium: Standards for victim assistance programs and providers*. Columbia: University of South Carolina, Center for Child and Family Studies.

Victim Witness Specialists

Victim witness specialists (VWS) provide an array of services to crime victims and witnesses from the immediate aftermath of the crime to after the disposition of the case. VWS are employed by criminal justice institutions and by local community-based agencies. Criminal justice institutions may include local law enforcement agencies, prosecutors' offices, probation departments, and state correctional institutions. Community-based agencies include domestic violence and sexual assault programs and child advocacy centers, as well as organizations that assist all victims of crime. VWS are often called victim assistance coordinators, crime victim liaisons, victim assistance providers, or victim advocates, depending on their setting.

Victims of violent crimes suffer serious bio-psychosocial-spiritual and economic injuries that may continue long after their physical injuries have healed. The victims' rights movement forced the criminal justice system to recognize that by helping victims

recover from the crime, victims were more inclined to assist in the investigation and prosecution of suspects.

Some states require all law enforcement and prosecutors' offices to designate a coordinator of crime victim assistance. Historically, volunteers were used to provide victim services. However, as the field matured and professional standards developed, there was growing recognition that services should be provided by a core group of trained professional staff supported by trained volunteers.

VWS provide services that include responding to needs arising from surviving the crime to assisting victims with participating in the criminal justice process. During the emergency response, VWS provide crisis intervention and emotional first aid and conduct trauma assessments at the crime scene or wherever the first contacts with the victims or survivors are made. The next 48 hours are usually devoted to victim stabilization through interviews; crisis intervention; orientation to the criminal justice system; arrangements for shelter, transportation, or protection; and assistance for family and friends of victims or survivors. VWS assist in mobilizing resources for the victims or survivors, including follow-up and outreach visits, supportive counseling, information and referrals, assistance with getting personal property returned, filing crime victim compensation claims, help with safety planning, and issues associated with employers, landlords, and creditors.

After the arrest of a suspect, prosecutors may ask VWS to assist with explaining charging decisions and conditions of release and bail. They may also provide information on intimidation reports, relocation, protective orders, and restitution. As arrests may trigger an emotional response in the victim, crisis intervention and other services are also provided.

Before a court appearance, a VWS may assist the victim and her or his family and friends with orientation to court procedures, aid in dealing with media, with the development of a victim impact statement, and with transportation, childcare arrangements, and employers. As attending court and seeing the alleged perpetrator may trigger emotional responses, VWS pay close attention to the emotional needs of the survivor. They can also arrange for protection of intimidation and media intrusion.

After a guilty verdict, the VWS provides support to the survivor to prepare him or her for reading his or her victim impact statement to the court. VWS may also facilitate consultation on restitution and provide information on probation, civil entitlement issues, and sentencing. After the disposition of the case, VWS at correctional settings provide notification of parole hearings, support in providing testimony at parole hearings, restitution collection, and notification of impending release dates of offenders. In the event of an acquittal or a dismissed case, the official relationship between a VWS and crime victim is often ended. However, a VWS often provides crime victims with referrals for trauma recovery.

Because of the nature of their work, listening to and assisting persons who have undergone horrific and traumatic experiences, VWS are also at high risk for compassion fatigue.

Fran S. Danis

See also Crime Victims Compensation Program; National Center for Victims of Crime; Secondary Victimization by Police and Courts; Vicarious Traumatization; Victim Impact Statements; Victims' Rights Movement; Victim-Witness Advocacy Programs

Further Readings

Tomz, J. E., & McGillis, D. (1997). *Serving crime victims and witnesses* (2nd ed.). Washington, DC: U.S. Department of Justice, National Institute of Justice

Victim Services. (1998). *From pain to power: Crime victims take action.* Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Video Games, Violence Exposure in

The introduction of new technologies has often been associated with fear and distrust by citizens and policymakers who fear a new corrosive influence. Like television before them, video games have recently been the subject of intense scrutiny because of graphic violent content. Concerns that video games might be associated with or cause increased aggression, especially in children, have led researchers to investigate violent video game exposure and outcomes including aggressive behavior and aggressive cognition. The research literature on violence exposure in video games is comparatively small when compared to that of televised violence; however, there is growing

evidence to suggest that exposure to violent video games is associated with increased aggression, although longitudinal data are lacking.

Exposure

Data on content-specific video game use is scarce, and so it is difficult to know what percentage of time is spent playing violent video games specifically. However, ownership and use of video game consoles (including television set-based consoles such as the Playstation 3, the X-Box 360, and the Nintendo Wii, as well as handheld video game players such as the PSP and Nintendo DS) has been increasing for more than a decade, with more than 80% of households owning a video game system. Computer ownership and use has also risen to more than 80% of American homes, providing another platform for video game play. Although television viewing is still the number one media activity in most households, the proportion of time spent playing video games is increasing, with some estimating combined use of video game consoles and computer games at more than an hour a day. Survey evidence suggests higher levels of home computer and videogame use among older children and adolescents, particularly males, than among other demographic groups. Video game play is often combined with other media-centered activities such as television viewing and listening to music.

Parental Rules

Rules are likely to fit into one of two categories: regulation of time spent video game playing and regulation of video game content. In homes with video game systems, less than a quarter of parents have rules stipulating how long their children can play. Even fewer have rules regulating the content of their children's video games. Rules regarding video game use decline as children grow older.

Types of Games

A wide variety of games with violent content is available and falls into several categories. A shortened list of those genres most associated with violent content is listed here.

First-person shooters. First-person shooters (FPS) emphasize action and shooting from the point of view of a character being controlled by the player. FPSs often emphasize finding powerful weapons and aiming and firing at enemies or other objects in the game environment. Examples of the genre include games from the *Doom, Half-Life,* and *Halo* series.

Third-person shooter. These games also emphasize action and shooting, but players control characters they see on-screen from a third-person perspective. Examples include *Metal Gear Solid* and the *Tomb Raider* series.

Fighting. Players fight a computer-controlled opponent or a human-controlled opponent in one-on-one combat. Examples are games from the *Street Fighter, Mortal Kombat,* and *Super Smash Bros.* series.

Video game violence can often be categorized as containing human violence or fantasy violence, along a spectrum of graphical realism. In some games, the effects of violent actions, such as shooting a character, are graphically realized with blood and realistic gun shot sounds, while in other games the targets of violent acts simply disappear.

Rating System

Video games are voluntarily rated by the Electronic Software Rating Board (ESRB), an industry self-regulatory organization that assesses game content. The ESRB evaluates many criteria, including graphical realism, human versus fantasy violence, inclusion of blood and gore, sexual content, and strong language. Video games are labeled with a rating that indicates their suitability for an age range, such as *everyone*, indicating content suitable for children 6 years and older, or *mature*, indicating content suitable for players 17 years and older. Ratings have generally not been found to impact parents' purchase of video games for their children. However, parents with higher levels of education are more likely to check video game ratings. Additionally, children are often able to purchase games designated for older children at retail outlets.

Interactivity

Some critics believe video game violence to be a more potent factor in promoting aggression because of the level of interactivity involved. Unlike television or movies, where viewers are passive and unable to

direct the content of what they are viewing, video game play allows for a level of controllability not seen in other media. Players are given control over where their characters move, what actions they choose to engage in, and even what their goals are. As a result, game play requires active concentration and physical and mental activity.

More often than not, violence is a necessary tool to accomplish game objectives and to advance to higher levels. In violent video games, players often make decisions about the type of violence they will inflict (shooting, punching, blowing up, etc.) and how they will inflict it. Increased computing capabilities allow game worlds that are more fully interactive; objects and people not central to game objectives can often be interacted with or manipulated. Thus, in games with open environments where players can choose to explore a world as they choose, it is possible to inflict violence on nonenemy characters. This possibility is typified in games such as *Grand Theft Auto: San Andreas* that allow players to punch, shoot, and run-over bystander characters in pursuit of their goals. In contrast to television violence, game players are the agents and recipients of violence. Violence takes place in an environment without real-life conduct restrictions; thus games may be played without fear of consequences aside from those imposed by the game itself.

Theoretical Explanations

Several theories have been proposed to account for the link between violent video game exposure and aggression.

Social Learning Theory

The social learning theory framework holds that learning occurs through direct and observational experiences. Individual behavior may be shaped by observing models, especially those who have been rewarded for their behavior. Players who observe game characters consistently rewarded for aggressive or violent behaviors may be more likely to exhibit aggressive behaviors in the real world. Additionally, the closer a player identifies with a game character, the stronger the effect is likely to be.

Cognitive Neoassociation Theory

In this theory, the discharge of aggression, real or virtual, can increase aggressive behaviors and feelings. Within an individual's memory, an associative network is formed from aggressive thoughts and feelings. Violent video game content may activate this network through related semantic informational nodes, priming aggressive ideas and emotions. The priming of these nodes can potentially transfer aggressive cognitions into real-world aggression.

General Aggression Model

Proponents of the general aggression model (GAM) argue that exposure to violent video games impacts individuals' internal states, as reflected by cognitive, affective, and arousal variables. In a single-episode GAM, exposure to violent video games may increase aggression by priming aggressive cognitions such as aggressive scripts, by increasing arousal level, or by facilitating an aggressive affective state. In turn, this increased exposure can affect an individual's abilities to appraise situations and to make decisions. The single-episode model surmises that violent video game exposure could impact impulsive or thoughtful actions so that the likelihood of aggressive behaviors is increased.

A multi-episode GAM accounts for long-term effects by specifying that knowledge structures develop over time from daily observations and interactions in the real and imaginary (i.e., media, including video games) worlds. Repeated exposure to violent video games functions as additional learning trials where knowledge structures are rehearsed, differentiated, and made more complex. Frequent players of violent video games may experience changes in aggressive personality and aggressive behaviors in immediate situations through the learning, rehearsal, and reinforcement of these aggression-related knowledge structures.

Catharsis

A few researchers hold the view that violent video games can be used positively as a cathartic tool; game violence could provide an outlet for aggression that would be inappropriate or dangerous in the real world. In this theory, violent video games can be utilized to release stress, decrease arousal, and lessen the likelihood of transferring aggressive thoughts and feelings into real-world actions. Although this theory has not been extensively tested with video games, it has not been supported in the television violence literature and seems unlikely given accumulating evidence to the contrary.

Michael Robb and D. Charles Whitney

See also Child Exposure to Violence, in Media; Media and Violence; Social Learning Theory

Further Readings

Anderson, C. A. (2004). An update on the effects of playing violent video games. *Journal of Adolescence, 27*, 113–122.

Roberts, D., Foehr, U., & Rideout, V. (2005). *Generation M: Media in the lives of 8–18 year-olds*. Menlo Park, CA: Kaiser Family Foundation. Retrieved from http://www.kff.org/entmedia/7251.cfm

Sherry, J. L. (2001). The effects of violent video games on aggression: A meta-analysis. *Human Communication Research, 27*, 409–431.

Violence Against Indigenous Children, Youth, and Families

The United Nations estimates that there are 370 million Indigenous peoples living in over 70 countries worldwide. Collectively, Indigenous peoples represent the vast majority of the world's linguistic and cultural diversity as over 80% of the languages spoken today are Indigenous. Indigenous knowledge and resources have served to benefit peoples of all cultures and languages, and yet Indigenous children face pervasive rights violations to a degree not experienced by other children. Violence against Indigenous children, youth, and families is a complex issue. Although intrafamilial violence occurs, data regarding the extent and nature for the problem are largely unavailable. Existing data indicate that Indigenous children, youth, and families are more likely to be victims of violence at the hands of non-Indigenous perpetrators both inside and outside the family. Indigenous children are more likely to be maltreated by governmental social services or justice systems as well. For example, in the United States juvenile detention setting, Indigenous youth are more likely to be kept in isolation, placed in restraints, and controlled with pepper spray than other youth. In other parts of the world, Indigenous children are still being pressed into early military service, sold into slavery for sex trafficking, or targeted as victims of genocide. Overall, experts believe that there is widespread underreporting of the rates of violence against Indigenous children.

According to the United Nations Permanent Forum on Indigenous Issues, there is very little information that specifically describes violence against the Indigenous. The Sub Group on Indigenous Children and Youth for the NGO Group on the UN Convention on the Rights of the Child, an international coalition of nongovernmental organizations, found that there is no international systematic collection of information on Indigenous child rights. Those interested in understanding the international experience of violence against Indigenous children must search for information on a country-by-country basis. In developed countries, child maltreatment data may be collected in a way that allows researchers to examine the specific experiences of distinct groups of Indigenous children. The availability of credible information describing the experience of Indigenous children varies widely across the world with the most credible information generated by Indigenous communities, Indigenous nongovernmental organizations, or the United Nations Children's Fund (UNICEF), which works only in developing countries.

An analysis of available research on violence against Indigenous children strongly suggests that structural violence is the most potent and prolific source of violence experienced by Indigenous children and families. Examples of structural violence are racism, discrimination, active colonization by states, dislocation from traditional lands, expropriation of resources, and poverty. Structural risk may manifest at the level of the family, but is sourced at a societal level. In fact, neglect related to structural risk is the leading cause of the removal of Indigenous children from their families in Canada, the United States, and Australia. The UN Secretary General's Study on Violence Against Children has recognized the importance of addressing structural violence against children, particularly with regard to vulnerable and marginalized children including Indigenous children. The question of how to address structural violence against Indigenous children within countries is complicated by the fact that Indigenous peoples must often appeal for resources to the very governments that are directly or indirectly contributing to the structural violence against Indigenous children. Even wealthy countries are often cited by the UN Committee for the Rights of the Child for inadequately supporting Indigenous children and youth.

Experts are increasingly recognizing that one of the precursors to improving outcomes for Indigenous children is a movement of reconciliation. In this context, reconciliation is not intended to overcome or conquer cultural difference but, rather, to create societal

values and practices that result in Indigenous and non-Indigenous children respecting difference and coexisting with all their respective rights recognized. One such movement was initiated by Indigenous and non-Indigenous child welfare organizations in Canada and in the United States. Motivated by the systematic failure of child welfare systems to adequately protect Indigenous children and families, Blackstock, Cross, George, Brown, and Formsma synthesized the discussions of over 200 experts in Indigenous child welfare to create the following five interdependent principles, called touchstones, to guide reconciliation in child welfare:

Self-Determination—the recognition of Indigenous communities as the best decision makers for Indigenous children

Culture and Language—affirming that Indigenous cultural values underpin the most promising interventions for Indigenous children

Holism—the need to meet the needs of the child in the context of his or her family and community

Structural Interventions—developing meaningful interventions in structural sources of violence and neglect

Nondiscrimination—recognition of Indigenous knowledge and addressing racism and inequitable resource distributions

These touchstones are intended to apply to all aspects of child welfare, including research, policy, practice, and evaluation. They establish a new worldview upon which to base the profession that not only better reflects Indigenous cultures, but also better reflects research. For example, outcomes for Indigenous children are found to be much better when Indigenous communities take the lead role in designing and implementing adequately resourced programs.

The structural violence against Indigenous children, youth, and families has far-reaching negative consequences. If left unchecked, it threatens the survival of the most diverse peoples of the world. Increased recognition and adequate and sustained support for culturally based services will help Indigenous children and families to address family-based violence, peer-based violence, criminal violence, state sponsored violence, and societal violence.

Cindy Blackstock and Terry Cross

See also Civil Rights/Discrimination; United Nations Conventions and Declarations; United Nations, International Law/Courts

Further Readings

Blackstock, C., Cross, T., George, J., Brown, I., & Formsma, J. (2006). *Reconciliation in child welfare: Touchstones of hope for Indigenous children, youth and families.* Ottawa, ON: First Nations Child and Family Caring Society of Canada.

Earle, K. A., & Cross, A. (2001). *Child abuse and neglect among American Indian/Alaska Native children: An analysis of existing data.* Seattle, WA: Casey Family Programs.

Rae, J., & The Sub Group on Indigenous Children and Youth. (2006). *Rights and reality: A report on indigenous children and the United Nations Convention on the Rights of the Child.* Ottawa, ON: First Nations Child and Family Caring Society of Canada.

United Nations Permanent Forum on Indigenous Issues. (2003). *Chairperson's summary: High-level panel and dialogue on Indigenous children and youth.* New York: United Nations Economic and Social Council.

Violence Against People With Disabilities

While most researchers and advocates assert that people with disabilities experience much higher rates of violence than people without disabilities, there are no national data measuring this phenomenon. Estimates of the prevalence of violence vary greatly. Researchers have estimated that violence against people with cognitive disabilities occurs 2 to 5 times more often than against people without disabilities, and some estimate that as many as 90% of people with cognitive disabilities will experience violence at some point in their lives. Similarly, estimates of violence against people with physical disabilities range from virtually similar to people without disabilities to as much as 5 times greater. While many countries collect data nationally on violence, disability is generally not included in these data, and thus there are no official statistics on violence related to people with disabilities. Nonetheless, there is general agreement that people with disabilities experience significant levels

of violence and often experience violence that is uniquely related to having a disability.

People with disabilities can experience intimate partner violence, stranger violence, and violence by their formal (paid) or informal (unpaid) caregivers. People with disabilities are in intimate relationships similar to others, and thus experience intimate partner violence similar to people without disabilities. People with disabilities also can experience violence from people who provide personal support services and can be vulnerable to violence because of their increased levels of interdependence. Finally, people with disabilities also experience stranger violence and are sometimes viewed as "easy targets" because they are perceived as vulnerable.

People with disabilities can experience the same types of violence as people without disabilities, including sexual abuse, physical abuse, economic abuse, and emotional abuse. However, for people with disabilities, these types of violence can take on additional manifestations. For example, physical abuse can include leaving an individual to sit in their own feces for extended periods of time or failing to provide other types of personal care. Economic abuse can include the stealing of an individual's Social Security Disability Insurance checks by a partner, caregiver, or stranger. Emotional abuse can include using a person's need for support related to their disability as a way to further their dependence, such as by saying, "If I didn't take care of you, you'd have to live in an institution."

Additional types of violence that relate directly to a person's disability include control or restraint, inappropriate distribution of medication, deliberately placing barriers, and manipulating his or her disability triggers. Control or restraint can be used to isolate a person with a disability. Control or restraint tactics include refusing to help someone get out of bed when he or she is unable to do so without support, hiding an individual's wheelchair, or restraining the hands of a deaf person to limit his or her ability to communicate. Another type of disability-related violence involves inappropriate distribution of medication. This type can range from overmedicating an individual as a form of chemical restraint, to withholding medication to exacerbate an individual's medical problems, to stealing an individual's medication to sell it or for use by the perpetrator. Another form of violence against people with disabilities is the deliberate placement of barriers for purposes of causing injury or for control. For example, a barrier could be to rearrange the living space of a person who is blind with the purpose of causing physical injury or putting an inaccessible latch on a door to prevent someone from leaving his or her home. The threat of a placement of barriers can also be a form of restraint, as a person may not be comfortable moving about his or her home with the fear of physical injury. Another specific type of abuse against people with disabilities is to deliberately manipulate a person's disabilities by exacerbating his or her triggers or challenges. For example, many people with autism require surroundings of low stimulation. A form of violence toward a person with autism could be to purposefully create a high-stimulation environment for the reason of causing distress.

People with disabilities experiencing violence also may find it more difficult to get help for a variety of reasons. First, the domestic violence service system has tended not to be accessible to people with disabilities. There are few domestic violence shelters that are accessible to people with physical, intellectual, or cognitive disabilities. For shelters to be accessible, all services and physical environments must be reviewed and modified to meet the needs of people with disabilities. Modifications to the environment can include installing ramps, widening doors for wheelchair accessibility, and having all essential services available on the first floor (bedrooms, kitchen, laundry, and bathroom). Modifications to services include providing sign language interpreters, allowing service animals and personal assistants, changing screening instruments, and understanding the manifestations of disability-specific abuses. As many types of disabilities are hidden, shelter staff should ask all survivors if they need accommodations at intake. Shelter staff may also require additional training related to specific disabilities and be knowledgeable of how to make referrals for services. Staff training for shelter workers should include general disability awareness, medication, personal care needs related to disability, communication techniques, and the disability service system. As people with disabilities are often dependent on their perpetrators for financial support and/or personal care, they also may be reluctant to seek help for fear of losing social contact, personal care, and financial resources. By reporting an abuse, a person with a disability may not have the financial resources to live independently. Additionally, he or she may not have the transportation or other resources necessary to access help.

Elizabeth Lightfoot and Traci LaLiberte

See also Caregivers and Violence; Sexual Abuse of People With Developmental Disabilities

Further Readings

Abramson, W., Emanuel, E., Gaylord, V., & Hayden, M. (Eds.). (2000). *Impact: Feature Issue on Violence Against Women With Developmental or Other Disabilities, 13*(3). Minneapolis: University of Minnesota, Institute on Community Integration. Retrieved from http://ici.umn.edu/products/impact/133/

Hoog, C. (2001). *Enough and not yet enough: An educational resource manual on domestic violence advocacy for persons with disabilities in Washington state*. Washington State Coalition Against Domestic Violence. Retrieved from http://www.mincava.umn.edu/documents/wscdv/wscdv.html

Violence Against Women Act

The Violence Against Women Act (VAWA) was the first comprehensive federal legislation to address violence against women in the United States. First passed in 1994, VAWA as it came to be called was reauthorized in 2000 and most recently in 2005 with new additions and revisions.

The first drafts of VAWA were actually introduced in 1990, but many advocates believe that it was the trial of O. J. Simpson, the former football star and television announcer who was accused of killing his wife and a friend, that brought new attention to the issue in 1993 and 1994. With the help of a strong advocacy community, and congressional leaders such as Representative Pat Schroeder (D-CO) and Senator Joseph Biden (D-DE), VAWA was finally passed and signed into law in August of 1994 as a part of the Violent Crime Control and Law Enforcement Act of 1994 (PL-103–322).

Because VAWA was included as part of a crime bill, most of its provisions focused on the criminal justice response to violence against women. Specifically, it included the following:

- new penalties for gender-related violence;
- new grant programs encouraging states to address domestic violence and sexual assault including law enforcement and prosecution grants (STOP grants), grants to encourage arrest, rural domestic violence and child abuse enforcement grants, creation of a national domestic violence hotline, and grants to battered women's shelters; and
- Full Faith and Credit provisions allowing for protection orders from one state to be recognized in another state.

These programs were administered by the Departments of Justice and Health and Human Services, and though no one felt this act completely addressed the needs of victims of domestic violence, almost all involved believed it was a vital first step in the nation's efforts to treat domestic violence as a serious problem.

Civil Rights Remedy

VAWA also included a particularly controversial section that would have permitted victims of gender-motivated violence to sue their perpetrator in federal court for monetary damages. This provision was later struck down in 2000 by the Supreme Court in a 5–4 decision. In the case, *United States v. Morrison,* the court ruled that such violence does not significantly affect interstate commerce and that "the Fourteenth Amendment is directed at state actions, not those of private citizens." No other sections of the bill have been challenged in the Supreme Court.

Violence Against Women Act of 2000

Because the authorization for the original VAWA provisions expired in 2000, Congress took up the reauthorization of this landmark legislation in 1998 and completed its efforts in the fall of 2000 with the passage of the VAWA of 2000. The House of Representatives version of the bill, known as H.R. 1248, passed on September 26 by a vote of 415–3. During the course of final negotiations, VAWA 2000 was merged with another bill protecting victims of human trafficking and with several smaller bills and then passed the Senate on October 11 by a vote of 95–0. President William J. Clinton signed the legislation, finally known as the Victims of Trafficking and Violence Protection Act, into law on October 28, 2000 (P.L.106-386).

The final version of VAWA reauthorization included mainly a continuation of already existing programs with a few improvements, additions, and funding increases. The total authorization grew to $3.3 billion over 5 years, and the key programs included those listed as follows.

STOP Grants (Services and Training for Officers and Prosecutors). This program received the largest portion of the funding in the legislation and goes to states to be distributed among police, prosecutors, courts, and state and local victims' services agencies to enhance law enforcement activities.

Shelter Services for Battered Women and Their Children. This program received the second largest portion of funding from the bill and funds programs to help communities provide services for women and children living in shelters.

The legislation also created new programs and strengthened existing legislation in the following areas:

Civil Legal Assistance. This section created a separate grant program for civil legal services to give women legal help with protection orders, family court matters, housing, immigration, and administrative matters.

Transitional Housing. This program provided grants to aid individuals who are "homeless, in need of transitional housing or other housing assistance, as a result of fleeing a situation of domestic violence and for whom emergency shelter services are unavailable or insufficient." This program was not funded.

Supervised Visitation Centers. This program was a 2-year pilot project to provide grants to state and local law enforcement to provide supervised visitation exchange for the children of victims of domestic violence, child abuse, and sexual assault.

Battered Immigrant Women. Legislation addressing the needs of battered immigrant women was probably the most significant addition to the original VAWA. This section removed the U.S. residency requirement and extreme hardship requirements for immigrant women to receive VAWA protections, allowed battered immigrant women to obtain lawful permanent residence without leaving the country, restored access to VAWA protections for immigrants regardless of how they entered the country, and created a new type of visa for victims of serious crimes that allows some to attain lawful permanent residence. Although many of these provisions were included in the original VAWA, immigration legislation in 1996 stripped many of them away, creating the need to add them to VAWA 2000.

Dating Violence. The definition of dating violence was changed to allow grants to go to programs that addressed intimate partner violence between people who were dating, but not necessarily married.

Services for Disabled and Older Women. To provide grants for training law enforcement and developing policies to address the needs of older and disabled victims of domestic and sexual violence, $25 million was authorized over 5 years.

Violence Against Women Act of 2005

VAWA was most recently reauthorized in 2005, and while continuing existing programs, it also expanded in four critical areas: sexual assault, children and youth, health, and prevention. In addition, a new emphasis was placed within all of the programs on addressing the needs of communities of color and Native women living on and off tribal lands. Mainly grant programs, these new provisions were created to address areas of need beyond immediate crisis and criminal justice responses. The new VAWA was able to expand and reach out to populations that were not currently being served and to reach younger victims, both those witnessing and experiencing violence. The new VAWA also saw increases in authorized spending, reaching close to $1 billion a year, though actual spending has yet to come close to allowable amounts. The new provisions in VAWA 2005 included the following:

Services for Youth Who Are Experiencing Dating Violence. Most existing programs had served only adult victims. VAWA 2005 made it possible to provide services to youth and expanded those who were eligible to receive grants to include youth-serving organizations.

Prevention Programs. New programs focused on stopping violence before it starts also were included. Specifically, programs working with children exposed to domestic violence, new moms and young families at risk for violence, and boys and men addressed some of the newer thinking on how to reach those most at risk for becoming both victims and perpetrators of violence.

Health Care. Reaching out to health care providers became a new priority in VAWA. Based of research demonstrating the overwhelming health effects of violence and abuse, health and behavioral health professionals became a new target audience for training.

Sexual Assault Services. VAWA in 2005 also created for the first time a direct federal funding source for rape crisis centers throughout the nation. Previously, only rape prevention and education programs had been funded through the Centers for Disease Control and Prevention.

The unanimous passage of VAWA in the winter of 2005 and the noncontroversial signing of it by President George W. Bush marked a major milestone in the movement to end violence against women. What had once been controversial was now mainstream. The VAWA served and continues to serve as a major marker in the social movement to end violence against women and girls.

Kiersten Stewart

See also Legislation, Intimate Partner Violence; Office for Victims of Crime; Office on Violence Against Women; STOP Violence Against Women Formula Grant Program

Further Readings

Laney, G. P. (2005, March). *Violence Against Women Act: History, federal funding, and reauthorizing legislation* (CRS Reports No. RL30871). Washington, DC: Congressional Research Service, Library of Congress. Available at http://www.opencrs.com/search.php

Violence Against Women Following Natural Disasters

Though disaster managers minimize conflict and violence after disasters, domestic violence is often reported by disaster researchers and humanitarian relief workers both in the United States and other affluent nations and in the world's poorest nations, where natural disasters take the highest toll. Indicators include increases in calls to hotlines, requests for protection orders, police reports, and need for urgent shelter where these systems and services are in place and where they are not available, in reports to relief agencies, United Nations' agencies such as UNIFEM (UN Development Fund for Women), and women's groups active in disaster response. However, few studies have been conducted to document these patterns or to provide support for increased outreach and protection in disasters. Disaster researchers rarely investigate the link directly or consult community-based service agencies when they do. It is also unusual for documentation procedures to be in place in women's antiviolence organizations, law enforcement agencies, or relief organizations in order to capture reports, either in the immediate aftermath (when conditions may make communication or travel very difficult) or in the year following when most increases are reported. The invisibility and normality of abuse persists through crisis and into recovery without the explicit attention of antiviolence advocates.

Causes

Why does violence increase? Substance abuse, stress, and overcrowding are often seen as triggering events for intimate partner violence in disaster contexts. Lack of housing is particularly critical as this, like inability to access services or safe space, may once again force women back into violent relationships or increase family pressure to return to abusers. These factors should be investigated further, but in the context of the power and control dynamics at the root of domestic violence. The socioemotional and physical impacts of disasters threaten abusers' sense of mastery and control. Male-dominated relief systems may also enable the increased control of abusers over critically needed relief and recovery resources as survivors strive to find or repair housing, restore livelihoods and jobs, replace goods, relocate if necessary, and assist family members. Support systems providing some degree of oversight and protection may unravel in a flood, destructive earthquake, oil spill, or gas explosion as people relocate, and connections to family, coworkers, and friends are difficult to maintain. Further, because disasters can also be catalysts for social change, abusers may be threatened by new opportunities for women in relief and recovery initiatives, such as women's collective organizing around disaster recovery, programs offering women funds for small businesses or skill training, or perhaps even relief funds sufficient for some to relocate to a safer location and situation.

Paradoxically, the very nations most exposed to devastating and deadly impacts of disasters and in which women are most likely to be injured, killed, left without income, widowed, deprived of land, or trapped for months or years in overcrowded and unsafe temporary

shelters are also unlikely to provide comprehensive antiviolence services for women who live with intimate partner violence. In every country, however, formal or informal networks exist, and women are organized in some way to prevent and respond to domestic violence. Other countries or communities may have well-established and resourced shelter systems, antiviolence legislation and policy, separate shelters and transition houses, and other program services, but these can be very severely disrupted or destroyed, for example when programs are located in older buildings not seismically resistant or in newer structures built on lower-cost lands in flood plains. The energies of providers, advocates, staff, and volunteers will be diverted to personal needs in a widespread disaster, creating very stressful conditions for those who also feel accountable to women already displaced into battered women's shelters or already in crisis and sustained by their connection to a counselor or shelter. It is very rare for the equipment, space, funding, or facilities of women's antiviolence services to be disaster resilient or for effective partnership agreements to be in place between sister agencies in crisis, though these may emerge.

Challenges

Victim-survivors who already struggle with domestic violence face unique hurdles in a natural disaster, especially if they and their children are displaced through violence into a shelter or are already marginalized in their own community by social pressure from the abuser and the abuser's family. Evacuation is more difficult without the freedom to act or access to transportation. The local shelter, if one exists, may well expose women to the abuser once again. Lack of childcare and employment in the aftermath increases women's dependence. Housing shortages or need for assistance repairing a residence suitable for children may force a return to the abuser. Simply leaving the home to stand in line for critically needed emergency supplies puts women in some contexts at risk of more abuse. Certainly, lack of access to courts, police, shelters and transition homes, counselors, crisis lines, and other services (where these exist) make abuse more difficult to report and support and protection more difficult to obtain. The trauma of the event and the struggle to survive, lack of information, the loss of home and possessions, evacuation, displacement into temporary accommodations, relocation into new or repaired housing, unemployment, the closure of schools, loss of childcare, and disrupted social networks enormously complicate the lives of women who are already in crisis or under great stress due to violence and the threat of violence.

For the most part, disaster managers fail to include women's antiviolence shelters in planning, mitigation projects, emergency preparedness drills, training and community awareness, and postdisaster funding schemes. Evacuation sites may not be safe spaces for women, especially in rural areas where the abuser may also use this space. Their need for anonymity may limit women's ability to safely apply for relief assistance or to use family relocation services. Training for mental health counselors in disasters or other disaster relief workers rarely includes domestic violence or related gender issues. In some communities, even information about existing resources such as hotlines is excluded from resource lists available to disaster survivors.

Women's antiviolence networks and services are a lifeline for women before, during, and after disasters. They must be considered part of the critical infrastructure of a community and protected accordingly. Universally, the informal networks, knowledge, and resources of women's antiviolence groups or programs are also a much-needed resource wherever people strive to mitigate natural hazards, increase the resilience of residents and systems to impacts, and prepare to respond in a just and effective manner when these events unfold.

Future Disaster Management

Women's groups and organizations should pressure disaster managers for inclusion as full and equal partners in reducing the risk of harm during and after disasters and planning ahead for responding to increased violence against women when or if it occurs. Where local or national governmental disaster programs are not in place, external relief agencies and non-governmental organizations must be educated about women's increased risk. For their part, it is imperative that emergency management authorities take responsibility for and be held accountable for devoting resources needed to help women survive both the disaster and domestic violence. Women's lives and safety are core responsibilities of emergency planners and disaster managers, though too rarely understood and addressed in practice. When the safety of victims of abuse is at

increased risk, the challenge of planning ahead to mitigate violence against women in disasters must be taken up across the board as a core responsibility, not an optional "add on" in disaster risk management.

Elaine Enarson

See also Battered Women; Coordinated Community Response; Shelters, Battered Women's

Further Readings

British Columbia Association of Specialized Victim Assistance and Counseling Programs. (2001). *It can happen to your agency! Tools for change: Emergency management for women.* Retrieved from http://www.pep.bc.ca/management/Women_in_Disasters_Workbook.pdf#search=%22it%20can%20happen%20to%20your%20agency%22

Gender and Disaster Network. (2005). *Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies.* Retrieved from http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

Gender and Disaster Network. (2006). *Does domestic violence increase after disasters? A fact sheet.* Retrieved from http://www.gdnonline.org/resources/VAW%20in%20Disasters%20Fact%20Sheet%202006.doc

Gender and Disaster Network. (n.d.). *Gender and disaster sourcebook.* Retrieved from http://www.gdnonline.org/sourcebook.htm

World Health Organization. (n.d.). *Gender-based violence in disasters.* Retrieved from http://www.searo.who.int/en/Section13/Section390_8280.htm

Violence Against Women in Conflict and War Zones

Wars and wartime violence have traditionally been considered the domain of men, but women's bodies have always been part of the battlefield upon which wars and conflicts are fought. Men have used women's bodies as a weapon against their enemies. Inflicting violence and exerting sexual power over women is a way to punish men and control their behavior. The violence, which is often sexual in nature, is often about exerting power and controlling women's bodies. War violence, mostly reserved for men, leaves women without the means to fight back either physically or legally. Military hierarchy and tradition often also shield men who perpetrate this violence. In recent years, women on the home front and female soldiers also have fallen victim to violence by military men in war zones or recently returned from them.

Women in the War Zone

Since women have historically and are in some cases still considered the property of men, violence against them is seen as a direct assault on men with whom they are associated (fathers, brothers, husbands, etc.). Women might be tortured or violated in front of their families as a means of punishment not only for the women, but also for the men. This tactic is often used as a tool for gaining information from men who might otherwise not submit to torture executed against them directly. There is evidence that people submit to interrogations more quickly when someone they are close to is threatened or assaulted than if they are tortured themselves.

A large proportion of the violence perpetrated against women in conflict and war zones is of a sexual nature. This sort of violence is used both to exert the perpetrator's masculinity and dominance as well as to assail the masculinity of the men with whom the woman is associated. The emotional assault of the demasculinization of men, achieved through violence against women, is often considered more destructive than physical violence against men.

In the case of rape and sexual assault, the violation of women's bodies can compromise women's chastity and virtue in the eyes of their families so that even if they are not killed during the initial act of violence, they may instead die at the hands of their families as a result of this violation.

Soldiers' Wives and Dependents

Violence against women associated with war and conflict is not limited to those women in the main field of battle. Women and children who are associated with soldiers also endure violence after the soldiers return home. Recent studies of domestic violence suggest that the rates of violence in military homes are greater than those in civilian homes. Military personnel are trained in violence without always receiving training in how to properly contain that violence or their

tempers. In addition, soldiers returning home from battle no longer have the decompression time once afforded to them because of the slower means of travel (ships and trains). Now with the use of air travel a soldier can shoot and kill enemy soldiers one day and be back with his or her family the next. This lack of substantial decompression time can result in soldiers not dissociating from violence and thus perpetrating more violence against their families.

Female Soldiers

In recent decades as women have become a larger part of many Western militaries, female soldiers have had to navigate a military environment that promotes a masculine organizational structure. Female soldiers often endure sexual harassment, physical violence, and rape because of their deviation from traditional gender roles and their invasion into a male-dominated world. In spite of evidence to the contrary, women's participation in the military is often questioned based on their ability to successfully perform their responsibilities. When women do fall victim to physical attacks or sexual abuse, these attacks are sometimes seen as indicators of women's inability to succeed in the military rather than as institutional problems supported by the structure of the military.

In war and conflict zones where there are not prostitutes present or other women available who will consent to sex, soldiers may resort to rape in order to fulfill their sexual desires and to exert their masculinity and power. Local women have historically been the victims of such attacks, but with the increase of the presence of female soldiers in these regions, there has also been an increase of male soldiers executing this sort of crime against their female counterparts. This form of violence serves a dual purpose, both to exert the male soldiers' masculinity and dominance and to try to put the female soldier in her place and establish her inferiority as a woman and a soldier.

Sociological View of Causes

The culture of masculinity within militaries (both foreign and domestic) creates an environment conducive to violence and bias against women. The masculine nature of the military as an institution emphasizes male dominance and privilege, further reinforcing notions of the inferiority and vulnerability of women, opening them up as easy targets of war violence. In addition, war is often about political power. Since rape and sexual assault are often about exerting power and control, the use of rape as an instrument of war fits into the ideology of the production of power. Understandings of traditional gender roles also contribute to the perpetration of violence against women in war and conflict zones.

Stacie Robyn Furia

See also Armed Forces, Sexual Harassment in; Domestic Violence in Military Families; Hypermasculinity; Masculinities and Violence; Sexual Assault in the Military

Further Readings

Caforio, G. (2003). *Handbook of the sociology of the military.* New York: Academic/Plenum.

Enloe, C. (2000). *Maneuvers: The international politics of militarizing women's lives.* Berkeley: University of California Press.

Lorentzen, L. A., & Turpin, J. (1998*). The women & war reader.* New York: New York University Press.

Mercier, P. J., & Mercier, J. D. (2000). *Battle cries on the homefront: Violence in the military family.* Springfield, IL: Charles C Thomas.

Violence Prevention Curricula for Adolescents

Violence prevention curricula are educational programs designed to reduce school-based violence. The basic right to education for youth can be jeopardized by violent and sometimes dangerous behavior that takes place in schools. In the last decade, school safety has become a high priority on educational, social, and political agendas because of the assumption that violence in schools undermines students' potential for learning. There is growing public recognition and concern about the toll school violence is taking on students, teachers, and school administrators. To provide a safe and productive environment that fosters effective learning, school administrators are challenged to make schools safer from bullying and sexual harassment as well as school shootings and physical assaults. In response to these challenges, schools are adopting a range of programs intended to reduce violence. Perhaps the most

difficult challenge in making schools safer is determining which school-based violence prevention programs are effective and how to implement these programs, while at the same time ensuring that regular classroom curricula expectations and standards are being met. This entry discusses several aspects of implementing violence prevention curricula, including challenges, key ingredients for effective programs, teacher training and development, key stakeholders, selection criteria, and future directions.

Challenges Facing Schools in Violence Prevention Initiatives

Teachers and administrators who are responsible for managing violence prevention and intervention efforts within schools are often caught between conflicting and competing demands. The vast majority of violence prevention programs within schools have been "add-on" programs where teachers are expected to include violence prevention activities on top of existing classroom curricula and expectations. Secondly, few prevention programs are properly evaluated, particularly with respect to long-term behavior change. In addition to the short duration of many violence prevention programs, many do not target specific risk factors, are not comprehensive or skill-based, and are not coordinated within broader community efforts. Funding to implement and deliver violence prevention programs is often limited and usually lasts only as long as the accompanying research evaluation or the continued dedication of a small number of staff. Finally, inadequate teacher training and staff development in violence prevention programs can be a significant obstacle in the process of building safe schools. An effective solution to the many challenges facing schools in implementing violence prevention programs is to integrate such initiatives within the existing school curriculum and utilize community and school supports.

Effective School-Based Violence Prevention Programming

Preventive, collaborative, instructional approaches whereby student engagement is high are key ingredients in reducing school violence. Safe school initiatives are difficult to sustain if they are not embedded in supports within the school system at all levels. Best practice principles have been established upon which violence prevention programs should be based. Programs should be integrated in the regular school curriculum and become part of the accepted school culture. Embedding programs within an already existing school curriculum ensures that program components can be developmentally appropriate for each grade level. Instructional content that is geared toward violence prevention, skill and relationship building, and developing coping skills as they relate to violence may reduce levels of violent behavior in schools. Students benefit from hands-on opportunities to practice violence prevention concepts, like role-plays, and receive appropriate feedback about their skills and strategies from a well-trained teacher.

Teacher Training and Staff Development

Buy in from teachers and staff members is a critical first step for implementing a violence prevention program into existing school curricula. Their commitment requires an expectation that teachers move beyond their traditional role as instructor within a classroom to become a member of a larger team that works collaboratively with students, administrators, parents, and community partners in establishing safe schools. The time and resources invested in high-quality teacher training and staff development in delivering violence prevention programs within the classroom is of paramount importance. Teachers should be trained on a variety of teaching methods and strategies that promote skills and cooperative learning. Moreover, teachers must be prepared to deal with any disclosures, follow-up questions, or anxiety that students may experience as a result of participating in the program.

Key Stakeholders

Students, parents, and community agencies are all key stakeholders in building safe schools. Parents as well as community members and agencies often want to be engaged in the implementation of violence prevention and curriculum-based programs. However, opportunities must be created for their involvement. Schools can tap into existing community agencies and resources to assist with curriculum development and delivery, and input from parents needs to be

welcomed and encouraged. Students can provide meaningful input on school safety issues and play an active role in establishing youth-driven safe school initiatives and committees. School leaders can actively engage students in planning, implementing, and evaluating violence prevention initiatives.

Selecting Appropriate Violence Prevention Curricula

Some communities have been successful in reducing school violence through an integrated, comprehensive approach that involves everyone—schools, students, parents, and community organizations. A safe school is the result of many things: a good understanding of the school's culture, careful planning, supportive parents and community partners, a caring and well-trained staff, and last but not least, a student body that feels connected and valued. It is important that violence prevention curricula and programming reflect the culture and overall direction of each community, including the unique challenges and resources available. Selecting an appropriate violence prevention curriculum involves many factors. The stage-based school change model is a helpful assessment that categorizes schools into different levels of readiness to take action toward reducing violence in schools. As well, violence prevention curricula should be designed with close adherence to state or provincial standards and objectives so that it can be easily integrated into the current curriculum. Finally, universal implementation and a whole-school approach that addresses the school climate in which violent behavior may occur is an important shift away from programs that focus primarily on altering selected attributes of an individual.

Future Directions

In spite of public pressure to make violence reduction a top priority in all schools, there are difficulties and challenges with developing, implementing, and sustaining school-based violence prevention programs. Many of these challenges are related to the add-on nature of programs, limited resources and funding necessary to sustain such programs, and a lack of a collaborative effort from all stakeholders (students, parents, and community agencies) involved in the process of building safer schools. Programs that are integrated into the school curricula and that approach violence prevention by emphasizing the skills and awareness needed to make healthy relationship choices are an innovative and necessary shift in school-based violence prevention programming. Changes in school policies and the way schools deal with violent incidents may also be a necessary component to improve safety within schools.

Debbie Chiodo, Ray Hughes, and David A. Wolfe

See also School-Based Violence Prevention Programs; School Violence

Further Readings

Jaffe, P. G., Wolfe, D. A., Crooks, C. V., Hughes, R., & Baker, L. (2004). The fourth R: Developing healthy relationships through school-based interventions. In P. G. Jaffe, L. Baker, & A. J. Cunningham (Eds.), *Protecting children from domestic violence* (pp. 200–218). New York: Guilford Press.

RESOLVE Alberta. (n.d.). *School-based violence prevention programs: A resource manual.* Retrieved from http://www.ucalgary.ca/resolve/violenceprevention/index.htm

Wolfe, D. A., Jaffe, P., & Crooks, C. (2006). *Adolescent risk behaviors: Why teens experiment and strategies to keep them safe.* New Haven, CT: Yale University Press.

Violent Resistance

Violent resistance is one of three major forms of partner violence defined by Johnson. He developed this control-based typology in response to contrasting findings within the partner violence literature concerning the use of violence by women and the frequency, severity, and consequences of partner violence. Violent resistance is physical violence used by one partner in response to intimate terrorism, a form of physical violence utilized as a part of a larger web of control and power that usually involves economic control, isolation, intimidation, and psychological abuse. Intimate terrorists are almost always men who seek to dominate and control "their women," ultimately entrapping them in a highly coercive, dangerous relationship typically involving escalating and frequent violence. Since violent resistance involves a victim fighting back against an intimate terrorist, it is

predominately used by women. Although violent resistance is similar to what is commonly thought of as self-defense, it does not necessarily meet the legal definition of self-defense and may not always be conceptualized as such by the women who use it. The third violence type that Johnson describes is situational couple violence or violence that is not part of a larger pattern of power and control, but is rather a response to a situation-specific conflict. Situational couple violence, the most common form of partner violence, is less likely to escalate to severe physical violence, tends to be relatively infrequent, and is equally likely to be used by women and men.

Violent resistance tends to be a temporary means of coping with the violence because of men's general ability to physically dominate women and because the victim may fear the ramifications of fighting back. Women entrapped in intimate terrorism relationships may use violent resistance as an initial coping strategy, but often also seek help from the police, battered women's shelters, courts, and/or hospitals. In addition, some research indicates that most victims of this form of violence either escape the relationship or are able stop the violence within 2 to 3 years of its onset. Victims of situational couple violence are less likely to use formal help sources, probably because they are in less imminent danger and because they may not require immediate assistance. Victims of situational couple violence are also less likely to leave the relationship. Because intimate terrorism victims frequently rely on social service agencies for help, they are typically found in clinical samples, whereas women experiencing situational couple violence are typically found in general samples of the population, such as those used in the National Family Violence Surveys. It is hypothesized that these different sampling strategies have resulted in researchers uncovering qualitatively different phenomena (intimate terrorism vs. situational couple violence) and ultimately causing rancorous debates among researchers.

More research is needed to truly understand the differences among these types of violence, particularly the role of violent resistance in women's ability to cope with and escape intimate terrorism. Examining these differences is challenging, however, since it ideally requires reports from both partners and information about the context within which the violence exists.

Janel M. Leone

See also Intimate Partner Violence; Intimate Terrorism; Situational Couple Violence

Further Readings

Johnson, M. P. (1999, October). *Conflict and control: Images of symmetry and asymmetry in domestic violence.* Paper presented at the Families in Conflict Symposium, University Park, PA.

Johnson, M. P. (1999, November). *Two types of violence against women in the American family: Identifying patriarchal terrorism and common couple violence.* Paper presented at annual meeting of the National Council on Family Relations, Irvine, CA.

W

Women of Color Network

The Women of Color Network (WOCN) is a nationwide group of women dedicated to eliminating violence against women and families. It was founded in 1997 by a group of women of color from across the country and led by staff from the National Resource Center on Domestic Violence (NRCDV), a project of the Pennsylvania Coalition Against Domestic Violence. NRCDV wanted to establish a means of addressing the challenges that women of color advocates and activists faced within the violence against women movement.

As noted on WOCN's Web site, the mission of WOCN is "to provide and enhance leadership capacity and resources that promote the activities of advocates and activists of color within the Tribal Nations, the United States and U.S. Territories toward the elimination of violence against women and families." Leadership is regarded within WOCN as a vehicle for obtaining decision-making and executive roles throughout the movement, therefore enriching and expanding the dialogue, institutional and public policy, and ultimately service provision to all communities.

Statistics show that African American, Asian and Pacific Islander, Hispanic and Latina, and Native and Alaskan Indian women experience intimate partner violence (IPV) at levels equal to Caucasian women, but in numbers that affect more women within their respective communities. Evidence shows that such issues as economics, education, immigration, language access, and ongoing institutional and societal inequities not only deepen the victimization for individuals of color but also create more barriers to seeking and obtaining safety. Advocates of color bring intrinsic knowledge of these barriers that is needed within violence against women programs to reach these communities.

There also is a need for partnership and collaboration with such community-based entities as faith institutions and economic development projects, as well as a connection between men and women of color to ensure holistic, culturally relevant approaches to obtaining violence-free living. WOCN nurtures and promotes the brokering of these relationships.

Unique programming within WOCN centers on mentoring, a strategy proven to ensure the sharing of knowledge and thus build stronger capacity. To date, there have been over 100 mentors who have assisted over 300 individual mentees across the nation in developing their own programs, moving into leadership roles, and strengthening community outreach. Information exchange and networking is central to all WOCN activities and products whether through a series of teleconferences, regional meetings, focus groups, listserves, or newsletters.

The work of WOCN is defined by a group of women of color advisors from around the country to ensure accountability and authenticity of approach and is administered and implemented by a women-of-color staff. The work is also defined by partnerships with other local, state, and national communities of color organizations.

Women of color advocates and activists within WOCN are ultimately fortified with the knowledge that they are their own best resources and are authorities over their own experience. They are encouraged to embrace each other across cultures and ethnicities,

age, sexual orientation, and ability to build a strong coalition. WOCN continues to grow and will be a vital organization for years to come.

Tonya Lovelace

See also Advocacy; Asian & Pacific Islander Institute on Domestic Violence; Institute on Domestic Violence in the African American Community; National Latino Alliance for the Elimination of Domestic Violence; National Resource Center on Domestic Violence

Further Readings

Women of Color Network. (n.d.). *Women of Color Network facts and stats collection: Domestic violence and communities of color*. Retrieved from http://women ofcolornetwork.org/Fact_Sheets/DVFactSheet.pdf

Women of Color Network. (n.d.). *Women of Color Network facts and stats collection: The endangered woman of color advocate*. Retrieved from http://women ofcolornetwork.org/special_update95.pdf

Women of Color Network. (n.d.). *Women of Color Network facts and stats collection: Sexual violence and communities of color*. Retrieved from http://women ofcolornetwork.org/Fact_Sheets/SVFactSheet.pdf

Web Sites

Women of Color Network: http://womenofcolornetwork.org/

Women's Aid Federations of the United Kingdom

The Women's Aid Federations of the United Kingdom are the national umbrella bodies for the local domestic abuse services in England, Northern Ireland, Scotland, and Wales. Registered as charities under U.K. law, the federations respectively coordinate and support four networks of local organizations (370 in England, 40 in Scotland, 35 in Wales, and 11 in Northern Ireland) that provide an extensive range of services to women and children experiencing domestic violence. They provide over 500 refuges, helplines, and community-based advocacy and outreach services across the United Kingdom.

The Women's Aid Federations provide resources, services, training, and information to local domestic abuse organizations, to a wide range of statutory and voluntary agencies, and to the general public. They also play a key role in maintaining a national overview of law, policy, and practice and in coordinating responses to government, statutory agencies, and other national bodies in their respective countries within the United Kingdom.

Women's Aid is the pioneer of the worldwide movement to end domestic abuse and part of a wider movement to end violence against women (VAW) and gender inequality. Its work is built on 35 years of campaigning and working in partnership with national and local governments, police, social services, health authorities, and voluntary organizations to promote the need for an integrated approach to prevent domestic violence and to protect abused women and children.

Aims and Mission

For 35 years, the Women's Aid mission has been to lead in preventing and ending domestic and sexual violence and in advocating and ensuring the safety of abused women and children. There are three key aims to Women's Aid strategy, encompassing protection, prevention, and provision:

- to improve the protection available to abused women and children by ensuring that their needs inform developments in law, policy, and practice;
- to work toward the prevention of domestic violence through public awareness and education; and
- to ensure the provision of high-quality services for abused women and children.

History

Women's Aid grew out of the women's liberation movement of the late 1960s and early 1970s. The first Women's Aid groups were set up in response to women's desperate need for a place to stay with their children where their violent partners could not find them. Those early refuges were run entirely on the voluntary labor of committed women, activists, and survivors together. Premises were often in poor condition and usually overcrowded, but they provided safety and support and enabled many of the women who used them to break away and start a new life free from abuse. From then on, Women's Aid was and remains the key support agency for women and children experiencing domestic violence.

In 1974, the National Women's Aid Federation was established by 35 local services, and by 1979, the four

separate U.K. federations had been established. Since the 1970s, the federations have maintained strong cross-U.K. links through regular networking and meetings, parallel service developments, shared public awareness work, and campaigns (e.g., for legal protection, housing, and welfare rights). Campaigning by Women's Aid put domestic violence on the public and legislative agendas in the United Kingdom from the early 1970s onward.

In the last 3 decades, Women's Aid has campaigned systematically for improvements in criminal and civil law, family law, housing, health, education, and welfare services as well as for funding to continue to develop high-quality community-based refuge, outreach, and advocacy services to meet the needs of all victims and survivors. Current campaigns include the campaign for human rights protection for women with no recourse to public funds and the campaign for safe child contact when parents separate. Women's Aid also works closely with other VAW organizations on sexual violence and gender equality issues.

Across the United Kingdom, Women's Aid has also run local and national award-winning public awareness campaigns and worked in partnership with member services and other agencies to educate the public and to deliver an effective holistic multi-agency response.

Principles, Values, and Service Standards

Women's Aid services across the United Kingdom are based on a common approach: to believe abused women and children and to make their safety a priority, to support and empower women to take control of their own lives, to recognize and care for the needs of children affected by domestic violence, and to ensure equality and antidiscrimination in all Women's Aid's work and services. Women's Aid recognizes that any woman is at risk of domestic violence, regardless of race, ethnic or religious group, class, sexuality, disability, or lifestyle. Apart from the provision of emergency accommodation, the primary importance of Women's Aid is to act as an independent advocate and service provider for women (outside the statutory sector). Other agencies can and do provide particular services, but Women's Aid's specific role is to be there for the women and children, to support them, and to help them define and articulate their needs. The guiding principle behind Women's Aid's independent advocacy role and services has been the understanding of the central importance of the perspective of abused women and children in the provision of support and services and in the development of strategies for change.

The principle of a women-only group—women helping women—has been shown to empower women who have been on the receiving end of male dominance and abuse. Women who have come to the point of approaching someone for help need above all to be listened to and to have their experiences and feelings taken seriously. Listening takes time, and many agencies are unable or unwilling to give sufficient time.

Women and children using Women's Aid services, however, will receive support not only from staff and volunteers, but also from other women survivors in refuge houses or in support groups. This support will give them time and space to reflect on their own needs and will help them to overcome their isolation and the sense of shame that many women feel at being abused by a partner, ex-partner, or other family member. In time, it may enable them to move on to a life free from violence, provided that the appropriate services and legal protection are put in place.

Women's Aid's understanding for 35 years has been that domestic violence has to be seen within a social and structural context of unequal power relationships between women and men. Men in violent relationships characteristically abuse their partners and ex-partners in order to achieve control over them. Often very subtle signals can be extremely threatening; violence does not have to be overt to achieve its ends. The UN Convention on the Elimination of all Forms of Discrimination Against Women now recognizes domestic violence as one of the ways in which women suffer discrimination. This is reinforced by economic, political, and legal structures both within our society and internationally. The Global Platform for Action, adopted by governments at the 1995 UN World Conference on Women in Beijing, now endorses this perspective.

However, although government and other research has shown repeatedly that women and children are the majority of victims of serious and ongoing domestic abuse (89%), there is of course a need to provide appropriate services for all victims, including men in heterosexual or same-sex relationships. Women's Aid services refer all victims to relevant, safe, and separate provisions.

All Women's Aid federations are committed to the development of quality services and a qualified workforce and are working in partnership to develop this through National Service Standards, National

Occupational Standards, and accredited training. In England, Women's Aid has now embodied core principles and values within draft National Domestic and Sexual Violence Service Standards, currently under consultation, as follows:

1. Understanding domestic and sexual violence and its impact: Services demonstrate an appropriate and informed approach to service delivery, which recognizes the nature, prevalence, dynamics, and effects of domestic and sexual violence.
2. Safety: Services ensure that all intervention prioritizes the safety of survivors and of staff.
3. Diversity and equal access to services: Services respect the diversity of survivors and apply antidiscriminatory practice to all aspects of their work; survivors are supported and assisted to access services on an equitable basis.
4. Advocacy: Services provide both institutional and individual advocacy to support and promote the needs and rights of survivors.
5. Empowerment and a survivor-centred approach: Services ensure that survivors are able to identify and express their needs and make decisions in a supportive and nonjudgmental environment; that survivors are treated with dignity, respect, and sensitivity; and that they promote service-user involvement in the development and delivery of services.
6. Confidentiality: Services respect and observe survivors' rights of confidentiality and ensure that they are informed of situations in which that confidentiality may be limited.
7. A coordinated community response: Services operate within a context of interagency cooperation, collaboration, and coordinated service delivery to ensure a culture of intolerance for domestic and sexual violence is developed in agencies, communities, and individuals.
8. Responsibility for the violence and holding perpetrators accountable: Services operate within a culture based on the belief that perpetrators have sole responsibility for their violence.
9. Accountability: Services are managed effectively so that survivors receive a quality service from appropriately skilled staff.

Nicola Harwin

See also Chiswick Women's Aid; Shelters, Battered Women's

Further Readings

Binney, V., Harkell, G., & Nixon, J. (1981). *Leaving violent men: A study of refuges and housing for abused women.* Bristol, UK: Women's Aid Federation of England.

Dobash, R. E., & Dobash, R. (1980). *Violence against wives.* London: Open Books.

Dobash, R. E., & Dobash, R. (1992). *Women, violence and social change.* London: Routledge.

Harwin, N., & Barron, J. (2001). Domestic violence and social policy: Perspectives from Women's Aid. In J. Hanmer & C. Itzin (Eds.), *Home truths about domestic violence: Feminist influences on policy and practice, a reader* (pp. 205–228). London: Routledge.

Workplace Violence

Workplace violence falls under the general category of criminal violence. As defined by Reiss and Roth, it is behavior by persons against persons that intentionally threatens, attempts, or actually inflicts physical harm. There are other forms of workplace violence, not discussed here, that are psychologically nonviolent: ostracism, leaving offensive messages, aggressive posturing, rude gestures, swearing, shouting, name-calling, innuendo, and deliberate silence. According to Perone, an Australian scholar, workplace violence costs American employers between $4 billion and $6 billion annually.

Perone has also pointed out that workplace violence has multiplier effects throughout society. Among those costs for victims are included costs of meeting immediate and future medical expenses, short- and long-term psychological stress, job displacement, and increased fear of crime. For costs to employers, there is loss of property, increased insurance premiums, legal expenses incurred with liability actions, and loss of clients. For society, there are costs in the form of interpersonal difficulties between the victim and his or her intimate partner, elevated costs to the government health care system, and loss of business confidence.

Types of Workplace Violence

In 2001, the University of Iowa Injury Prevention Center published a report describing four types of workplace violence that appear to have some generality.

Type I: Criminal Intent

In Type I offenses, the offender has no legitimate business relationship with the workplace. The primary purpose of the offender is theft with the use of a deadly weapon. High-risk targets are workers who handle large amounts of cash or who work alone. In 1997, this type of workplace violence amounted to 85% of workplace homicides. Although robbery occurs with other types of targets, this type of workplace violence is the most common.

Type II: Customer–Client

In this type of workplace violence, the offender is a client or customer of the victim. The violent act occurs in conjunction with normal duties that occur in the workplace. Examples include mental patients who attack nurses or attendants, attacks on police or correctional personnel, and attacks on bus, taxi, and railway drivers. About 3% of workplace homicides fall in this category.

Type III: Worker-on-Worker

Type III workplace violence involves an attack by present or former employees on coworkers. This type of violence, discussed in more detail in a subsequent section, is better known colloquially as "going postal" after a series of attacks on postal workers by other employees. Type III violence accounts for about 7% of workplace homicides nationally.

Type IV: Personal Relationships

The final type of workplace violence includes violence by an offender who has a relationship with the victim, but no one else in the workplace. These types of violence grow out of domestic violence, and the victims are disproportionately female and represent a continuation of domestic conflicts carried to the workplace. About 5% of workplace homicides nationally fall into this final category.

Workplace Homicides

Depending upon the basis of comparison, workplace homicides represent different levels of risk. Compared to other types of homicide nationally, workplace homicides are just 3.7% of 16,204 homicides reported in 2002. But compared to 5,534 occupational fatalities from all causes, workplace homicides are 11%. However, compared to nonfatal forms of workplace violence such as rape/sexual assault, robbery, aggravated and simple assault, workplace homicides are 0.1% of workplace victimization.

Most victims of workplace homicides are salary and wage workers (73.7%) and the remainder (26.3%) are self-employed. The percentage of male victims (77.7%) is much higher than the percentage of female victims (22.3%). However, proportionately, workplace homicides are much higher for females in comparison to males. One study found that 10% to 30% of all workplace deaths were males as compared to 40% to 57% for females. The reason workplace homicides are a leading cause of occupational injury and death for females has to do with their concentration in high-risk occupations such as teachers, social workers, health care workers, and nurses. Females are much less frequently exposed to hazards found in disproportionately male occupations such as heavy machinery, work at elevations, construction, mining, agriculture, and forestry.

There is also a gender difference with respect to weapons used. Although both genders are killed most frequently by firearms, women are disproportionately killed by cutting or stabbing instruments. Drawing on a 1987 study that was the first to notice the disproportionate use of knives, Riedel analyzed 1,239 workplace homicides from 1990 to 1999 in California and also found that women were disproportionately victimized by knives and cutting instruments.

Of the 605 workplace homicides in 2002 for which information was available, 76.2% were between the ages of 20 and 54. With respect to race and ethnicity, 50.9% were White, 18.3% were Black, 17.6% were Hispanic, and 13.2% were members of other racial-ethnic groups.

Workplace homicides have been declining from a high of 1,080 in 1994 to 632 in 2003. When compared to the national decline of other types of homicides, the pattern is similar, which suggests that the causes driving the national decline in homicides is also playing a causal role in decreasing workplace homicides.

Going Postal: A Bad Rap

Going postal has become a pejorative term for workplace violence. The expression is believed to have

originated in 1986 when a letter carrier, Patrick Henry Sherrill, shot and killed 14 coworkers and wounded six others at an Edmond, Oklahoma, post office. After shooting and wounding his coworkers, he committed suicide.

In order to understand and address the problem, the Postmaster General, William J. Henderson, authorized a study of the problem by a Columbia University research group. The results indicated that of the 6,179 workplace homicides from 1992 through 1999, only 16 were postal employees; postal employees are only about one third as likely as people in the national workforce to be homicide victims. Indeed, the study concluded that the term going postal was a myth and a bad rap.

Nonfatal Workplace Violence

According to the National Crime Victimization Survey (NCVS), there were 1.7 million violent workplace victimizations between 1993 and 1999, which amounted to about 18% of all violent crime for that period. The most frequent form of nonfatal workplace violence is simple assault followed by aggravated assault, robbery, and sexual assault. Trends for this type of workplace violence have been declining.

Nonfatal workplace victimizations are predominantly male. Except for rapes and sexual assaults, males were victimized at higher rates than females. Most of the victimizations occurred in the 20–49 age group with the highest violent victimizations in the 20–34 age group. Whites had the highest victimization rate (13.0 per 1,000), closely followed by Blacks (10.4 per 1,000), and Hispanics (9.7 per 1,000). Many of the victimizations involved simple assault with little or no injury because 72.6% of the workplace victimizations involved no weapons. Firearms were present in 8.1% of attacks while knives and other weapons made up the remainder.

Dangerous Jobs

Not all occupations are equally at risk for violent victimizations. In a 1978 study of victim risks using data from the NCVS, Lynch found that occupations that routinely involve face-to-face contact with large numbers of persons and people who work at a single location and handle money as part of the job run the highest risk of workplace violence.

Thus, starting with the highest occupational risk for workplace violence reported in the NCVS, we have law enforcement workers such as police and corrections workers followed by taxicab drivers. The next lowest category are people in retail sales such as bartenders and gas station personnel followed by medical personnel such as nurses.

Interventions

There is relatively little research on strategies and policies to reduce workplace violence. The National Institute for Occupational Safety and Health (NIOSH) has developed a number of prevention strategies primarily for Type I and Type II workplace violence.

Environmental Designs

This strategy includes making accessible small amounts of cash, locked drop safes, and exploring the feasibility of cashless transaction using debit or account cards. Among other features, NIOSH suggests the use of bullet-resistant barriers for high-risk targets, closed circuit cameras, alarms, and body armor.

Administrative Controls

Administrative controls include increasing the number of staff in service and retail businesses, using security guards to monitor more closely the opening and closing of businesses, especially during money drops and pickups, and the movement of employees in and out of the business establishment during regular business hours.

Screening and Selection

One of the most effective ways to prevent workplace violence is to identify offenders during the application process. However, it is not an easy task to accomplish because many organizations do not provide information on violent propensities for fear of lawsuits.

Policies and Procedures

There should be an overall policy that no violence of any type will be tolerated. Organizations should provide an atmosphere of open communication with their employees so that they do not take personal actions to solve their problems.

Training for Supervisors and Employees

Both supervisors and employees should be trained to recognize warning signs of violence in others. In addition, both groups should be trained to know what to do in the event of workplace violence.

Employee Assistance Programs

Another way of preventing violence is through offering counseling services to employees. Although some of the problems may originate at work, many problems appear at work because of problems at home.

Outplacement Services

Employees who have been released from organizations for workplace violence need to be helped to find other employment. Failure to help a person who feels he or she has been unjustly dismissed may lead to further violence.

Marc Riedel

See also Assault, Aggravated; Assault, Simple; Rape Culture; Rape/Sexual Assaults; Robbery

Further Readings

Duhart, D. T. (2001). *Violence in the workplace, 1993–99* (NCJ 190076). Washington, DC: Bureau of Justice Statistics.

Lynch, J. P. (1978). Routine activity and victimization at work. *Journal of Quantitative Criminology, 3,* 283–300.

National Center on Addiction and Substance Abuse. (2000). *Report of the United States Postal Commission on a Safe and Secure Workplace.* Retrieved January 2006 from http://www.casacolumbia.org/Absolutenm/articlefiles/33994.pdf

Perone, S. (1999). *Violence in the workplace* (Research and Public Policy Series No. 22). Canberra: Australian Institute of Criminology.

University of Iowa Injury Prevention Center. (2001). *Workplace violence: A report to the nation.* Washington, DC: Author.

Y

Youth Violence

Youth violence can be defined as the intentional use of physical force or power (threatened or actual) exerted either by or against youth that likely or actually causes psychological or physical harm. The Centers for Disease Control and Prevention report that this widespread violence in the United States disproportionately impacts youth ages 10 to 29 years old. These youth are affected as victims, perpetrators, and/or bystanders in these violent incidents. Youth violence can occur within peer or adult relationships, in homes, schools, and communities and can be quite varied in its appearance. Prominent violent behaviors include verbal abuse, bullying, hitting, slapping, and the use of weapons (e.g., stabbing, shooting). Moreover, youth violence includes serious violent and delinquent acts such as aggravated assault, robbery, rape, and homicide. Youth violence is marked by this wide variation in form, and therefore prevalence rates for some forms are quite common while others are quite rare. Thus, violence touches most youth, but the most serious forms are unusual. This result has led to a great deal of attention to youth violence and has led to often confusing or complex statements about its patterns, impact, and needed responses.

Youth violence as a public health and youth development problem often includes verbal and nonverbal actions that imply and employ the coercive use of physical aggression, abuse, and mistreatment against another person including family members as well as peers and adults in home, school, community, and institutional settings. This type of youth violence involves problems and patterns that have clearly harmful and serious effects on the victim as well as involves forms that are problematic because they are violations of prevailing social norms for appropriate behavior.

Research differentiates four types of youth violence, with each having different prevalence patterns, risk factors, and needed interventions: (1) situational violence, where situational factors (e.g., social stress, poverty, firearms) precipitate violence that would not have otherwise occurred; (2) relationship violence, where interpersonal disputes between friends and family often reflect norms and habits; (3) predatory violence, where a person commits intentional harm that is often part of criminal action (e.g., robbery, assault); and (4) psychopathological violence, where the violence is a symptom of a severe mental illness.

The understanding of the causes of youth violence is increasing due to substantial research over the past 20 years. As noted above, these different prevalence patterns are best understood as dependent on similar risk factors, but differ in the extent to which the risk factors involved are primarily sociological, interpersonal, or within the individual. Moreover, even among those with many risk factors, violent behavior, particularly repeated violence, is rare. This rarity has led researchers not only to focus on developmental patterns that differentiate risk for youth violence, but also to emphasize settings and social group processes that might promote or permit violence more readily. At present, the understanding of setting and situational precipitants of youth violence is not well studied and is just beginning to become well characterized. Thus,

at present most evidence is about individual differences in tendencies, perhaps leading to the impression that violence likelihood can be well determined as an individual difference. This conclusion would be premature, if not misleading. Most likely, most youth violence, whether relatively minor or very serious, will depend on individual, situational, and accumulated developmental risk factors.

The past 2 decades of research have identified a large set of effective prevention and intervention approaches to reduce youth violence. Among the most consistent findings are approaches that promote parental management of child behavior, social-cognitive features related to use of aggression by youth, and youth norms about accepting or using aggression. Yet there is continuing reliance on many approaches that have not been evaluated or if evaluated have not shown benefits. Also, to-scale implementation of efficacious programs has not occurred. Thus, while increasingly understood and with substantial improvement in preventive and ameliorative interventions to affect youth violence, it remains a common experience of youth and a serious cause of harm to the public health.

Jaleel Abdul-Adil and Patrick H. Tolan

See also Assault; Community Violence, Effects on Children and Youth; Ecological Models of Violence; Prevention Programs, Youth Violence; Professional Journals on Youth Violence

Further Readings

Center for the Study and Prevention of Violence. (2007). *Blueprints for violence prevention.* Retrieved from http://www.colorado.edu/cspv/blueprints

Loeber, R., & Farrington, D. (1998). *Serious and violent juvenile offenders: Risk factors and successful interventions.* Thousand Oaks, CA: Sage.

Mercy, J., Butchart, A., Farrington, D., & Cerdá, M. (2002). Youth violence. In E. Krug, L. L. Dahlberg, & J. A. Mercy (Eds.), *The world report on violence and health* (pp. 23–56). Geneva: World Health Organization.

Tolan, P. H., Gorman-Smith, D., & Henry, D. (2006). Family violence. *Annual Review of Psychology, 57,* 557–583.

Tolan, P. H., & Guerra, N. G. (1994). *What works in reducing adolescent violence: An empirical review of the field* (Monograph No. CSPV-001). Boulder: University of Colorado, Center for the Study and Prevention of Youth Violence. Retrieved from http://www.colorado.edu/cspv/publications/overview.html

Appendix A

Helpful Resources

Children and Youth, and Resources Related to Child Abuse and Neglect

Action Alliance for Children

A resource for policymakers, children's service providers, child advocates, and media, facilitating dialogue among diverse community groups who are committed to work on behalf of children

1201 Martin Luther King Jr. Way
Oakland, CA 94612
Phone: (510) 444-7136
E-mail: aac@4children.org
Web site: http://www.4children.org/

Adult Survivors of Child Abuse (ASCA)

An international self-help support group for adult survivors of neglect as well as physical, sexual, and emotional abuse. ASCA offers community-based, provider-based, and Web-based self-help groups and workbooks (e.g., Survivor to Thriver resources).

Morris Center for Healing from Child Abuse
P.O. Box 14477
San Francisco, CA 94114
Phone: (415) 928-4576
E-mail: tmc_asca@dnai.com
Web site: http://www.ascasupport.org/

American Humane

An organization that seeks to protect children and animals from abuse and neglect through the development of programs that strengthen families; offers consultation, training, research, evaluation, advocacy, and the dissemination of information on child and animal protection

63 Inverness Drive East
Englewood, CO 80112
Phone: (303) 792-9900
Fax: (303) 792-5333
Web site: http://www.americanhumane.org

American Professional Society on the Abuse of Children

P.O. Box 30669
Charleston, SC 29417
Toll-free: (877) 40A-PSAC or (877) 402-7722
Fax: (850) 422-0900
E-mail: apsacinc@comcast.net
Web site: http://www.apsac.org

Asian & Pacific Islander Youth Violence Prevention Center

Department of Psychiatry
University of Hawai'i at Manoa
1441 Kapiolani Boulevard, Suite 1802
Honolulu, HI 96814
Phone: (808) 945-1517

OR

1970 Broadway, Suite 500
Oakland, CA 94612
Phone: (510) 208-0500
E-mail: info@api-center.org
Web site: http://www.apiyvpc.org

Association of Missing and Exploited Children Organizations

An umbrella organization of member agencies that provide services to families with missing and exploited children; agencies join the association, and families of missing and exploited children can use the association to help find a local agency to assist them

123 North Pitt Street
Alexandria, VA 22314
Toll-free: (877) 263-2620
Phone: (703) 838-8379
Fax: (703) 549-3787
E-mail: info@amecoinc.org
Web site: http://www.amecoinc.org/

Association for Sexual Abuse Prevention (ASAP)

Part of the National Children's Advocacy Center, ASAP focuses on improving child abuse prevention and response through education, training, leadership, and model programs.

210 Pratt Avenue
Huntsville, AL 35801
Phone: (256) 533-KIDS (5437)
Fax: (256) 534-6883
Web site: http://www.nationalcac.org

Association of Family and Conciliation Courts

An interdisciplinary and international association of professionals dedicated to resolving family conflict; promotes dispute resolution processes, mediation, parenting coordination, and divorce education

6525 Grand Teton Plaza
Madison, WI 53719
Phone: (608) 664-3750
Fax: (608) 664-3751
Web site: http://www.afccnet.org

BeyondMissing, Inc.

A law enforcement resource for creating and distributing to other law enforcement agencies, media, and public and private recipients flyers on missing children; also posts Amber alerts and has tools for parents of missing children

P.O. Box 1185
Sausalito, CA 94966
24-Hour Support and Business
Phone: (415) 461-FIND (3463)
Fax: (415) 925-0277
E-mail: info@beyondmissing.com
Web site: http://www.beyondmissing.com

Captive Daughters

An international anti-trafficking group dedicated to ending sex trafficking of girls and women and the sexual bondage of female adolescents and children

3500 Overland Avenue, #110-108
Los Angeles, CA 90034-5696
Report trafficking of persons: (888) 373-7888
Fax: (310) 815-9197
E-mail: mail@captivedaughters.org
Web site: http://www.captivedaughters.org

Center for Community Partnerships in Child Welfare (CCPCW)

Part of the Center for Social Policy, CCPCW works with jurisdictions throughout the United States to improve child protection services.

1575 Eye Street NW, Suite 500
Washington, DC 20005
Phone: (202) 371-1565
Fax: (202) 371-1472
Web site: http://www.cssp.org/center/

Center for the Prevention of School Violence

North Carolina–based organization that provides support and educational resources for teachers, school counselors, parents, students, and school administrators on how to prevent violence in schools

4112 Pleasant Valley Road, Suite 214
Raleigh, NC 27612
Toll-free: (800) 299-6054
Web site: http://www.ncdjjdp.org/cpsv/

Center for the Study and Prevention of Violence

Facilitates collaboration between researchers, practitioners, and policymakers; collects research literature

and resources on the causes and prevention of violence; conducts data analysis; assists in the development and evaluation of violence prevention programs, particularly with regard to children and adolescents

Institute of Behavioral Science
University of Colorado at Boulder
1877 Broadway, Suite 601
Boulder, CO 80302
Phone: (303) 492-1032
Fax: (303) 443-3297
E-mail: cspv@colorado.edu
Web site: http://www.colorado.edu/cspv/

Chadwick Center for Children and Families

Seeks to promote the health and well-being of abused and traumatized children and their families through research, evaluation, prevention, education, and advocacy

3020 Children's Way, MC 5016
San Diego, CA 92123
Phone: (858) 966-5814
Fax: (858) 966-8535
E-mail: ChadwickCenter@chsd.org
Web site: http://www.chadwickcenter.org/

Childhelp USA

Dedicated to the prevention and treatment of child abuse by providing a national hotline, residential treatment facilities, children's advocacy centers, therapeutic foster care, group homes, educational programs, and professional training

15757 North 78th Street
Scottsdale, AZ 85260
Phone: (480) 922-8212
Fax: (480) 922-706
Web site: http://www.childhelp.org

Child Lures Prevention

A personal safety program, promoting Internet safety for kids as well as sexual abuse and abduction prevention

5166 Shelburne Road
Shelburne, VT 05482
Phone: (802) 985-8458
Fax: (802) 985-8418
E-mail: info@childlures.org
Web site: http://www.childlures.com/

Child Molestation Research & Prevention Institute

Provides information to parents and professionals on early warning signs of abuse, and early diagnosis and effective specialist treatment for children who have been molested or sexually abused

P.O. Box 7593
Atlanta, GA 30357
Phone: (404) 872-5152

OR

274 14th Street
Oakland, CA 94612
Phone: (510) 808-0386
Web site: http://www.childmolestationprevention.org/

Child Quest International

Helps law enforcement locate missing children and offers youth education to help prevent child exploitation and abuse; also provides support for "left-behind families"

1060 North 4th Street, Suite 200
San Jose, CA 95112
Phone: (408) 287-HOPE (4673)
Fax: (408) 287-4676
Sightings: (888) 818-HOPE (4673)
E-mail: info@childquest.org
Web site: http://www.childquest.org/

Children of the Night

Rescues children from street prostitution and provides them with a place to live, education, and substance abuse recovery

14530 Sylvan Street
Van Nuys, CA 91411
Hotline: (800) 551-1300
Phone: (818) 908-4474
Fax: (818) 908-1468
Web site: http://www.childrenofthenight.org/

Children's Advocacy Institute

Staffed by attorneys, advocates, and law student interns who represent children's rights and interests in the California state legislature, the courts, and administrative agencies

University of San Diego School of Law
5998 Alcalá Park
San Diego, CA 92110

Phone: (619) 260-4806
Fax: (619) 260-4753
E-mail: info@caichildlaw.org
Web site: http://www.caichildlaw.org/

Children's Defense Fund

A national advocate on behalf of children that lobbies for health care, education, child protection, and prevention of teen pregnancy

25 E Street NW
Washington, DC 20001
Toll-free: (800) CDF-1200 (800-233-1200)
Phone: (202) 628-8787
E-mail: cdfinfo@childrensdefense.org
Web site: http://www.childrensdefense.org

Children's Safety Center

A resource center on maternal and child health, dedicated to preventing and reducing injury and violence among children and adolescents

Education Development Center, Inc.
55 Chapel Street
Newton, MA 02458-1060
Phone: (617) 618-2230
E-mail: csn@edc.org
Web site: http://www.childrenssafetynetwork.org/

Child Welfare Information Gateway

Formerly the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse; provides information and resources to protect children and to prevent child abuse and neglect

Children's Bureau/ACYF
1250 Maryland Avenue SW
Eighth Floor
Washington, DC 20024
Toll-free: (800) 394-3366
Phone: (703) 385-7565
Fax: (703) 385-3206
E-mail: info@childwelfare.gov
Web site: http://www.childwelfare.gov/

Child Welfare League of America

An association of approximately 800 public and private nonprofit agencies that assist more than 3.5 million abused and neglected children and their families each year with advocacy, programs, research, publications, and trainings

2345 Crystal Drive, Suite 250
Arlington, VA 22202
Phone: (703) 412-2400
Fax: (703) 412-2401
Web site: http://www.cwla.org

Child Witness to Violence Project

Staffed by multicultural and multilingual professionals who provide counseling, outreach, and advocacy to children who have witnessed community and domestic violence

Department of Pediatrics
Boston Medical Center
91 East Concord Street, 5th Floor
Boston, MA 02118
Phone: (617) 414-4244
Web site: http://www.childwitnesstoviolence.org/

Committee for Children (CFC)

An international educational and advocacy organization on behalf of children, from preschool through middle school, offering programs about social skills, bullying, sexual abuse, and literacy

568 First Avenue South, Suite 600
Seattle, WA 98104-2804
Toll-free: (800) 634-4449 ext. 6223
Fax: (206) 438-6765
E-mail: info@cfchildren.org
Web site: http://www.cfchildren.org

Covenant House

Helps homeless, runaway, and thrownaway youth by providing shelter and other services at 21 facilities in the United States and abroad

460 West 41 Street
New York, NY 10036
Hotline: (800) 999-9999
Phone: (212) 613-0300
E-mail: chny@covenanthouse.org
Web site: http://www.covenanthouse.org/

Crimes Against Children Research Center

Working to combat crimes against children by providing research and statistics to the public, policymakers, law enforcement, and child welfare practitioners

University of New Hampshire
20 College Road
#126 Horton Social Science Center
Durham, NH 03824
Phone: (603) 862-1888
Fax: (603) 862-1122
Web site: http://www.unh.edu/ccrc/

CyberAngels

Launched by the Guardian Angels in 1995 to increase online safety for children by offering online safety education programs

P.O. Box 3171
Allentown, PA 18106
Phone: (610) 351-8250
Fax: (610) 482-9101
Web site: http://www.cyberangels.org

Dads & Daughters

Fosters strong relationships between fathers/stepfathers and daughters to help overcome obstacles faced by girls and women

2 West First Street, Suite 101
Duluth, MN 55802
Web site: http://www.dadsanddaughters.org

Darkness to Light

Seeking to diminish sexual abuse of children through programs that raise awareness of the prevalence and consequences of sexual abuse

7 Radcliffe Street, Suite 200
Charleston, SC 29403
Administrative Office Phone: (843) 965-5444
Fax: (843) 965-5449
Web site: http://www.darkness2light.org/

FaithTrust Institute

An international, multifaith organization that provides training, consultation, and educational materials on religious and cultural issues related to domestic violence to communities and advocates

2400 North 45th Street, #10
Seattle, WA 98103
Phone: (206) 634-1903
Fax: (206) 634-0115
Web site: http://www.faithtrustinstitute.org

Family Violence Prevention Fund

Engages in lobbying, education, and programming to prevent violence in the home and community and to help victims of violence

Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
Phone: (415) 252-8900
Fax: (415) 252-8991
TTY: (800) 595-4889

Washington, DC, Office
1101 14th Street NW, Suite 300
Washington, DC 20005

Boston Office
67 Newbury Street, Mezzanine Level
Boston, MA 02116
Web site: http://www.endabuse.org/

Friends National Resource Center for Community-Based Child Abuse Prevention

A federally mandated training and technical assistance provider on child abuse prevention

Chapel Hill Training-Outreach Project, Inc.
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
Phone: (919) 490-5577
Fax: (919) 490-4905
Web site: http://www.friendsnrc.org

Founding Fathers

A men's campaign to end violence against women and children

c/o The Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94114
Phone: (415) 252-8900
E-mail: foundingfathers@endabuse.org
Web site: http://www.founding-fathers.org

Generation Five

Derives its name from its goal of ending child sexual abuse within five generations; integrates child sexual abuse prevention into social movements and community organizing that targets family violence, economic oppression, and gender, age-based, and cultural discrimination

3288 21st Street, #171
San Francisco, CA 94110
Phone: (510) 251-8552
Fax: (510) 251-8566
Web site: http://www.generationfive.org

International Society for Prevention of Child Abuse and Neglect

A multidisciplinary organization for professionals working on prevention and treatment of child abuse, neglect, and exploitation globally

245 West Roosevelt Road
Building 6, Suite 39
West Chicago, IL 60185
Phone: (630) 876-6913
Fax: (630) 876-6917
E-mail: ispcan@ispcan.org or exec@ispcan.org
Web site: http://www.ispcan.org/

Internet Crimes Against Children Task Force

A group of 46 regional task force agencies across the United States that offer a training and assistance program to help state and local law enforcement enhance their investigative response to offenders who use the Internet to sexually exploit children

Fox Valley Technical College
c/o University of New Hampshire
OJJDP ICAC Task Force
Office of Training & Technical Assistance
10 West Edge Drive, Room 106
Durham, NH 03824
Toll-free: (877) 798-7682
Fax: (603) 862-2477
Web site: http://www.icactraining.org/

Jacob Wetterling Foundation

Educates families and communities to prevent the exploitation of children

2314 University Avenue West, Suite 14
St. Paul, MN 55114-1863
Toll-free: (800) 325-HOPE
Phone: (651) 714-4673
Fax: (651) 714-9098
Web site: http://www.jwf.org/

The Jed Foundation

A suicide prevention program that promotes mental health among college students through programs and an online library

583 Broadway
New York, NY 10012
Phone: (212) 343-0016
E-mail: emailus@jedfoundation.org
Web site: http://www.jedfoundation.org

Justice for Children

A national advocacy organization focused on child abuse prevention that provides legal assistance to individuals trying to use the courts to protect children; offers guidance through the CPS; monitors public policy; and provides professional referrals

2600 Southwest Freeway, Suite 806
Houston, TX 77098
Phone: (713) 225-4357
Fax: (713) 225-2818
E-mail: info@jfcadvocacy.org
Web site: http://www.jfcadvocacy.org

Juvenile Justice Clearinghouse

A federal agency that funds research, provides publications and statistics, and holds conferences and programs on juvenile justice related issues

National Criminal Justice Reference Service
P.O. Box 6000
Rockville, MD 20849-6000
Toll-free: (800) 851-3420
Fax: (301) 519-5600
Web site: http://ojjdp.ncjrs.org

Kempe Center for the Prevention and Treatment of Child Abuse and Neglect

Evaluates and treats abused children and their families; develops and tests programs for children; and trains professionals

The Kempe Foundation
1825 Marion Street
Denver, CO 80218
Phone: (303) 864-5300
E-mail: info@kempe.org
Web site: http://www.kempecenter.org/

KlaasKids Foundation

Focused on child protection, offering programs for parents on child fingerprinting, posts state sex offender registries

P.O. Box 925
Sausalito, CA 94966
Phone: (415) 331-6867
Fax: (415) 331-5633
E-mail: klaaskids@pacbell.net
Web site: http://www.klaaskids.org/

Kourts for Kids

Advocates for children by working to increase awareness and education to improve family courts' response to abused children

P.O. Box 50943
New Orleans, LA 70150-0943
Toll-free: (888) 696-KIDS (5437)
Web site: http://www.kourtsforkids.org

National Alliance for Safe Schools

Offers training, school safety assessments, and technical assistance to reduce school violence

Ice Mountain
P.O. Box 290
Slanesville, WV 25444-0290
Phone: (304) 496-8100
Fax: (304) 496-8105
E-mail: NASS@raven-villages.net
Web site: http://www.safeschools.org/

National Coalition Against Violent Athletes

Educates the public on various issues regarding athletes and violent behavior, supports victims, provides referrals, and conducts research

P.O. Box 620453
Littleton, CO 80162
Phone: (720) 963-0373
Web site: http://www.ncava.org/

National CASA (Court Appointed Special Advocates) Association

A network of more than 50,000 trained volunteers who serve abused and neglected children through more than 900 local program offices nationwide; CASA volunteers are appointed members of the court who provide information to family court judges on children's best interests

100 West Harrison
North Tower, Suite 500
Seattle, WA 98119
Toll-free: (800) 628-3233
E-mail: staff@nationalcasa.org
Web site: http://www.nationalcasa.org/

National Center for Assault Prevention (NCAP)

A network of trained facilitators in 32 states and 18 countries providing sexual assault prevention education to improve the quality of life of children

606 Delsea Drive
Sewell, NJ 08080
Toll-free: (800) 258-3189
Phone: (908) 369-8972
E-mail: patstan1@patmedia.net
Web site: http://www.ncap.org

National Center for Child Death Review Policy and Practice

A resource center for child death review (CDR) programs that supports and enhances child death review methodologies and activities at the state, community, and national levels through technical assistance, CDR training, and networking among CDR programs

c/o Michigan Public Health Institute
2438 Woodlake Circle, Suite 240
Okemos, MI 48864
Toll-free: (800) 656-2434
Fax: (517) 324-7365
E-mail: info@childdeathreview.org
Web site: http://www.childdeathreview.org

National Center for Children Exposed to Violence at Yale University Child Study Center

A national resource center that provides information about the effects of violence exposure on children and seeks to reduce the incidence and impact of violence on children and families through training and technical

support of professionals who work with children and families affected by violence

230 South Frontage Road
P.O. Box 207900
New Haven, CT 06520-7900
Phone (National): (877) 49 NCCEV (496-2238)
Phone (Local): (203) 785-7047
Fax: (203) 785-4608

National Center for Child Traumatic Stress

Resources for parents, educators, and the media to raise the standard of care and access to services for traumatized children, their families, and their communities throughout the United States

University of California, Los Angeles
11150 West Olympic Boulevard, Suite 650
Los Angeles, CA 90064
Phone: (310) 235-2633
Fax: (310) 235-2612

OR

Duke University
905 West Main Street, Suite 24-E, Box 50
Durham, NC 27701
Phone: (919) 682-1552
Fax: (919) 667-2350
Web site: http://www.nctsnet.org

National Center for Juvenile Justice

A resource for independent and original research on topics related to juvenile justice, including systems research, applied research, and legal research

3700 South Water Street, Suite 200
Pittsburgh, PA 15203
Phone: (412) 227-6950
Fax: (412) 227-6955
Web site: http://www.ncjj.org/

National Center for Missing & Exploited Children

Resources on all aspects of child safety

Charles B. Wang International Children's Building
699 Prince Street
Alexandria, VA 22314-3175
Hotline: (800) THE-LOST; (800) 843-5678
Phone: (703) 274-3900
Fax: (703) 274-2200
Web site: http://www.missingkids.com/

National Center on Shaken Baby Syndrome

Disseminates information on shaken baby syndrome, offers education and training for parents and professionals, and conducts research to prevent shaken baby syndrome

2955 Harrison Boulevard, #102
Ogden, UT 84403
Toll-free: (888) 273-0071
Phone: (801) 627-3399
Fax: (801) 627-3321
E-mail: mail@dontshake.org
Web site: http://www.dontshake.com/

National Center on Sexual Behavior of Youth

A national training and technical assistance center that provides information and support on the management of children with sexual behavior problems and adolescents who engage in illegal sexual behavior

940 N.E. 13th Street, 3B-3406
Oklahoma City, OK 73104
Phone: (405) 271-8858
Fax: (405) 271-2510
Web site: http://www.ncsby.org/

National Children's Advocacy Center (NCAC)

A nonprofit organization that provides training, prevention, intervention, and treatment services to stop child abuse and neglect

Administrative Offices
210 Pratt Avenue
Huntsville, AL 35801
Phone: (256) 533-KIDS (5437)
Fax: (256) 534-6883
E-mail: webmaster@nationalcac.org
Web site: http://www.nationalcac.org/

National Children's Alliance

A national membership organization that supports communities; provides a coordinated investigation and comprehensive response to victims of severe child abuse

516 C Street NE
Washington, DC 20002
Toll-free: (800) 239-9950
Phone: (202) 548-0090
Fax: (202) 548-0099
E-mail: info@nca-online.org
Web site: http://www.nca-online.org/

National Clearinghouse on Families & Youth

A free information service in the areas of youth development, mentoring children of prisoners, family violence prevention, and abstinence education

P.O. Box 13505
Silver Spring, MD 20911-3505
Phone: (301) 608-8098
Fax: (301) 608-8721
E-mail: info@ncfy.com
Web site: http://www.ncfy.com/

National Council on Child Abuse & Family Violence

Provides intergenerational violence prevention services, online resources and educational materials, technical assistance and training, and resource development consultation

1025 Connecticut Avenue NW, Suite 1000
Washington, DC 20036
Phone: (202) 429-6695
Fax: (202) 521-3479
E-mail: info@nccafv.org
Web site: http://www.nccafv.org/

National Council on Crime and Delinquency

The oldest criminal justice research organization in the United States; promotes effective, humane, fair, and economically sound solutions to crime and delinquency

1970 Broadway, Suite 500
Oakland, CA 94612
Phone: (510) 208-0500
Fax: (510) 208-0511
Web site: http://www.nccd-crc.org/

National Council of Juvenile and Family Court Judges

A membership organization of judges, referees, commissioners, masters, and other juvenile and family law professionals dedicated to improving courts' and systems' practices and raising awareness of critical issues for children and families (e.g., child abuse and neglect, child custody and visitation)

P.O. Box 8970
Reno, NV 89507
Phone: (775) 784-6012
Fax: (775) 784-6628
E-mail: staff@ncjfcj.org
Web site: http://www.ncjfcj.org/

National Exchange Club Child Abuse Prevention Services

A national child abuse prevention project that offers a parent–aide program working directly with parents and providing support to families at risk for abuse

3050 Central Avenue
Toledo, OH 43606
Toll-free: (800) 924-2643
Phone: (419) 535-3232
Fax: (419) 535-1989
E-mail: info@preventchildabuse.com
Web site: http://www.preventchildabuse.com

National Gang Crime Research Center

Promotes research on gangs, gang members, and gang problems; disseminates information on gangs and gang problems through the Journal of Gang Research; provides training and consulting services about gangs to federal, state, and local government agencies

P.O. Box 990
Peotone, IL 60468-0990
Phone: (708) 258-9111
Fax: (708) 258-9546
E-mail: gangcrime@aol.com
Web site: http://www.ngcrc.com

National Indian Child Welfare Association (NICWA)

A comprehensive information source on American Indian child welfare that focuses solely on tribal capacity to prevent child abuse and neglect

5100 SW Macadam Avenue, Suite 300
Portland, OR 97239
Phone: (503) 222-4044
Fax: (503) 222-4007
E-mail: info@nicwa.org
Web site: http://www.nicwa.org

National Runaway Switchboard

A communication system (hotline and Web site) for runaway and homeless youth that young people and family members can consult for help and referrals

3080 North Lincoln Avenue
Chicago, IL 60657
24-hour crisis line: (800) RUNAWAY
Agency & information line: (800) 344-2785
Phone: (773) 880-9860
Fax: (773) 929-5150
E-mail: info@nrscrisisline.org
Web site: http://www.1800runaway.org/

National School Safety Center

Advocates for safety on college and university campuses through education and information sharing, interpreting and applying laws and policies, and training tools and materials

141 Duesenberg Drive, Suite 11
Westlake Village, CA 91362
Phone: (805) 373-9977
Fax: (805) 373-9277
Web site: http://www.schoolsafety.us/

National Youth Gang Center

Offers law enforcement training on youth gangs with the goal of reducing youth involvement in gangs

Institute for Intergovernmental Research
P.O. Box 12729
Tallahassee, FL 32317
Phone: (850) 385-0600
Fax: (850) 386-5356
E-mail: nygc@iir.com
Web site: http://www.iir.com/nygc/

National Youth Violence Prevention Resource Center

Provides community leaders with resources to support their efforts to plan, develop, implement, and evaluate effective youth violence prevention efforts

P.O. Box 10809
Rockville, MD 20849-0809
Toll-free: (866) SAFEYOUTH; (866) 723-3968
Toll-free (TTY): (866) 620-4160
Fax: (301) 562-1001
Web site: http://www.safeyouth.org/

NetSafeKids

A resource for concerned parents to protect children from pornography and sexual predators on the Internet

The National Academy of Sciences
500 Fifth Street NW
Washington, DC 20001
Phone: (202) 334-2605
Fax: (202) 334-2318
E-mail: netsafekids@nas.edu
Web site: http://www.nap.edu/netsafekids/

NetSmartz Workshop

[see National Center for Missing and Exploited Children]

Charles B. Wang International
Children's Building
699 Prince Street
Alexandria, VA 22314-3175
Toll-free: (800) THE.LOST; (800) 843-5678
Web site: http://www.netsmartz.org/

Parent–Child Interaction Therapy

A treatment program for conduct-disordered young children that emphasizes improving the quality of the parent–child relationship and changing parent–child interaction patterns

University of Florida
Gainesville, FL 32611
Phone: (352) 273-5236
E-mail: pcit@phhp.ufl.edu
Web site: http://www.pcit.org

The Polly Klaas® Foundation

Provides help to parents looking for missing children and offers information on child safety and Internet safety

P.O. Box 800
Petaluma, CA 94953
Toll-free: (800) 587-4357
Fax: (707) 769-4019
E-mail: info@pollyklaas.org
Web site: http://www.pollyklaas.org/

Prevent Child Abuse America

Chapters and local programs throughout the United States to promote and implement prevention efforts to end child abuse and neglect

500 North Michigan Avenue, Suite 200
Chicago, IL 60611
Phone: (312) 663-3520
Fax: (312) 939-8962
E-mail: mailbox@preventchildabuse.org
Web site: http://www.preventchildabuse.org

Prevention Connection

Online resources, Web conferences, and listserves focused on primary prevention of violence against women

California Coalition Against Sexual Assault
1215 K Street, Suite 1100
Esquire Plaza
Sacramento, CA 95814
Phone: (916) 446-2520
Fax: (916) 446-8166
TTY/TDD: (916) 446-8802
E-mail: info@calcasa.org
Web site: http://www.preventconnect.org

Promotetruth.org

Offers support and information for teens on issues of sexual violence

Women's Center of Jacksonville
5644 Colcord Avenue
Jacksonville, FL 32211
Phone: (904) 722-3000
Fax: (904) 722-3100
Web site: http://www.promotetruth.org

Rape, Abuse & Incest National Network

The largest anti–sexual assault organization in the United States; operates a national sexual assault hotline and carries out programs to prevent sexual assault, help victims, and hold rapists accountable

2000 L Street NW, Suite 406
Washington, DC 20036
Toll-free: (800) 656- HOPE (4673)
Phone: (202) 544-1034
Fax: (202) 544-3556
E-mail: info@rainn.org
Web site: http://www.rainn.org/

Resource Center on Domestic Violence: Child Protection and Custody

A legal resource center providing information about laws and assistance in finding an attorney

P.O. Box 8970
Reno, NV 89507
Toll-free: (800) 52-PEACE (527-3223)
Web site: http://www.nationalcouncilfvd.org

Safe Campuses Now, Inc.

Dedicated to raising awareness, education, and prevention for high school and college students through peer-based programs, advocacy, community service programs, statistics, and recommended books

220 College Avenue, Suite 420
Athens, GA 30601
Phone: (706) 354-1115
Fax: (706) 354-8813
E-mail: info@safecampusesnow.org
Web site: http://www.safecampusesnow.org/

Security On Campus, Inc.

Offers resources to increase campus safety

133 Ivy Lane, Suite 200
King of Prussia, PA 19406-2101
Toll-free: (888) 251-7959
Office Phone: (610) 768-9330
Fax: (610) 768-0646
Web site: http://www.securityoncampus.org/

Shaken Baby Alliance

Support to family members, training programs for professionals, and advocacy for legislation and policies to protect children

4516 Boat Club Road, Suite 114
Fort Worth, TX 76135
Toll-free: (877) 6-END-SBS
In Texas: (817) 882-8686
Fax: (817) 882-8687
E-mail: info@shakenbaby.com
Web site: http://shakenbaby.org

Shaken Baby Syndrome Prevention Plus (SBS Prevention Plus)

Provides training sessions and Web links on shaken baby syndrome

P.O. Box 205
Groveport, OH 43125-0205
Toll-free: (800) 858-5222
Phone: (614) 836-8360
Fax: (614) 836-8359
E-mail: sbspp@aol.com
Web site: http://www.sbsplus.com

Stop It Now!

Seeks to prevent child sexual abuse through community-based programs, an online resource guide, and publications

351 Pleasant Street, Suite B-319
Northampton, MA 01060
Phone: (413) 587-3500
Fax: (413) 587-3505
E-mail: info@stopitnow.org
Web site: http://www.stopitnow.org

Students Active for Ending Rape (SAFER)

Provides training and support to college and university students so they can improve their schools; sexual assault prevention and response activities

28 East 35th Street
New York, NY 10016
Phone: (212) 725-3710
E-mail: organizers@safercampus.org
Web site: http://www.safercampus.org

Survivors Network of Those Abused by Priests

A national organization that provides self-help, prevention programs, and advocacy to stop sexual abuse by priests and to hold perpetrators and church officials accountable

P.O. Box 6416
Chicago, IL 60680-6416
Toll-free: (877) SNAPHEALS; (877) 762-7432
Phone: (312) 455-1499
Web site: http://www.snapnetwork.org/

Youth Law Center

A public interest law firm that works to protect children in foster care and the juvenile justice system from abuse and neglect

200 Pine Street, Suite 300
San Francisco, CA 94104
Phone: (415) 543-3379
Fax: (415) 956-9022
E-mail: info@ylc.org
Web site: http://www.ylc.org/

The Elderly

Alzheimer's Association

Dedicated to the elimination Alzheimer's disease through the advancement of research and to enhancing the care and support of those affected by the disease

225 North Michigan Avenue, Floor 17
Chicago, IL 60601-7633
Phone: (312) 335-8700
TDD: (312) 335-5886
Fax: (866) 699-1246
E-mail: info@alz.org
Web site: http://www.alz.org

American Society of Adult Abuse Professionals and Survivors (ASAAPS)

Connects professionals, advocates, and survivors who work to prevent and respond to elder abuse and disabled adult abuse

6990 North Rockledge Avenue
Glendale, WI 53209
Phone: (414) 540-6456

Fax: (414) 540-6489
Web site: http://www.asaaps.org

Clearinghouse on Abuse and Neglect of the Elderly (CANE)

The largest computerized collection of elder abuse resources and materials in the United States

University of Delaware
Department of Consumer Studies
Alison Hall West, Room 211
Newark, DE 19716
Phone: (302) 831-3525
Fax: (302) 831-6081
E-mail: CANE-UD@udel.edu
Web site: http://db.rdms.udel.edu:8080/CANE/

National Center on Elder Abuse

A national resource center to prevent elder abuse by disseminating information, offering online resources, collaborating on research, providing training, and operating a listserve for professionals

1201 15th Street NW, Suite 350
Washington, DC 20005
Phone: (202) 898-2586
Fax: (202) 898-2583
Web site: http://www.ncea.aoa.gov

National Clearinghouse on Abuse in Later Life (NCALL)

Develops programs and policies and provides technical assistance and training that address all forms of violence against the elderly, including domestic violence and sexual assault

Wisconsin Coalition Against Domestic Violence
307 South Paterson Street, Suite 1
Madison, WI 53703
Phone: (608) 255-0539
Fax: (608) 255-3560
Web site: http://www.ncall.us/

National Committee for the Prevention of Elder Abuse

Conducts research on the causes and ways to prevent elder abuse; promotes collaboration and knowledge exchange; provides professionals with information and training; raises awareness; advocates services and public policy; and produces the Journal of Elder Abuse & Neglect *and the newsletter* Nexus

1612 K Street NW
Washington, DC 20006
Phone: (202) 682-4140
Fax: (202) 223-2099
E-mail: ncpea@verizon.net
Web site: http://www.preventelderabuse.org

Gay, Lesbian, Bisexual, Transgender, Queer, and Questioning Communities

Community United Against Violence

A multicultural organization working to end violence against and within lesbian, gay, bisexual, transgender, queer, and questioning communities by providing a 24-hour hotline, free counseling, legal advocacy, and emergency assistance to victims of hate violence and intimate partner violence

170A Capp Street
San Francisco, CA 94110-1210
Crisis line: (415) 333-HELP (333-4357)
Web site: http://www.cuav.org

Gay Men's Domestic Violence Project

Supports gay victims and survivors of domestic violence through education, advocacy, and direct services

955 Massachusetts Avenue, PMB 131
Cambridge, MA 02139
Hotline: (800) 832-1901
Office Phone: (617) 354-6056
Fax: (617) 354-6072
E-mail
Client Services: cs@gmdvp.org
Education & Outreach: education@gmdvp.org
Development: mgreen@gmdvp.org
General Information: education@gmdvp.org
Web Site: http://www.gmdvp.org

National Coalition of Anti-Violence Programs

Addresses violence within and against lesbian, gay, bisexual, and transgender and HIV-affected communities; a coalition of programs that advocate for victims and document victimization

240 West 35th Street, Suite 200
New York, NY 10001
Phone: (212) 714-1184
Fax: (212) 714-2627
E-mail: info@ncavp.org
Web site: http://ncavp.org/

New York City Gay & Lesbian Anti-Violence Project

Provides free and confidential services to lesbian, gay, bisexual, transgender, and HIV-positive victims of violence in New York City

240 West 35th Street, Suite 200
New York, NY 10001
Phone: (212) 714-1184
Fax: (212) 714-1134
Web site: http://www.avp.org/

Human Rights (Including Trafficking and Slavery)

Anti-Slavery International

A human rights organization that works to eliminate human trafficking, child labor, debt bondage, chattel slavery, and other forms of contemporary slavery throughout the world

Thomas Clarkson House
The Stableyard
Broomgrove Road
London SW9 9TL
Phone: +44 (0)20 7501 8920
Fax: +44 (0)20 7738 4110
E-mail: info@antislavery.org
Web site: http://www.antislavery.org/

Captive Daughters

An international anti-trafficking group dedicated to ending sex trafficking of girls and women and the sexual bondage of female adolescents and children

3500 Overland Avenue, #110-108
Los Angeles, CA 90034-5696
Report trafficking of persons: (888) 373-7888
Fax: (310) 815-9197
E-mail: mail@captivedaughters.org
Web site: http://www.captivedaughters.org

Coalition to Abolish Slavery & Trafficking

Assists persons trafficked for the purpose of forced labor; committed to ending slavery-like practices and human rights violations; engages in social and legal services, training, and advocacy

5042 Wilshire Boulevard, #586
Los Angeles CA 90036
Phone: (213) 365-1906
Fax: (213) 365-5257
E-mail: info@castla.org
Web site: http://www.castla.org/

Equality Now

Dedicated to ending violence and discrimination against women and girls around the world by mobilizing public pressure

P.O. Box 20646
Columbus Circle Station
New York, NY 10023
Fax: (212) 586-1611
E-mail: info@equalitynow.org
Web site: http://www.equalitynow.org/

Global Alliance Against Traffic in Women (GAATW)

An alliance of more than 80 non-governmental organizations from throughout the world that hold international congresses and programs on improving access to the legal system and disseminating information on trafficking

191/41 Sivalai Condominium
Soi 33, Itsaraphap Road
Bangkok-yai
Bangkok, Thailand 10600
Phone: 66-2-864-1427/8
Fax: 66-2-864-1637
Web site: http://www.gaatw.net/

Legal Momentum

Formerly the NOW Legal Defense Fund, this is the oldest legal advocacy organization for advancing the rights of women and girls through litigation and policy development

395 Hudson Street
New York, NY 10014
Phone: (212) 925-6635
Fax: (212) 226-1066
Web site: http://www.legalmomentum.org

Polaris Project

A comprehensive and community-based approach to combating human trafficking and modern-day slavery; serves U.S. citizens and foreign national citizens

P.O. Box 77892
Washington, DC 20013
Phone: (202) 745-1001
Fax: (202) 745-1119
E-mail: Info@PolarisProject.org
Web site: http://www.PolarisProject.org

United Nations' Division for the Advancement of Women

Advocacy for women's rights and gender equality globally

2 UN Plaza, DC2-12th Floor
New York, NY 10017
Fax: (212) 963-3463
E-mail: daw@un.org
Web site: http://www.un.org/daw

Mental Health (Including Substance Abuse and Suicide)

American Association of Suicidology

Focused on suicide prevention through research, public awareness programs, and educational and training resources for professionals and volunteers

5221 Wisconsin Avenue NW
Washington, DC 20015
Phone: (202) 237-2280
Fax: (202) 237-2282
E-mail: info@suicidology.org
Web site: http://www.suicidology.org/

American Foundation for Suicide Prevention

Works to prevent suicide through research and education

120 Wall Street, 22nd Floor
New York, NY 10005
Toll-free: (888) 333-AFSP
Phone: (212) 363-3500
Fax: (212) 363-6237
E-mail: inquiry@afsp.org
Web site: http://www.afsp.org

CSAP's Western Center for the Application of Prevention Technologies

Provides training, technical assistance, evaluation, research, and other resources to support prevention, treatment, and recovery from alcohol and drug abuse; helps states, organizations, and agencies apply evidence-based practices in the field

University of Nevada, Reno
Center for the Application of
Substance Abuse Technologies
Mail Stop 279
Reno, NV 89557
Phone: 888-734-7476 or 775-784-1174
FAX: 775-784-1840
Web site: http://casat.unr.edu

Domestic Violence & Mental Health Policy Initiative (DVMHPI)

Provides infrastructure and resources to enable domestic violence and mental health agencies and training programs nationwide to be able to more effectively help individuals dealing with both domestic violence and mental health issues

29 East Madison, Suite 1750
Chicago, IL 60602
Phone: (312) 726-7020
Fax: (312) 726-7022
Web site: http://www.dvmhpi.org

Hopeline—(800) SUICIDE

A 24-hour crisis line and resource center dedicated to preventing suicide

201 North 23rd Street, Suite 100
Purcellville, VA 20132
Hotline: (800) SUICIDE; (800) 784-2433

Phone: (540) 338-5756
Fax: (540) 338-5746
E-mail: Info@hopeline.com
Web site: http://www.hopeline.com

The Jed Foundation

A suicide prevention program that promotes mental health among college students through programs and an online library

583 Broadway
New York NY 10012
Phone: (212) 343-0016
E-mail: emailus@jedfoundation.org
Web site: http://www.jedfoundation.org

Lifekeeper Foundation

Dedicated to suicide prevention

3740 Crestcliff Court
Tucker, GA 30084
Phone: (678) 937-9297
Fax: (678) 937-9125
E-mail: Lifekeeper@aol.com
Web site: http://www.lifekeeper.org/

National Center for Suicide Prevention Training

Provides educational resources for effective suicide prevention programs and policies

55 Chapel Street
Newton, MA 02458
Phone: (877) GET-SPRC (877-438-7772)
TTY: (617) 964-5448
Fax: (617) 969-9186
E-mail: ncspt@sprc.org
Web site: http://www.ncspt.org/

National Institute on Drug Abuse

A federal institute to prevent and treat drug abuse and addiction that conducts research and disseminates results on prevention, treatment, and policy

National Institutes of Health
6001 Executive Boulevard, Room 5213
Bethesda, MD 20892-9561
Phone: (301) 443-1124
E-mail: information@nida.nih.gov
Web site: http://www.nida.nih.gov

National Organization for People of Color Against Suicide (NOPCAS)

Research and community-based initiatives and corporate partnerships dedicated to stopping suicide in minority communities

P.O. Box 75571
Washington, DC 20013
Phone: (202) 549-6039
Fax / Voicemail: (866) 899-5317
E-mail: info@nopcas.org
Web site: http://www.nopcas.com/

Substance Abuse & Mental Health Services Administration

Dedicated to improving mental health care and reducing substance abuse in the United States through programs, policy development, and grants

1 Choke Cherry Road
Rockville, MD 20857
Center for Mental Health Services
Phone: (240) 276-1310
Fax: (240) 276-1320
Center for Substance Abuse Prevention
Phone: (240) 276-2420
Fax: (240) 276-2430
Center for Substance Abuse Treatment
Phone: (240) 276-1660
Fax: (240) 276-1670
Web site: http://www.samhsa.gov

Suicide Prevention Action Network USA (SPAN USA)

Seeks to prevent suicide through public education and awareness, community action, and federal, state, and grassroots advocacy

1025 Vermont Avenue NW, Suite 1066
Washington, DC 20005
Phone: (202) 449-3600
Fax: (202) 449-3601
E-mail: info@spanusa.org
Web site: http://www.spanusa.org

Suicide Prevention Resource Center

Provides support, training, and resources to assist organizations and individuals to develop suicide

prevention programs, interventions, and policies, and to advance the National Strategy for Suicide Prevention

55 Chapel Street
Newton, MA 02458
Phone: (877) GET-SPRC (438-7772)
E-mail: info@sprc.org
Web site: http://www.sprc.org

Racial and Ethnic Minorities

Asian & Pacific Islander Institute on Domestic Violence

Part of the Asian and Pacific Islander American Health Forum, which promotes policies, programs, and research to improve the health and well-being of Asian American, Native Hawaiian, and Pacific Islander communities

450 Sutter Street, Suite 600
San Francisco, CA 94108
Phone: (415) 954-9988 ext. 315
Fax: (415) 954-9999
E-mail: apidvinstitute@apiahf.org
Web site: http://www.apiahf.org/apidvinstitute

Asian & Pacific Islander Youth Violence Prevention Center

Department of Psychiatry
University of Hawai'i at Manoa
1441 Kapiolani Boulevard, Suite 1802
Honolulu, HI 96814
Phone: (808) 945-1517

OR

1970 Broadway, Suite 500
Oakland, CA 94612
Phone: (510) 208-0500
E-mail: info@api-center.org
Web site: http://www.apiyvpc.org

Asian Task Force Against Domestic Violence

A Boston-based organization dedicated to eliminating family violence and strengthening Asian families and communities; victims may contact advocates for culturally specific services; also offers a 24-hour hotline

P.O. Box 120108
Boston, MA 02112
Hotline: (617) 338-2355
Phone: (617) 338-2350
Fax: (617) 338-2354
E-mail: asiandv@atask.org
Web site: http://www.atask.org/

A.S.I.S.T.A.

A collaboration of national legal experts to provide technical assistance to frontline advocates and attorneys working with immigrant victims of domestic violence

515 28th Street
Des Moines, IA 50312
Phone: (515) 244-8028
Fax: (515) 244-7417
Web site: http://www.asistaonline.org/

Council on Sexual Assault and Domestic Violence

Victim support for members of the Siouxland community

P.O. Box 1565
Sioux City, IA 51102
Toll-free: (800) 982-7233
Phone: (712) 277-0131
Fax: (712) 258-8790
Web site: http://www.safefromabuse.com

INCITE! Women of Color Against Violence

A national activist organization of radical feminists of color advancing a movement to end violence against women of color and their communities through direct action, critical dialogue, and grassroots organizing, conferences, newsletters, and activist institutes

P.O. Box 226
Redmond, WA 98073
Phone: (484) 932-3166
E-mail: incite_national@yahoo.com
Web site: http://www.incite-national.org/

Institute on Domestic Violence in the African American Community (IDVAAC)

Focuses on the unique circumstances of African Americans as they face issues related to all forms of domestic violence; furthers scholarship, raises awareness, informs public policy, gathers and disseminates information, and holds conferences and trainings

University of Minnesota
School of Social Work
290 Peters Hall
1404 Gortner Avenue
St. Paul, MN 55108-6142
Toll-free: (877) NIDVAAC (643-8222)
Phone (Local): (612) 624-5357
Fax: (612) 624-9201
E-mail: nidvaac@umn.edu
Web site: http://www.dvinstitute.org

Mending the Sacred Hoop—Technical Assistance Project

Provides training and technical assistance to American Indians and Alaskan Natives to eliminate violence against women and children; works with villages, reservations, and other Native communities to improve justice system, law enforcement, and service provider responses to victims

202 East Superior Street
Duluth, MN 55802
Toll-free: (888) 305-1650
Phone: (218) 722-2781
Fax: (218) 722-5775
Web site: http://www.msh-ta.org/

National Immigration Project

A program of the National Lawyers Guild, the project offers legal support on immigration issues, including VAWA

14 Beacon Street, Suite 602
Boston, MA 02108
Phone: (617) 227-9727
Fax: (617) 227-5495
Web site: http://www.nationalimmigrationproject.org/

National Indian Child Welfare Association (NICWA)

A comprehensive information source on American Indian child welfare that focuses solely on tribal capacity to prevent child abuse and neglect

5100 SW Macadam Avenue, Suite 300
Portland, OR 97239
Phone: (503) 222-4044
Fax: (503) 222-4007
E-mail: info@nicwa.org
Web site: http://www.nicwa.org

National Latino Alliance for the Elimination of Domestic Violence

Offers programs to raise awareness about domestic violence in Latino communities; promotes culturally competent responses; advocates for public policies; and provides training and technical assistance to Latino/a service providers and domestic violence service providers who serve Latino families

P.O. Box 672
Triborough Station
New York, NY 10035
Toll-free: (800) 342-9908
Phone: (646) 672-1404
Fax: (646) 672-0360 or (800) 216-2404
Web site: http://www.dvalianza.org/

National Native American Resources to End Violence Against Native Women

Seeks to end violence against Native women

722 Saint Joseph Street
Rapid City, SD 57701
Phone: (877) RED-ROAD (733-7623)
E-mail: scircle@sacred-circle.com
Web site: http://www.sacred-circle.com/

National Organization for People of Color Against Suicide (NOPCAS)

Research and community-based initiatives and corporate partnerships dedicated to stopping suicide in minority communities

P.O. Box 75571
Washington, DC 20013
Phone: (202) 549-6039
Fax/Voicemail: (866) 899-5317
E-mail: info@nopcas.org
Web site: http://www.nopcas.com/

Sacred Circle, National Resource Center to End Violence Against Native Women

Assists Indian tribes and organizations in developing strategies and remedies to end violence against Native women

722 Saint Joseph Street
Rapid City, SD 57701

Phone: (877) RED-ROAD (733-7623)
E-mail: scircle@sacred-circle.com
Web site: http://www.sacred-circle.com/

Southwest Center for Law and Policy

Offers free legal training and technical assistance to tribal communities and organizations and agencies serving Native people

4055 East 5th Street
Tucson, AZ 85711
Phone: (520) 623-8192
Fax: (520) 623-8246
E-mail: info@swclap.org
Web site: http://www.swclap.org/

Women of Color Resource Center

Promotes political, economic, social, and cultural well-being of women and girls of color in the United States

1611 Telegraph Avenue, #303
Oakland, CA 94612
Phone: (510) 444-2700
Fax: (510) 444-2711
E-mail: info@coloredgirls.org
Web site: http://www.coloredgirls.org

Sexual Violence and Abuse (Resources Addressing Victims and Perpetrators)

Association for the Treatment of Sexual Abusers

Fosters research and facilitates information exchange, professional education and standards in the field of sex offender evaluation and treatment; provides resources to association members who treat sex offenders, but does not credential its members

4900 S.W. Griffith Drive, Suite 274
Beaverton, OR 97005
Phone: (503) 643-1023
Fax: (503) 643-5084
E-mail: atsa@atsa.com
Web site: http://www.atsa.com

A Call to Men

Educational resources to change men's behavior and social norms defining manhood and to challenge sexism so as to end violence against women

P.O. Box 216
Valley Stream, NY 11582
Phone: (917) 922-6738
Fax: (704) 540-4634
E-mail: info@acalltomen.com
Web site: http://www.acalltomen.com/

Center for Sex Offender Management, A Project of the Office of Justice Programs, U.S. Department of Justice

Working to enhance public safety by preventing further victimization by improving management of adult and juvenile sex offenders who are in the community

c/o Center for Effective Public Policy
8403 Colesville Road, Suite 720
Silver Spring, MD 20910
Phone: (301) 589-9383
Fax: (301) 589-3505
Web site: http://www.csom.org/

End Violence Against Women International

Offers victim-centered multidisciplinary training and expert consultation regarding sexual assault and domestic violence, prevention programs for men, and risk reduction programs for women

P.O. Box 33
Addy, WA 99101-0033
Phone: (509) 684-9800
Fax: (509) 684-9801
E-mail: info@evawintl.org
Web site: http://www.evawintl.org

FaithTrust Institute

An international, multifaith organization that provides training, consultation, and educational materials on religious and cultural issues related to domestic violence to communities and advocates

2400 North 45th Street, #10
Seattle, WA 98103

Phone: (206) 634-1903
Fax: (206) 634-0115
Web site: http://www.faithtrustinstitute.org

INCITE! Women of Color Against Violence

A national activist organization of radical feminists of color advancing a movement to end violence against women of color and their communities through direct action, critical dialogue, and grassroots organizing, conferences, newsletters, and activist institutes

P.O. Box 226
Redmond, WA 98073
Phone: (484) 932-3166
E-mail: incite_national@yahoo.com
Web site: http://www.incite-national.org/

Institute on Violence, Abuse and Trauma (IVAT) (Including the Family Violence & Sexual Assault Institute)

A training center that offers national and international conferences, promotes collaboration across disciplines, and provides publications

6160 Cornerstone Court East
San Diego, CA 92121
Phone: (858) 623-2777 ext. 416
Fax: (858) 646-0761
Web site: http://www.ivatcenters.org/

International Association for the Treatment of Sexual Offenders

Promotes research on and treatment of sex offenders throughout the world, holds conferences, and offers an online database

c/o Violence Research and Prevention Centre
Joergerstraße 22/3
A-1170 Vienna, Austria
Phone: + 43-1-957 82 02
Fax: + 43-1-957 82 04
E-mail: office@iatso.org
Web site: http://www.iatso.org/

MaleSurvivor

Resources for male survivors of sexual victimization, including support, treatment, and retreats for survivors as well as research, education, and networking for professionals who work with male survivors

PMB 103
5505 Connecticut Avenue NW
Washington, DC 20015-2601
Toll-free: (800) 738-4181
E-mail: admin@malesurvivor.org
Web site: http://www.malesurvivor.org

Men Can Stop Rape

Mobilizes young men to challenge harmful aspects of masculinity and male strength that can lead to violence against women

P.O. Box 57144
Washington, DC 20037
Phone: (202) 265-6530
Fax: (202) 265-4362
E-mail: info@mencanstoprape.org
Web site: http://www.mencanstoprape.org/

Men Stopping Violence

Trains professionals and conducts public education to intervene with violent men, mentors interns, publishes articles, and allies with other organizations working to end men's violence against women

533 West Howard Avenue
Decatur, GA 30030
Phone: (404) 270-9894
Fax: (404) 270-9895
E-mail: msv@menstoppingviolence.org
Web site: http://www.menstoppingviolence.org/

Men's Resource Center for Change

Offers support for men, challenges male violence, and develops leadership to end gender oppression through programs to overcome the damaging effects of rigid and stereotyped masculinity that contribute to men's patterns of social and personal violence

236 North Pleasant Street
Amherst, MA 01002
Phone: (413) 253-9887
Fax: (413) 253-4801
E-mail: main.office@mrcforchange.org
Web site: http://www.mrcforchange.org/

National Coalition Against Violent Athletes

Educates the public on various issues regarding athletes and violent behavior, supports victims, provides referrals, and conducts research

P.O. Box 620453
Littleton, CO 80162
Phone: (720) 963-0373
Web site: http://www.ncava.org/

National Center for the Prosecution of Violence Against Women

Part of the American Prosecutors Research Institute, the center seeks to improve the quality of violence against women prosecutions, by identifying best prosecution practices, offering research and technical assistance, and providing referral resources

99 Canal Center Plaza, Suite 510
Alexandria, VA 22314
Phone: (703) 549-4253
Fax: (703) 836-3195
E-mail: ncpvaw@ndaa.org
Web site: http://www.ndaa.org/apri/programs/vawa/vaw_home.html

National Center on Domestic and Sexual Violence

Designs, customizes, and provides training and consultations for professionals in law enforcement, criminal justice, health care, social work, counseling, media, the military, and faith communities who work with victims and perpetrators

4612 Shoal Creek Boulevard
Austin, TX 78756
Phone: (512) 407-9020
Fax: (512) 407-9020
Web site: http://www.ncdsv.org

National Electronic Network on Violence Against Women (VAWnet)

An online resource center for advocates working to end domestic violence, sexual assault, and other forms of violence against women and children

National Resource Center on Domestic Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112-2791
Toll-free: (800) 537-2238
TTY: (800) 553-2508
Web site: http://www.vawnet.org

National Sexual Violence Resource Center

The principal information and resource center in the United States on all aspects of sexual violence

Pennsylvania Coalition Against Rape
123 North Enola Drive
Enola, PA 17025
Phone: (877) 739-3895
TTY: (717) 909-0715
Web site: http://www.nsvrc.org

National Violence Against Women Prevention Research Center

A Centers for Disease Control and Prevention–sponsored Web site with information for scientists, researchers, advocates, professionals, and the lay public designed to increase knowledge on violence against women, provide training, and develop public policy

Department of Psychiatry, USC
P.O. Box 250852
165 Cannon Street
Charleston, SC 29425
Phone: (843) 792-2945
Fax: (843) 792-3388
Web site: http://www.vawprevention.org

Office on Violence Against Women (OVW)

Provides federal leadership to reduce violence against women and strengthen the justice response and services to victims

800 K Street NW, Suite 920
Washington, DC 20530
Phone: (202) 307-6026
Fax: (202) 305-2589
TTY: (202) 307-2277
Web site: http://www.usdoj.gov/ovw

Promotetruth.org

Offers support and information for teens on issues of sexual violence

Women's Center of Jacksonville
5644 Colcord Avenue
Jacksonville, FL 32211
Phone: (904) 722-3000
Fax: (904) 722-3100
Web site: http://www.promotetruth.org

Rape, Abuse & Incest National Network

The largest anti–sexual assault organization in the United States; operates a national sexual assault hotline and carries out programs to prevent sexual assault, help victims, and hold rapists accountable

2000 L Street NW, Suite 406
Washington, DC 20036
Toll-free: (800) 656-HOPE (4673)
Phone: (202) 544-1034
Fax: (202) 544-3556
E-mail: info@rainn.org
Web site: http://www.rainn.org/

Sacred Circle, National Resource Center to End Violence Against Native Women

Assists Indian tribes and organizations in developing strategies and remedies to end violence against Native women

722 Saint Joseph Street
Rapid City, SD 57701
Phone: (877) RED-ROAD (733-7623)
E-mail: scircle@sacred-circle.com
Web site: http://www.sacred-circle.com/

The Safer Society Foundation, Inc.

Offers conferences, brochures, books, and other materials on sexual violence as well as sex offender treatment referral

P.O. Box 340
Brandon, VT 05733-0340
Phone: (802) 247-3132
Fax: (802) 247-4233
Web site: http://www.safersociety.org/

Sex Abuse Treatment Alliance

Offers resources and position papers, contacts, support, and outreach for incarcerated offenders and their families

P.O. Box 761
Milwaukee, WI 53201
Phone: (517) 482-2085
E-mail: info@satasort.org
Web site: http://www.satasort.org/

Sex Addicts Anonymous (SAA)

A fellowship of men and women who share their experiences so they may overcome their sexual addiction and help others recover; offers local meetings as well as electronic meetings

P.O. Box 70949
Houston, TX 77270
Toll-free: (800) 477-8191
Phone: (713) 869-4902
E-mail: info@saa-recovery.org
Web site: http://www.saa-recovery.org

Sexaholics Anonymous (SA)

A free 12-step program to overcome sexual addiction and become sexually sober

P.O. Box 111910
Nashville, TN 37222
Phone: (615) 331-6230
Fax: (615) 331-6901
E-mail: saico@sa.org
Web site: http://www.sa.org

Sexual Compulsives Anonymous (SCA)

A 12-step program for recovering from sexual compulsion and developing sexual sobriety

P.O. Box 1585
Old Chelsea Station
New York, NY 10011
Toll-free: (800) 977-HEAL (4325)
Phone: (212) 439-1123
E-mail: info@sca-recovery.org
Web site: http://www.sca-recovery.org

Stop Prisoner Rape

A national human rights organization working to end sexual violence against men, women, and youth in detention; to ensure government accountability and change public attitudes; and to promote access to resources for survivors

3325 Wilshire Boulevard, Suite 340
Los Angeles, CA 90010
Phone: (213) 384-1400
E-mail: info@spr.org
Web site: http://www.spr.org/

Students Active for Ending Rape (SAFER)

Provides training and support to college and university students so they can improve their schools; sexual assault prevention and response activities

28 East 35th Street
New York, NY 10016
Phone: (212) 725-3710
E-mail: organizers@safercampus.org
Web site: http://www.safercampus.org

Survivors Network of Those Abused by Priests

A national organization that provides self-help, prevention programs, and advocacy to stop sexual abuse by priests and to hold perpetrators and church officials accountable

P.O. Box 6416
Chicago, IL 60680-6416
Toll-free: (877) SNAPHEALS; (877) 762-7432
Phone: (312) 455-1499
Web site: http://www.snapnetwork.org/

The White Ribbon Campaign

A Canadian campaign of men working to end men's violence against women

365 Bloor Street East
Toronto, ON, Canada M4W 3L4
Toll-free: (800) 328-2228
Phone: (416) 920-6684
Fax: (416) 920-1678
E-mail: info@whiteribbon.ca
Web site: http://www.whiteribbon.ca

Stalking

End Stalking In America, Inc.

Offers direct, one-on-one assistance to potential and current stalking victims as well as works to educate the public and raise awareness of the problem of stalking

2015 North Dobson Road, Suite 4-222
Chandler, AZ 85224
E-mail: endstalking@aol.com
Web site: http://www.esia.net/

Stalking Help

Offers resources for victims on what stalking is, how to tell if one is stalked, and how to get help

Department of Psychology
1 University Station
University of Texas, Austin
Austin, TX 78712-0187
E-mail: stalkinghelp@psy.utexas.edu
Web site: http://homepage.psy.utexas.edu/homepage/Group/BussLAB/stalkinghelp/index.html

Stalking Resource Center

Program of the National Center for Victims of Crime; provides training and technical assistance for practitioners and resources for practitioners and victims through Web site and informational clearinghouse

2000 M Street NW, Suite 480
Washington, DC 20036
Phone: (202) 467-8700
E-mail: SRC@ncvc.org
Web site: http://www.ncvc.org/src

Stalking Victims Sanctuary

Provides resources for victims of stalking, including information on how to identify stalking and suggestions for ending it, an online support group, and an online De-stress Zone

P.O. Box 400
Angels Camp, CA 95222
E-mail: stalkingsolutions@yahoo.com
Web site: http://www.stalkingvictims.com

Violence Between Intimate Partners (Resources Primarily Addressing Victims)

American Bar Association Commission on Domestic Violence

Seeks to get legal professionals to understand and better respond to domestic violence, and to improve legal access for domestic violence victims

740 15th Street NW, 9th Floor
Washington, DC 20005-1022
Phone: (202) 662-1737
Web site: http://www.abanet.org/domviol/home.html

American Domestic Violence Crisis Line

Serves American women being abused in foreign countries, offering a toll-free international crisis line for these women

3300 NW 185th, #133
Portland, OR 97229
Hotline: 866-USWOMEN; (866) 879-6636
Business Phone: (503) 203-1444
Fax: (503) 203-5999
Web site: http://www.866uswomen.org/

American Institute on Domestic Violence

Offers workshops and training programs on domestic violence, particularly domestic violence in the workplace

P.O. Box 2232
Ruidoso, NM 88355
Phone: (505) 973-2225
E-mail: info@aidv-usa.com
Web site: http://www.aidv-usa.com

Asian & Pacific Islander Institute on Domestic Violence

Part of the Asian and Pacific Islander American Health Forum, which promotes policies, programs, and research to improve the health and well-being of Asian American, Native Hawaiian, and Pacific Islander communities

450 Sutter Street, Suite 600
San Francisco, CA 94108
Phone: (415) 954-9988 ext. 315
Fax: (415) 954-9999
E-mail: apidvinstitute@apiahf.org
Web site: http://www.apiahf.org/apidvinstitute

Asian Task Force Against Domestic Violence

A Boston-based organization dedicated to eliminating family violence and strengthening Asian families and communities; victims may contact advocates for culturally specific services; also offer a 24-hour hotline

P.O. Box 120108
Boston, MA 02112
Hotline: (617) 338-2355
Phone: (617) 338-2350
Fax: (617) 338-2354
E-mail: asiandv@atask.org
Web site: http://www.atask.org/

A.S.I.S.T.A.

A collaboration of national legal experts to provide technical assistance to frontline advocates and attorneys working with immigrant victims of domestic violence

515 28th Street
Des Moines, IA 50312
Phone: (515) 244-8028
Fax: (515) 244-7417
Web site: http://www.asistaonline.org/

Battered Women's Legal Advocacy Project, Inc.

Based in Minnesota, this statewide nonprofit provides legal information, consultation, training, litigation, and legal resource support and policy development assistance to battered women and criminal justice, legal, and social service providers

1611 Park Avenue, Suite 2
Minneapolis, MN 55404
Toll-free: (800) 313-2666
Phone: (612) 343-9842
Fax: (612) 343-0786
E-mail: info@bwlap.org
Web site: http://www.bwlap.org/

Battered Women's Justice Project

Provides training, technical assistance, and consultation on best practices of criminal and civil justice systems in addressing domestic violence; staff attorneys and advocates offer information and analysis on effective policing, prosecution, sentencing, and monitoring of domestic violence offenders

2104 Fourth Avenue South, Suite B
Minneapolis, MN 55404
Toll-free: (800) 903-0111
Extension 1 Criminal Justice
Extension 2 Civil Justice

Extension 3 Defense
Phone: (612) 824-8768
Fax: (612) 824-8965
Web site: http://www.bwjp.org

Clothesline Project

A public education project to raise awareness about violence against women and to help victims heal

Box 727
East Dennis, MA 02641
Phone: (508) 385-7004
Web site: http://www.now.org/issues/violence/clothes.html

Colorado Bar Association: Domestic Violence: Make It Your Business

Educational programs directed at businesses and employers on how to recognize employees involved in abusive relationships, how to effectively respond, and where to refer these employees for help

1900 Grant Street, Ninth Floor
Denver, CO 80203-4336
Phone: (303) 860-1115
Web site: http://www.makeityourbusiness.org

Council on Sexual Assault and Domestic Violence

Victim support for members of the Siouxland community

P.O. Box 1565
Sioux City, IA 51102
Toll-free: (800) 982-7233
Phone: (712) 277-0131
Fax: (712) 258-8790
Web site: http://www.safefromabuse.com

Domestic Abuse Helpline for Men & Women

Crisis intervention and support services for victims of domestic violence and their families

P.O. Box 252
Harmony, ME 04942
24-hour crisis hotline: (888) 7HELPLINE
Phone: (207) 683-5758
Fax: (775) 255-9626
Web site: http://www.dahmw.org

Domestic Violence & Mental Health Policy Initiative (DVMHPI)

Provides infrastructure and resources to enable domestic violence and mental health agencies and training programs nationwide to be able to more effectively help individuals dealing with both domestic violence and mental health issues

29 East Madison, Suite 1750
Chicago, IL 60602
Phone: (312) 726-7020
Fax: (312) 726-7022
Web site: http://www.dvmhpi.org

Domestic Violence Enhanced Response Team

Works in partnership with agencies to address domestic violence by enhancing safety for high risk for lethality victims, facilitating community policing and specialized training, and appropriately "containing" high-risk offenders

705 South Nevada Avenue
Colorado Springs, CO 80903
Phone: (719) 444-7813
E-mail: info@dvert.org
Web site: http://www.dvert.org/

Domestic Violence Initiatives for Women with Disabilities

P.O. Box 300535
Denver, CO 80203
Phone/TTY: (303) 839-5510

End Violence Against Women International

Offers victim-centered multidisciplinary training and expert consultation regarding sexual assault and domestic violence, prevention programs for men, and risk reduction programs for women

P.O. Box 33
Addy, WA 99101-0033
Phone: (509) 684-9800
Fax: (509) 684-9801
E-mail: info@evawintl.org
Web site: http://www.evawintl.org

End Violence Against Women—The INFO Project

An online resource providing information on research tools, reports, and communication materials produced worldwide especially on the effects of violence on women's reproductive health

111 Market Place, Suite 310
Baltimore, MD 21202
Phone: (410) 659-6300
Fax: (410) 659-6266
Web site: http://www.endvaw.org/

Equality Now

Dedicated to end violence and discrimination against women and girls around the world by mobilizing public pressure

P.O. Box 20646
Columbus Circle Station
New York, NY 10023
Fax: (212) 586-1611
E-mail: info@equalitynow.org
Web site: http://www.equalitynow.org/

FaithTrust Institute

An international, multifaith organization that provides training, consultation, and educational materials on religious and cultural issues related to domestic violence to communities and advocates

2400 North 45th Street, #10
Seattle, WA 98103
Phone: (206) 634-1903
Fax: (206) 634-0115
Web site: http://www.faithtrustinstitute.org

Family Violence Prevention Fund

Engages in lobbying, education, and programming to prevent violence in the home and community and to help victims of violence

Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
Phone: (415) 252-8900
Fax: (415) 252-8991
TTY: (800) 595-4889

Washington, DC, Office
1101 14th Street NW, Suite 300
Washington, DC 20005
Boston Office
67 Newbury Street, Mezzanine Level
Boston, MA 02116
Web site: http://www.endabuse.org/

Gay Men's Domestic Violence Project

Supports gay victims and survivors of domestic violence through education, advocacy, and direct services

955 Massachusetts Avenue, PMB 131
Cambridge, MA 02139
Hotline: (800) 832-1901
Office Phone: (617) 354-6056
Fax: (617) 354-6072
E-mail:
Client Services: cs@gmdvp.org
Education & Outreach: education@gmdvp.org
Development: mgreen@gmdvp.org
General Information: education@gmdvp.org
Web Site: http://www.gmdvp.org

Hague Domestic Violence Project

A research study to understand the experiences of women who have come to the United States with their children after leaving an abusive relationship and then become involved in a legal dispute under the Hague Convention on the Civil Aspects of Child Abduction

University of Washington, School of Social Work
Attn: Hague DV Project
4101 15th Avenue NE
Seattle, WA 98105-6299
Toll-free: (866) 820-4599
E-mail: info@haguedv.org
Web site: http://www.haguedv.org

INCITE! Women of Color against Violence

A national activist organization of radical feminists of color advancing a movement to end violence against women of color and their communities through direct action, critical dialogue, and grassroots organizing, conferences, newsletters, and activist institutes

P.O. Box 226
Redmond, WA 98073

Phone: (484) 932-3166
E-mail: incite_national@yahoo.com
Web site: http://www.incite-national.org/

Institute on Domestic Violence in the African American Community (IDVAAC)

Focuses on the unique circumstances of African Americans as they face issues related to all forms of domestic violence; furthers scholarship, raises awareness, informs public policy, gathers and disseminates information, and holds conferences and trainings

University of Minnesota, School of Social Work
290 Peters Hall
1404 Gortner Avenue
St. Paul, MN 55108-6142
Toll-free: (877) NIDVAAC (643-8222)
Phone (Local): (612) 624-5357
Fax: (612) 624-9201
E mail: nidvaac@umn.edu
Web site: http://www.dvinstitute.org

Institute on Violence, Abuse and Trauma (IVAT) (Including the Family Violence & Sexual Assault Institute)

A training center that offers national and international conferences, promotes collaboration across disciplines, and provides publications

6160 Cornerstone Court East
San Diego, CA 92121
Phone: (858) 623-2777 ext. 416
Fax: (858) 646-0761
Web site: http://www.ivatcenters.org/

Legal Advocates for Abused Women

A national organization offering a 24-hour crisis line and working within the legal system to provide crisis intervention, support, safety planning, advocacy, and referrals

P.O. Box 15137
Saint Louis, MO 63110
24-hour crisis line: (314) 535-5229
or (800) 527-1460
Business phone: (314) 535-0684
E-mail: laaw@sbcglobal.net
Web site: http://www.laawstl.org/

Legal Momentum

Formerly the NOW Legal Defense Fund, this is the oldest legal advocacy organization for advancing the rights of women and girls through litigation and policy development

395 Hudson Street
New York, NY 10014
Phone: (212) 925-6635
Fax: (212) 226-1066
Web site: http://www.legalmomentum.org

Legal Resource Center on Violence Against Women

Works with attorneys on behalf of domestic violence survivors involved in interstate custody cases

Takoma Park, MD
Survivor Hotline: (800) 556-4053
Phone: (301) 270-1550
Fax: (301) 270-7272
E-mail: lrc@lrcvaw.org
Web site: http://www.lrcvaw.org/

Mending the Sacred Hoop—Technical Assistance Project

Provides training and technical assistance to American Indians and Alaskan Natives to eliminate violence against women and children; works with villages, reservations, and other Native communities to improve justice system, law enforcement, and service provider responses to victims

202 East Superior Street
Duluth, MN 55802
Toll-free: (888) 305-1650
Phone: (218) 722-2781
Fax: (218) 722-5775
Web site: http://www.msh-ta.org/

MINCAVA—Minnesota Center Against Violence & Abuse

An electronic clearinghouse that provides online access to more than 3,000 violence-related resources, including links to articles, training materials, bibliographies, organizations, service providers, events, jobs, and funding opportunities

School of Social Work, University of Minnesota
105 Peters Hall, 1404 Gortner Avenue
St. Paul, MN 55108-6142
Phone: (612) 624-0721
Fax: (612) 625-4288
Web site: http://www.mincava.umn.edu/

National Coalition Against Violent Athletes

Educates the public on various issues regarding athletes and violent behavior, supports victims, provides referrals, and conducts research

P.O. Box 620453
Littleton, CO 80162
Phone: (720) 963-0373
Web site: http://www.ncava.org/

National Center for the Prosecution of Violence Against Women

Part of the American Prosecutors Research Institute, the center seeks to improve the quality of violence against women prosecutions, by identifying best prosecution practices, offering research and technical assistance, and providing referral resources

99 Canal Center Plaza, Suite 510
Alexandria, VA 22314
Phone: (703) 549-4253
Fax: (703) 836-3195
E-mail: ncpvaw@ndaa.org
Web site: http://www.ndaa-apri.org/apri/programs/vawa/vaw_home.html

National Center on Domestic and Sexual Violence

Designs, customizes, and provides training and consultations for professionals in law enforcement, criminal justice, health care, social work, counseling, media, the military, and faith communities who work with victims and perpetrators

4612 Shoal Creek Boulevard
Austin, TX 78756
Phone: (512) 407-9020
Fax: (512) 407-9020
Web site: http://www.ncdsv.org

National Clearinghouse for the Defense of Battered Women

A resource and advocacy center for battered women charged with crimes; provides customized technical assistance to these women and their defense teams

125 South 9th Street, Suite 302
Philadelphia, PA 19107
Toll-free: (800) 903-0111 ext. 3
Phone: (215) 351-0010
Web site: http://www.ncdbw.org/

National Coalition Against Domestic Violence

A national organization that builds coalitions at the local, state, regional, and national levels; supports community-based nonviolence alternatives (safe homes/shelters) for battered women and their children; conducts public education and technical assistance; engages in policy development; organizes innovative legislative caucuses and task forces to represent organizationally underrepresented groups; and works to eradicate social conditions that contribute to violence against women and children

P.O. Box 18749
Denver, CO 80218-0749
Phone: (303) 839-1852
Web site: http://www.ncadv.org

National Domestic Violence Fatality Review Initiative

A federally funded initiative that provides technical assistance to fatality review teams and information on domestic violence fatality review

Baylor University
One Bear Place #97236
Waco, TX 76798
Phone: (866) 738-7213
Fax: (254) 710-1228
Web site: http://www.ndvfri.org

National Domestic Violence Hotline

A 24-hour hotline with advocates available for victims and those calling on victims' behalf, offering crisis

intervention, safety planning, information, and referrals; interpretive services are available for non-English speakers

P.O. Box 161810
Austin, TX 78716
Hotline: (800) 799-SAFE (7233); TTY: (800) 787-3224
Administrative Phone: (512) 453-8117
Web site: http://www.ndvh.org

National Electronic Network on Violence Against Women (VAWnet)

An online resource center for advocates working to end domestic violence, sexual assault, and other forms of violence against women and children

National Resource Center on Domestic Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112-2791
Toll-free: (800) 537-2238
TTY: (800) 553-2508
Web site: http://www.vawnet.org

National Health Resource Center on Domestic Violence

[see Family Violence Prevention Fund]

383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
Phone: (888) Rx-ABUSE (792-2873)
Web site: http://www.endabuse.org/health

National Latino Alliance for the Elimination of Domestic Violence

Offers programs to raise awareness about domestic violence in Latino communities; promotes culturally competent responses; advocates for public policies; and provides training and technical assistance to Latino/a service providers and domestic violence service providers who serve Latino families

P.O. Box 672
Triborough Station
New York, NY 10035
Toll-free: (800) 342-9908
Phone: (646) 672-1404
Fax: (646) 672-0360 or (800) 216-2404
Web site: http://www.dvalianza.org/

National Native American Resources to End Violence Against Native Women

Seeks to end violence against Native women

722 Saint Joseph Street
Rapid City, SD 57701
Phone: (877) RED-ROAD (733-7623)
E-mail: scircle@sacred-circle.com
Web site: http://www.sacred-circle.com/

National Network to End Domestic Violence

A social change organization dedicated to creating a social, political, and economic environment in which violence against women no longer exists

660 Pennsylvania Avenue SE, Suite 303
Washington, DC 20003
Phone: (202) 543-5566
Fax: (202) 543-5626
Web site: http://www.nnedv.org/

National Violence Against Women Prevention Research Center

A Centers for Disease Control and Prevention–sponsored Web site with information for scientists, researchers, advocates, professionals, and the lay public designed to increase knowledge on violence against women, provide training, and develop public policy

Department of Psychiatry, USC
P.O. Box 250852
165 Cannon Street
Charleston, SC 29425
Phone: (843) 792-2945
Fax: (843) 792-3388
Web site: http://www.vawprevention.org

Office on Violence Against Women (OVW)

Provides federal leadership to reduce violence against women and strengthen the justice response and services to victims

800 K Street NW, Suite 920
Washington, DC 20530
Phone: (202) 307-6026
Fax: (202) 305-2589
TTY: (202) 307-2277
Web site: http://www.usdoj.gov/ovw

Resource Center on Domestic Violence: Child Protection and Custody

A legal resource center providing information about laws and assistance in finding an attorney

P.O. Box 8970
Reno, NV 89507
Phone: (800) 52-PEACE (527-3223)

Sacred Circle, National Resource Center to End Violence Against Native Women

Assists Indian tribes and organizations in developing strategies and remedies to end violence against Native women

722 Saint Joseph Street
Rapid City, SD 57701
Phone: (877) RED-ROAD (733-7623)
E-mail: scircle@sacred-circle.com
Web site: http://www.sacred-circle.com/

Safe Haven Shelter for Battered Women

A shelter for abused women in Duluth, Minnesota, that offers a toll-free hotline, individual and legal advocacy, referrals, and support groups

P.O. Box 3558
Duluth, MN 55803
TTY: (218) 730-2464
Fax: (218) 728-5084
E-mail: sh@safehavenshelter.org
Web site: http://www.safehavenshelter.org/

Safe Horizon

New York City–based support for victims of crime and abuse that also operates a domestic violence hotline

2 Lafayette Street, 3rd Floor
New York, NY 10007
Phone: (212) 577-7700
Fax: (212) 577-3897
E-mail: help@safehorizon.org
Web site: http://www.safehorizon.org

San Diego Domestic Violence Council

Focused on building healthy families in San Diego County through initiatives to reduce violence in intimate relationships

1200 Third Avenue, Suite 700
San Diego, CA 92101
Phone: (619) 533-6245
Fax: (619) 533-5507
TDD: (619) 702-7198
E-mail: abquayle@san.rr.com
Web site: http://www.sandiegodvcouncil.org

Sheila Wellstone Institute

A program that trains advocates and citizens working to end domestic violence by teaching planning, organizing, communication, and political advocacy

Wellstone Action
2446 University Avenue W, Suite 170
St. Paul, MN 55114
Phone: (651) 645-3939
Fax: (651) 645-5858
E-mail: info@wellstone.org
Web site: http://www.wellstone.org

Silent Witness National Initiative

Promotes and supports community-based domestic violence reduction efforts

20 Second Street NE, Suite 1101
Minneapolis, MN 55413
Phone: (612) 623-0999
Fax: (612) 623-0999
Web site: http://www.silentwitness.net

Stop Family Violence

Engages in legal advocacy and seeks to empower people to take action at the local, state, and national level to stop family violence

331 West 57th Street, #518
New York, NY 10019
Web site: http://www.stopfamilyviolence.org/

Support Network for Battered Women

Offers a 24-hour, toll-free crisis line, emergency shelter, counseling, information and referrals, support groups, safety planning, legal services, and community education presentations

1257 Tasman Drive, Suite C
Sunnyvale, CA 94089
24-hour crisis line (English and Spanish):
(800) 572-2782
Phone: (408) 541-6100
Fax: (408) 541-1333
E-mail: snbw@snbw.org
Web site: http://www.snbw.org/

Transforming Communities: Technical Assistance, Training & Resource Center (TC-TAT)

A learning center for creating contemporary, community-based approaches and strategies to prevent and end intimate partner violence

734 A Street
San Rafael, CA 94901-3923
Fax: (415) 526-2573
TDD/TTY: (415) 457-2421
Web site: http://www.transformcommunities.org/

Women Against Domestic Violence

An online organization that provides support and information to domestic violence victims

3325 Griffin Road, #128
Fort Lauderdale, FL 33312
Phone: (817) 643-3018
E-mail: information@wadv.org
Web site: http://www.wadv.org

Women Empowered Against Violence (WEAVE)

Works with adult and teen survivors of relationship violence and abuse, providing a range of legal, counseling, economic, and education services for survivors

1111 16th Street NW, Suite 200
Washington, DC 20036
Phone: (202) 452-9550
Fax: (202) 452-8255
E-mail: info@weaveincorp.org
Web site: http://www.weaveincorp.org/

Women'sLaw.org

Offers state-by-state information and resources on domestic violence as well as easy-to-understand legal information for domestic violence victims

150 Court Street, 2nd Floor
Brooklyn, NY 11201
Web site: http://www.womenslaw.org/

Violence Between Intimate Partners (Resources Primarily Addressing Perpetrators)

AMEND Central

Committed to ending domestic violence by providing counseling to perpetrators as well as advocacy and support for victims and their children

2727 Bryant Street, Suite 350
Denver, CO 80211
Phone: (303) 83-AMEND (303-832-6363)
Fax: (303) 480-9661
E-mail: central@amendinc.org
Web site: http://www.amendinc.org

Batterer Intervention Services Coalition of Michigan

A state-based working forum for interaction and information sharing among agencies and individuals who provide batterer intervention services in Michigan

2627 North East Street
Lansing, MI 48906
Toll-free: (866) 482-3933
Phone: (517) 482-3933
Fax: (517) 482-3937
Web site: http://www.biscmi.org/

A Call to Men

Educational resources to change men's behavior and social norms defining manhood and to challenge sexism so as to end violence against women

P.O. Box 216
Valley Stream, NY 11582
Phone: (917) 922-6738
Fax: (704) 540-4634
E-mail: info@acalltomen.com
Web site: http://www.acalltomen.com/

Colorado Bar Association Domestic Violence: Make It Your Business

Educational programs directed at businesses and employers on how to recognize employees involved in abusive relationships, how to effectively respond, and where to refer these employees for help

1900 Grant Street, Ninth Floor
Denver, CO 80203-4336
Phone: (303) 860-1115
Web site: http://www.makeityourbusiness.org

Emerge: Counseling & Education to Stop Domestic Violence

Provides education and treatment programs for abusers and violence prevention programs for youth; seeks to improve institutional responses to domestic violence and raise public awareness

2464 Massachusetts Avenue, Suite 101
Cambridge, MA 02140
Phone: (617) 547-9879
Fax: (617) 547-0904
E-mail: emergedv@aol.com
Web site: http://www.emergedv.com/

End Violence Against Women International

Offers victim-centered multidisciplinary training and expert consultation regarding sexual assault and domestic violence, prevention programs for men, and risk reduction programs for women

P.O. Box 33
Addy, WA 99101-0033
Phone: (509) 684-9800
Fax: (509) 684-9801
E-mail: info@evawintl.org
Web site: http://www.evawintl.org

Founding Fathers

A men's campaign to end violence against women and children

c/o The Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94114
Phone: (415) 252-8900
E-mail: foundingfathers@endabuse.org
Web site: http://www.founding-fathers.org

Institute on Domestic Violence in the African American Community (IDVAAC)

Focuses on the unique circumstances of African Americans as they face issues related to all forms of domestic violence; furthers scholarship, raises awareness, informs public policy, gathers and disseminates information, and holds conferences and trainings

University of Minnesota, School of Social Work
290 Peters Hall
1404 Gortner Avenue
St. Paul, MN 55108-6142
Toll-free: (877) NIDVAAC (643-8222)
Local Phone: (612) 624-5357
Fax: (612) 624-9201
E-mail: nidvaac@umn.edu
Web site: http://www.dvinstitute.org

Institute on Violence, Abuse and Trauma (IVAT) (Including the Family Violence & Sexual Assault Institute)

A training center that offers national and international conferences, promotes collaboration across disciplines, and provides publications

6160 Cornerstone Court East
San Diego, CA 92121
Phone: (858) 623-2777 ext. 416
Fax: (858) 646-0761
Web site: http://www.ivatcenters.org/

Men Stopping Violence

Trains professionals and conducts public education to intervene with violent men, mentors interns, publishes articles, and allies with other organizations working to end men's violence against women

533 West Howard Avenue
Decatur, GA 30030
Phone: (404) 270-9894
Fax: (404) 270-9895
E-mail: msv@menstoppingviolence.org
Web site: http://www.menstoppingviolence.org/

Men's Resource Center for Change

Offers support for men, challenges male violence, and develops leadership to end gender oppression through programs to overcome the damaging effects of rigid and stereotyped masculinity that contribute to men's patterns of social and personal violence

236 North Pleasant Street
Amherst, MA 01002
Phone: (413) 253-9887
Fax: (413) 253-4801
E-mail: main.office@mrcforchange.org
Web site: http://www.mrcforchange.org

National Center on Domestic and Sexual Violence

Designs, customizes, and provides training and consultations for professionals in law enforcement, criminal justice, health care, social work, counseling, media, the military, and faith communities that work with victims and perpetrators

4612 Shoal Creek Boulevard
Austin, TX 78756
Phone: (512) 407-9020
Fax: (512) 407-9020
Web site: http://www.ncdsv.org

The White Ribbon Campaign

A Canadian campaign of men working to end men's violence against women

365 Bloor Street East
Toronto, ON, Canada M4W 3L4
Toll-free: (800) 328-2228
Phone: (416) 920-6684
Fax: (416) 920-1678
E-mail: info@whiteribbon.ca
Web site: http://www.whiteribbon.ca

Interpersonal Violence—General

Academy on Violence and Abuse

An academic organization of health professionals who are committed to raising awareness about violence and abuse, making it a core component of education in the medical and health-related professions

14850 Scenic Heights Road, Suite 135A
Eden Prairie, MN 55344
Phone: (952) 974-3270
Fax: (952) 974-3291
Web site: http://www.avahealth.org/

Alliance for Children and Families

Provides services to member nonprofit organizations through teleconferences, publications, and funding

11700 West Lake Park Drive
Milwaukee, WI 53224-3099
Phone: (414) 359-1040
Fax: (414) 359-1074
E-mail: info@alliance1.0rg
Web site: http://www.alliance1.org

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

Conducts research and offers education and resources from a public health approach to identify risk and protective factors with regard to violence; develops and tests prevention strategies and ensures their widespread adoption

4770 Buford Highway NE
MS K-65
Atlanta, GA 30341-3717
Toll-free: (800) CDC-INFO (232-4636)
TTY: (888) 232-6348
Fax: (770) 488-4760
E-mail: cdcinfo@cdc.gov
Web site: http://www.cdc.gov/ncipc/dvp/dvp.htm

Commission on Safety and Abuse in America's Prisons

Working to prevent and eliminate abuse and violence in U.S. prisons and jails

601 Thirteenth Street NW, Suite 1150 South
Washington, DC 20005
Phone: (202) 347-6776
Fax: (202) 347-6047
E-mail: info@prisoncommission.org
Web site: http://www.prisoncommission.org/

Corporate Alliance to End Partner Violence

Dedicated to ending partner violence at work and to reduce the costs of intimate partner violence in the workplace

2416 East Washington Street, Suite E
Bloomington, IL 61704
Phone: (309) 664-0667
Fax: (309) 664-0747
E-mail: caepv@caepv.org
Web site: http://www.caepv.org/

Institute for the Study and Prevention of Violence

Promotes interdisciplinary research on the causes and prevention of violence; engages in the design and implementation of community-based violence prevention programs; trains teachers, law enforcement, and other professionals on principles of violence prevention; and bridges the gap between science and practice to effectively inform public policy related to violence prevention

230 Carol A. Cartwright Hall (formerly, the Auditorium Building)
Kent State University
Kent, OH 44242
Phone: (330) 672-7917
Fax: (330) 672-4711
E-mail: kretherf@kent.edu
Web site: http://dept.kent.edu/ispv/index.html

International Society for Traumatic Stress Studies (ISTSS)

An interdisciplinary, international professional membership organization in which professionals share research, clinical strategies, evaluation, and public policy concerns on the effects of trauma

60 Revere Drive, Suite 500
Northbrook, IL 60062
Phone: (847) 480-9028
Fax: (847) 480-9282
E-mail: istss@istss.org
Web site: http://www.istss.org

MINCAVA—Minnesota Center Against Violence & Abuse

An electronic clearinghouse that provides online access to more than 3,000 violence-related resources, including links to articles, training materials, bibliographies, organizations, service providers, events, jobs, and funding opportunities

School of Social Work, University of Minnesota
105 Peters Hall, 1404 Gortner Avenue
St. Paul, MN 55108-6142
Phone: (612) 624-0721
Fax: (612) 625-4288
Web site: http://www.mincava.umn.edu/

National Association of Crime Victims Compensation Boards (NACVCB)

Offers trainings and holds conferences on getting compensation for victims of violent crimes and their families

P.O. Box 16003
Alexandria, VA 22302
Phone: (703) 313-9500
Fax: (703) 313-0546
E-mail: nacvcb@nacvcb.org
Web site: http://www.nacvcb.org

National Coalition Against Violent Athletes

Educates the public on various issues regarding athletes and violent behavior, supports victims, provides referrals, and conducts research

P.O. Box 620453
Littleton, CO 80162
Phone: (720) 963-0373
Web site: http://www.ncava.org/

National Center for Victims of Crime

Provides resources and advocacy for crime victims

2000 M Street NW, Suite 480
Washington, DC 20036
Victim helpline: (800) FYI-CALL
Phone: (202) 467-8700
Fax: (202) 467-8701
Web site: http://www.ncvc.org/

National Crime Prevention Council

Promotes crime prevention through training, technical assistance, and publications

2345 Crystal Drive
Fifth Floor

Arlington, VA 22202-4801
Phone: (202) 466-6272
Fax: (202) 296-1356
Web site: http://www.ncpc.org/

National Crime Victim Bar Association

Seeks to increase awareness of civil remedies for crimes; provides support for attorneys representing crime victims and referrals for crime victims

2000 M Street NW, Suite 480
Washington, DC 20036
Phone: (800) FYI-CALL
Fax: (202) 467-8701
E-mail: victimbar@ncvc.org
Web site: http://www.victimbar.org/

National Crime Victim Law Institute

Promotes balance and fairness in the justice system through victim-centered legal advocacy, education, and resource sharing

10015 SW Terwilliger Boulevard
Portland, OR 97219-7799
Phone: (503) 768-6819
Fax: (503) 768-6671 fax
E-mail: ncvli@lclark.edu
Web site: http://law.lclark.edu/org/ncvli/

National Crime Victims Research and Treatment Center

Seeks to improve quality of mental health services provided to crime victims

Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
165 Cannon Street
P.O. Box 250852
Charleston, SC 29425
Phone: (843) 792-2945
Fax: (843) 792-3388
Web site: http://colleges.musc.edu/ncvc/

National Criminal Justice Reference Service

A federal online information service that offers publications, abstracts, grants and funding information, and an events calendar

P.O. Box 6000
Rockville, MD 20849-6000
Toll-free: (800) 851-3420
Phone: (301) 519-5500 (international callers)
Fax: (301) 519-5212
TTY: (877) 712-9279 or (301) 947-8374
Web site: http://www.ncjrs.gov/

National Family Justice Center Alliance

Provides training and technical assistance to existing and pending Family Justice Centers in the United States and abroad

707 Broadway, Suite 700
San Diego, CA 92101
Toll-free: (888) 511-FJCA
In San Diego: (619) 533-6032
Fax: (619) 544-6458
E-mail: info@sandiegofamilyjusticecenter.org
Web site: http://www.familyjusticecenter.org/

National Gang Crime Research Center

Promotes research on gangs, gang members, and gang problems; disseminates information on gangs and gang problems through the Journal of Gang Research; provides training and consulting services about gangs to federal, state, and local government agencies

P.O. Box 990
Peotone, IL 60468-0990
Phone: (708) 258-9111
Fax: (708) 258-9546
E-mail: gangcrime@aol.com
Web site: http://www.ngcrc.com

National Immigration Project

A program of the National Lawyers Guild, the project offers legal support on immigration issues, including VAWA

14 Beacon Street, Suite 602
Boston, MA 02108
Phone: (617) 227-9727
Fax: (617) 227-5495
Web site: http://www.nationalimmigrationproject.org

National Major Gang Task Force

Provides leadership and information to the criminal justice system and other stakeholders to intervene in and manage gangs and security threat groups and terrorists in jails, prisons, and communities

338 South Arlington Avenue, Suite 112
Indianapolis, IN 46219
Phone: (317) 322-0537
Fax: (317) 322-0549
E-mail: nmgtf@earthlink.net
Web site: http://www.nmgtf.org

National Organization for Victim Assistance

A national organization of victim and witness assistance programs and practitioners, criminal justice agencies and professionals, mental health professionals, and victims and survivors committed to recognizing and implementing victim rights and services

Courthouse Square
510 King Street, Suite 424
Alexandria, VA 22314
Phone: (703) 535-NOVA
Fax: (703) 535-5500
Web site: http://www.trynova.org

Peace at Work

Programs and trainings to prevent and better respond to workplace violence, including domestic violence

4605 Ellsmere Lane
Raleigh, NC 27604
Phone: (919) 274-5515
Web site: http://peaceatwork.org

Security On Campus, Inc.

Offers resources to increase campus safety

133 Ivy Lane, Suite 200
King of Prussia, PA 19406-2101
Toll-free: (888) 251-7959
Phone: (610) 768-9330
Fax: (610) 768-0646
Web site: http://www.securityoncampus.org/

Southwest Center for Law and Policy

Offers free legal training and technical assistance to tribal communities and organizations and agencies serving Native people

4055 East 5th Street
Tucson, AZ 85711
Phone: (520) 623-8192
Fax: (520) 623-8246
E-mail: info@swclap.org
Web site: http://www.swclap.org/

Stop Family Violence

Engages in legal advocacy and seeks to empower people to take action at the local, state, and national level to stop family violence

331 West 57th Street, #518
New York, NY 10019
Web site: http://www.stopfamilyviolence.org/

United Nations' Division for the Advancement of Women

Advocacy for women's rights and gender equality globally

2 UN Plaza, DC2-12th Floor
New York, NY 10017
Fax: (212) 963-3463
E-mail: daw@un.org
Web site: http://www.un.org/daw

Victims' Assistance Legal Organization (VALOR)

Dedicated to advancing victims' rights and improving services for victims

8180 Greensboro Drive, Suite 1070
McLean, VA 22102-3860
Phone: (703) 748-0811
Fax: (703) 356-5085
E-mail: info@valor-national.org
Web site: http://www.valor-national.org/

Witness Justice

Provides support for victims of violence, access to experts, and information for service providers

P.O. Box 475
Frederick, MD 21705-0475
Hotline: (800) 4WJ-HELP
Phone: (301) 898-1009
Fax: (301) 898-8874
Web site: http://www.witnessjustice.org

Work Group for Community Health and Development

Collaborates with grantsmakers and other partners to support and evaluate efforts to build healthier communities, and also offers various tools, including workstations and curricula for promoting community health

4082 Dole Human Development Center
1000 Sunnyside Avenue
University of Kansas
Lawrence, KS 66045-7555
Phone: (785) 864-0533
Fax: (785) 864-5281
E-mail: toolbox@ku.edu
Web site: http://communityhealth.ku.edu

Working to Halt Online Abuse (WHOA)

Educates communities about online harassment and cyberstalking and empowers victims

c/o J.A. Hitchcock
P.O. Box 782
York, ME 03909
Voicemail/fax: (561) 828-2801
Web site: http://www.haltabuse.org

Workplace Violence Research Institute

Provides consulting, training, incident prevention, crisis response, and program maintenance to address workplace violence

1281 Gene Autry Trail, Suite K
Palm Springs, CA 92262
Toll-free: (800) 230-7302
Phone: (760) 416-1476
Fax: (760) 325-3785 or (888) 486-8996
E-mail: wrkviolenc@aol.com
Web site: http://www.workviolence.com/

State Coalitions Against Domestic Violence

Individual domestic violence service organizations have organized themselves into groups of organizations and formed "state coalitions" to represent their agencies at the state level on policy and training issues. Over time, some state coalitions have grown to become large, multi-project organizations. Most state coalitions receive basic support from the U.S. federal government through the Family Violence Prevention and Services Act. This is a list of each state's recognized coalition.

Alabama Coalition Against Domestic Violence

P.O. Box 4762
Montgomery, AL 36101
Hotline: (800) 650-6522
Phone: (334) 832-4842
Fax: (334) 832-4803
E-mail: acadv@acadv.org
Web site: http://www.acadv.org

Alaska Network on Domestic and Sexual Violence

130 Seward Street, Room 209
Juneau, AK 99801
Phone: (907) 586-3650
Fax: (907) 463-4493
Web site: http://www.andvsa.org
Arizona Coalition Against Domestic Violence
100 West Camelback, #109
Phoenix, AZ 85013
Nationwide: (800) 782-6400
Phone: (602) 279-2900
Fax: (602) 279-2980
E-mail: acadv@azadv.org
Web site: http://www.azcadv.org

Arkansas Coalition Against Domestic Violence

1401 West Capitol Avenue, Suite 170
Little Rock, AR 72201
Nationwide: (800) 269-4668
Phone: (501) 907-5612
Fax: (501) 907-5618
E-mail: kbangert@domesticpeace.com
Web site: http://www.domesticpeace.com

California Partnership to End Domestic Violence

P.O. Box 1798
Sacramento, CA 95812
Nationwide: (800) 524-4765
Phone: (916) 444-7163
Fax: (916) 444-7165
E-mail: info@cpedv.org
Web site: http://www.cpedv.org

Colorado Coalition Against Domestic Violence

P.O. Box 18902
Denver, CO 80218
Toll-free: (888) 778-7091
Phone: (303) 831-9632
Fax: (303) 832-7067
Web site: http://www.ccadv.org

Connecticut Coalition Against Domestic Violence

90 Pitkin Street
East Hartford, CT 06108
In-state hotline: (888) 774-2900
Phone: (860) 282-7899
In state: (800) 281-1481
Fax: (860) 282-7892
E-mail: info@ctcadv.org
Web site: http://www.ctcadv.org

Delaware Coalition Against Domestic Violence

100 West 10th Street, #703
Wilmington, DE 19801
Statewide: (800) 701-0456
Phone: (302) 658-2958
Fax: (302) 658-5049
E-mail: dcadv@dcadv.org
Web site: http://www.dcadv.org

DC Coalition Against Domestic Violence

5 Thomas Circle NW
Washington, DC 20005
Phone: (202) 299-1181
Fax: (202) 299-1193
E-mail: help@dccadv.org
Web site: http://www.dccadv.org

Florida Coalition Against Domestic Violence

425 Office Plaza
Tallahassee, FL 32301
TDD: (850) 621-4202
In state: (800) 500-1119
Phone: (850) 425-2749
Fax: (850) 425-3091
Web site: http://www.fcadv.org

Georgia Coalition Against Domestic Violence

114 New Street, Suite B
Decatur, GA 30030
Phone: (404) 209-0280
Fax: (404) 766-3800
Web site: http://www.gcadv.org

Hawaii State Coalition Against Domestic Violence

716 Umi Street, Suite 210
Honolulu, HI 96819-2337
Phone: (808) 832-9316
Fax: (808) 841-6028
Web site: http://www.hscadv.org

Idaho Coalition Against Sexual & Domestic Violence

815 Park Boulevard, #140
Boise, ID 83712
Nationwide: (888) 293-6118
Phone: (208) 384-0419
Fax: (208) 331-0687
E-mail: domvio@mindspring.com
Web site: http://www.idvsa.org

Illinois Coalition Against Domestic Violence

801 South 11th Street
Springfield, IL 62703
Phone: (217) 789-2830
Fax: (217) 789-1939
E-mail: ilcadv@ilcadv.org
Web site: http://www.ilcadv.org

Indiana Coalition Against Domestic Violence

1915 West 18th Street
Indianapolis, IN 46202
In state: (800) 332-7385
Phone: (317) 917-3685
Fax: (317) 917-3695
E-mail: icadv@violenceresource.org
Web site: http://www.violenceresource.org

Iowa Coalition against Domestic Violence

515 28th Street, #104
Des Moines, IA 50312
In-state hotline: (800) 942-0333
Phone: (515) 244-8028
Fax: (515) 244-7417
Web site: http://www.icadv.org

Kansas Coalition against Sexual and Domestic Violence

634 SW Harrison Street
Topeka, KS 66603
Phone: (785) 232-9784
Fax: (785) 266-1874
E-mail: coalition@kcsdv.org
Web site: http://www.kcsdv.org

Kentucky Domestic Violence Association

P.O. Box 356
Frankfort, KY 40602
Phone: (502) 695-2444
Fax: (502) 695-2488
Web site: http://www.kdva.org

Louisiana Coalition Against Domestic Violence

P.O. Box 77308
Baton Rouge, LA 70879
Phone: (225) 752-1296
Fax: (225) 751-8927
Web site: http://www.lcadv.org

Maine Coalition to End Domestic Violence

170 Park Street
Bangor, ME 04401

Phone: (207) 941-1194
Fax: (207) 941-2327
E-mail: info@mcedv.org
Web site: http://www.mcedv.org

Maryland Network Against Domestic Violence

6911 Laurel-Bowie Road, #309
Bowie, MD 20715
Nationwide: (800) 634-3577
Phone: (301) 352-4574
Fax: (301) 809-0422
E-mail: mnadv@aol.com
Web site: http://www.mnadv.org

Jane Doe, Inc./Massachusetts Coalition Against Sexual Assault and Domestic Violence

14 Beacon Street, #507
Boston, MA 02108
Phone: (617) 248-0922
TTY/TTD: (617) 263-2200
Fax: (617) 248-0902
E-mail: info@janedoe.org
Web site: http://www.janedoe.org

Michigan Coalition Against Domestic & Sexual Violence

3893 Okemos Road, #B-2
Okemos, MI 48864
Phone: (517) 347-7000
TTY: (517) 381-8470
Fax: (517) 347-1377
E-mail: general@mcadsv.org
Web site: http://www.mcadsv.org

Minnesota Coalition for Battered Women

1821 University Avenue West, #S-112
St. Paul, MN 55104
Crisis line: (651) 646-0994
Nationwide: (800) 289-6177
Phone: (651) 646-6177
Fax: (651) 646-1527
E-mail: mcbw@mcbw.org
Web site: http://www.mcbw.org

Mississippi Coalition Against Domestic Violence

P.O. Box 4703
Jackson, MS 39296
Phone: (601) 981-9196
Fax: (601) 981-2501
Web site: http://www.mcadv.org

Missouri Coalition Against Domestic Violence

718 East Capitol Avenue
Jefferson City, MO 65101
Phone: (573) 634-4161
Fax: (573) 636-3728
E-mail: mcadv@sockets.net
Web site: http://www.mocadv.org

Montana Coalition Against Domestic & Sexual Violence

P.O. Box 818
Helena, MT 59624
Nationwide: (888) 404-7794
Phone: (406) 443-7794
Fax: (406) 443-7818
E-mail: mcadsv@mt.net
Web site: http://www.mcadsv.com

Nebraska Domestic Violence and Sexual Assault Coalition

825 M Street, #404
Lincoln, NE 68508
In state: (800) 876-6238
Phone: (402) 476-6256
Fax: (402) 476-6806
E-mail: info@ndvsac.org
Web site: http://www.ndvsac.org

Nevada Network Against Domestic Violence

100 West Grove Street, #315
Reno, NV 89509
In state: (800) 500-1556
Phone: (775) 828-1115
Fax: (775) 828-9911
Web site: http://www.nnadv.org

New Hampshire Coalition Against Domestic and Sexual Violence

P.O. Box 353
Concord, NH 03302
In state: (866) 644-3574
Phone: (603) 224-8893
Fax: (603) 228-6096
Web site: http://www.nhcadsv.org

New Jersey Coalition for Battered Women

1670 Whitehorse Hamilton Square
Trenton, NJ 08690
In state: (800) 572-7233
Phone: (609) 584-8107
Fax: (609) 584-9750
E-mail: info@njcbw.org
Web site: http://www.njcbw.org

New Mexico State Coalition Against Domestic Violence

200 Oak NE, #4
Albuquerque, NM 87106
In state: (800) 773-3645
Phone: (505) 246-9240
Fax: (505) 246-9434
Web site: http://www.nmcadv.org

New York State Coalition Against Domestic Violence

350 New Scotland Avenue
Albany, NY 12054
English—In state: (800) 942-6906
Spanish—In state: (800) 942-6908
Phone: (518) 482-5464
Fax: (518) 482-3807
E-mail: nyscadv@nyscadv.org
Web site: http://www.nyscadv.org

North Carolina Coalition Against Domestic Violence

115 Market Street, #400
Durham, NC 27701
Nationwide: (888) 232-9124
Phone: (919) 956-9124
Fax: (919) 682-1449
Web site: http://www.nccadv.org

North Dakota Council on Abused Women's Services

418 East Rosser Avenue, #320
Bismark, ND 58501
Nationwide: (888) 255-6240
Phone: (701) 255-6240
Fax: (701) 255-1904
E-mail: ndcaws@ndcaws.org
Web site: http://www.ndcaws.org

Action Ohio Coalition for Battered Women

P.O. Box 15673
Columbus, OH 43215
In state: (888) 622-9315
Phone: (614) 221-1255
Fax: (614) 221-6357
E-mail: actionoh@ee.net
Web site: http://www.actionohio.org

Ohio Domestic Violence Network

4807 Evanswood Drive, #201
Columbus, OH 43229
Toll-free: (800) 934-9840
Phone: (614) 781-9651
Fax: (614) 781-9652
E-mail: info@odvn.org
Web site: http://www.odvn.org

Oklahoma Coalition Against Domestic Violence and Sexual Assault

3815 North Sante Fe Avenue. Suite 124
Oklahoma City, OK 73118
Phone: (405) 524-0700
Fax: (405) 524-0711
Web site: http://www.ocadvsa.org

Oregon Coalition Against Domestic and Sexual Violence

380 SE Spokane Street, #100
Portland, OR 97202
Phone: (503) 230-1951
Fax: (503) 230-1973
Web site: http://www.ocadsv.com

Pennsylvania Coalition Against Domestic Violence

6400 Flank Drive, #1300
Harrisburg, PA 17112
Nationwide: (800) 932-4632
Phone: (717) 545-6400
Fax: (717) 545-9456
Web site: http://www.pcadv.org

The Office of Women Advocates

Box 11382
Fernandez Juancus Station
Santurce, PR 00910
Phone: (787) 721-7676
Fax: (787) 725-9248

Rhode Island Coalition Against Domestic Violence

422 Post Road, #202
Warwick, RI 02888
In state: (800) 494-8100
Phone: (401) 467-9940
Fax: (401) 467-9943
E-mail: ricadv@ricadv.org
Web site: http://www.ricadv.org

South Carolina Coalition Against Domestic Violence and Sexual Assault

P.O. Box 7776
Columbia, SC 29202
Nationwide: (800) 260-9293
Phone: (803) 256-2900
Fax: (803) 256-1030
Web site: http://www.sccadvasa.org

South Dakota Coalition Against Domestic Violence & Sexual Assault

P.O. Box 141
Pierre, SD 57501
Nationwide: (800) 572-9196
Phone: (605) 945-0869
Fax: (605) 945-0870
E-mail: sdcadvsa@rapidnet.com
Web site: http://www.southdakotacoalition.org

Tennessee Coalition Against Domestic and Sexual Violence

P.O. Box 120972
Nashville, TN 37212
In state: (800) 289-9018
Phone: (615) 386-9406
Fax: (615) 383-2967
E-mail: tcadsv@tcadsv.org
Web site: http://www.tcadsv.org

Texas Council on Family Violence

P.O. Box 161810
Austin, TX 78716
In state: (800) 525-1978
Phone: (512) 794-1133
Fax: (512) 794-1199
Web site: http://www.tcfv.org

Utah Domestic Violence Council

320 West 200 South, #270-B
Salt Lake City, UT 84101
Phone: (801) 521-5544
Fax: (801) 521-5548
Web site: http://www.udvac.org

Vermont Network Against Domestic Violence and Sexual Assault

P.O. Box 405
Montpelier, VT 05601
Phone: (802) 223-1302
Fax: (802) 223-6943
E-mail: vtnetwork@vtnetwork.org
Web site: http://www.vtnetwork.org

Virginians Against Domestic Violence

2850 Sandy Bay Road, #101
Williamsburg, VA 23185
Nationwide: (800) 838-8238
Phone: (757) 221-0990
Fax: (757) 229-1553
E-mail: vadv@tni.net
Web site: http://www.vadv.org

Women's Coalition of St. Croix

Box 2734
Christiansted
St. Croix, VI 00822
Phone: (340) 773-9272
Fax: (340) 773-9062
E-mail: wcscstx@attglobal.net
Web site: http://www.wcstx.com

Washington State Coalition Against Domestic Violence

711 Capitol Way, #702
Olympia, WA 98501
In state: (800) 886-2880
Phone: (360) 586-1022
Fax: (360) 586-1024
1402 - 3rd Avenue, #406
Seattle, WA 98101
Phone: (206) 389-2515
Fax: (206) 389-2520
E-mail: wscadv@wscadv.org
Web site: http://www.wscadv.org

West Virginia Coalition Against Domestic Violence

4710 Chimney Drive, #A
Charleston, WV 25302
Phone: (304) 965-3552
Fax: (304) 965-3572
Web site: http://www.wvcadv.org

Wisconsin Coalition Against Domestic Violence

307 South Paterson Street, #1
Madison, WI 53703
Phone: (608) 255-0539
Fax: (608) 255-3560
E-mail: wcadv@wcadv.org
Web site: http://www.wcadv.org

Wyoming Coalition Against Domestic Violence and Sexual Assault

P.O. Box 236
409 South Fourth Street
Laramie, WY 82073
Nationwide: (800) 990-3877
Phone: (307) 755-5481
Fax: (307) 755-5482
E-mail: Info@mail.wyomingdvsa.org
Web site: http://www.wyomingdvsa.org

Tribal Coalitions

Indian tribes in the United States are often recognized as unique independent governmental jurisdictions within states. As such, many tribal services focused on family violence have formed independent coalitions to promote their unique interests. Below is a list of these tribal coalitions and service organizations across the United States that provide services within tribal and Native American communities, both rural and urban.

Alaska Native Women's Coalition

P.O. Box 86
Allakaket, AK 99720
Phone: (907) 968-2476
Fax: (907) 968-2233

American Indians Against Abuse

P.O. Box 1617
Hayward, WI 54843
Phone: (715) 634-9980
Fax: (715) 634-9982

Arizona Native American Coalition Against Family Violence

Route 2, Box 730 B
Laveen, AZ 85339
Phone: (520) 562-3904
Fax: (520) 562-3927

Coalition to Stop Violence Against Native Women

2401 12th Street, NW, Suite 201N
Albuquerque, NM 87104
Phone: (505) 243-9199
Fax: (505) 243-9966

Community Resource Alliance

928 8th Street, Southeast
Detroit Lakes, MN 56501
Phone: (218) 844-5762
Fax: (218) 844-5763

Great Basin Native Women's Coalition Against Domestic Violence

P.O. Box 245
Owyhee, NV 89832
Phone: (775) 757-2013
Fax: (775) 757-2029

Indian Country Coalition Against Domestic Violence and Sexual Assault

4000 North Mississippi Avenue
Portland, OR 97227
Phone: (503) 288-8177
Fax: (503) 288-1260

Kene Me-wu Family Healing Center, Inc.

P.O. Box 605
Sonora, CA 95370
Phone: (209) 984-8602

Minnesota Indian Women's Sexual Assault Coalition

1619 Dayton Avenue, Suite 303
St. Paul, MN 55104
Toll-free: (877) 995-4800
Phone: (651) 646-4800
Fax: (651) 646-4798

Niwhongwh xw E:na:wh Stop the Violence Coalition

P.O. Box 309
Hoopa, CA 95546
Phone: (530) 625-1662
Fax: (530) 625-1677

Oklahoma Native American Domestic Violence Coalition

3701 Southeast 15th Street
Del City, OK 73115
Phone: (405) 619-9707
Fax: (405) 619-9715

Sicangu Coalition Against Sexual Violence

P.O. Box 227
Mission, SD 57555
Phone: (605) 856-2317
Fax: (605) 856-2994

Southwest Indigenous Women's Coalition

P.O. Box 1279
Chinle, AZ 86503
Phone: (928) 674-8314
Fax: (928) 674-8218

Strong Hearted Women's Coalition

P.O. Box 1279
Chinle, AZ 86503
Phone: (760) 742-3579
Fax: (760) 855-1466

We, Asdzani Coalition

P.O. Box 547
Crownpoint, NM 87313
Phone: (505) 786-5622
Fax: (505) 786-5285

Yupik Women's Coalition

P.O. Box 207
Emmonak, AK 99581
Phone: (907) 949-1443
Fax: (907) 949-1718

State Sexual Assault Coalitions

Like their sister domestic violence coalitions, many individual sexual assault service organizations have formed state-based coalitions to represent their interests at both the state and national levels. Some states have combined domestic violence and sexual assault coalitions. Sexual assault coalitions also receive base support through the Family Violence Prevention and Services Act. Below is a list of the unique state sexual assault coalitions.

Alabama Coalition Against Rape

207 Montgomery Street
Montgomery, AL 36104
Phone: (334) 264-0123
Fax: (334) 264-0128
E-mail: acar@acar.org
Web site: http://www.acar.org

Alaska Network on Domestic Violence and Sexual Assault

130 Seward Street, Room 209
Juneau, AK 99801
Phone: (907) 586-3650
Fax: (907) 463-4493
Web site: http://www.andvsa.org

American Samoa Coalition Against Domestic and Sexual Violence

Flo Ainuu American Samoa Coalition
P.O. Box 7285
Pago Pago, American Samoa 96799-7285
Phone: (684) 258-2892
E-mail: ascadsv@yahoo.com

Arizona Sexual Assault Network

333 West Indian School Road, 2nd Floor
Phoenix, AZ 85013
Phone: (602) 277-0119
Fax: (602) 266-1958
E-mail: info@azsan.org
Web site: http://www.azsan.org

Arkansas Coalition Against Sexual Assault

215 North East Avenue
Fayetteville, AR 72701
Toll-free: (866) 632-2272
Phone: (479) 527-0900
Fax: (479) 527-0902
Web site: http://www.acasa.ws/

California Coalition Against Sexual Assault

1215 K Street, Suite 1100
Esquire Plaza
Sacramento, CA 95814
Phone: (916) 446-2520
Fax: (916) 446-8166
E-mail: info@calcasa.org
Web site: http://www.calcasa.org

Colorado Coalition Against Sexual Assault

P.O. Box 300398
Denver, CO 80203-0398
Toll-free: (877) 372-2272
Phone: (303) 861-7033
Fax: (303) 832-7067
E-mail: info@ccasa.org
Web site: http://www.ccasa.org

Connecticut Sexual Assault Crisis Services, Inc.

96 Pitkin Street
East Hartford, CT 06108
Toll-free English: (888) 999-5545
Toll-free Spanish: (888) 568-8332
Phone: (860) 282-9881
Fax: (860) 291-9335
E-mail: info@connsacs.org
Web site: http://www.connsacs.org

Delaware, Inc.

P.O. Box 9525
Wilmington, DE 19809
Hotline: (302) 761-9100 (New Castle County)
Hotline: (800) 262-9800 (Kent and Sussex Counties)
Phone: (302) 761-9800
Fax: (302) 761-4280
Web site: http://www.contactlifeline.org

District of Columbia Rape Crisis Center

P.O. Box 34125
Washington, DC 20043

Hotline: (202) 333-7273
Phone: (202) 232-0789
Fax: (202) 387-3812
E-mail: dcrcc@dcrcc.org
Web site: http://www.dcrcc.org

Florida Council Against Sexual Violence

1311 North Paul Russell Road, Suite A204
Tallahassee, FL 32301
Toll-free: (888) 956-7273
Phone: (850) 297-2000
Fax: (850) 297-2002
E-mail: information@fcasv.org
Web site: http://www.fcasv.org

Georgia Network to End Sexual Assault

131 Ponce de Leon Avenue, Suite 122
Atlanta, GA 30308
Toll-free: (866) 354-3672
Phone: (404) 815-5261
Fax: (404) 815-5265
E-mail: gnesa@mindspring.com
Web site: http://www.gnesa.org

Guam Healing Hearts Crisis Center

790 Governor Carlos G. Camacho Road
Tamuning, GU 96911
Toll-free: (800) 711-4826
Phone: (671) 647-5351
Fax: (671) 647-5414
Web site: http://www.pmcguam.com/news/healhart.htm

Idaho Coalition Against Sexual and Domestic Violence

815 Park Boulevard, #140
Boise, ID 83712
Toll-free: (888) 293-6118
Phone: (208) 384-0419
Fax: (208) 331-0687
E-mail: jmatsushita@idvsa.org
Web site: http://www.idvsa.org

Illinois Coalition Against Sexual Assault

100 North 16th Street
Springfield, IL 62703
Phone: (217) 753-4117
Fax: (217) 753-8229
E-mail: sblack@icasa.org
Web site: http://www.icasa.org

Indiana Coalition Against Sexual Assault

55 Monument Circle, Suite 1224
Indianapolis, IN 46204
Toll-free: (800) 691-2272
Phone: (317) 423-0233
Fax: (317) 423-0237
E-mail: incasa@incasa.org
Web site: http://www.incasa.org

Iowa Coalition Against Sexual Assault

515 28th Street, Suite 107
Des Moines, IA 50312
Hotline: (800) 284-7821
Phone: (515) 244-7424
Fax: (515) 244-7417
E-mail: info@iowacasa.org
Web site: http://www.iowacasa.org

Kansas Coalition Against Sexual and Domestic Violence

634 SW Harrison Street
Topeka, KS 66603
Phone: (785) 232-9784
Fax: (785) 266-1874
E-mail: coalition@kcsdv.org
Web site: http://www.kcsdv.org

Kentucky Association of Sexual Assault Programs

P.O. Box 4028
Frankfort, KY 40604
Toll-free: (866) 375-2727
Phone: (502) 226-2704
Fax: (502) 226-2725
Web site: http://www.kasap.org

Louisiana Foundation Against Sexual Assault

1250 SW Railroad Avenue, Suite 170
Hammond, LA 70403
Toll-free: (888) 995-7273
Phone: (985) 345-5995

Fax: (985) 345-5592
E-mail: resource@lafasa.org
Web site: http://www.lafasa.org

Maine Coalition Against Sexual Assault

83 Western Avenue, Suite 2
Augusta, ME 04330
Hotline: (800) 871-7741
Phone: (207) 626-0034
Fax: (207) 626-5503
E-mail: info@mecasa.org
Web site: http://www.mecasa.org

Maryland Coalition Against Sexual Assault

1517 Governor Ritchie Highway, Suite 207
Arnold, MD 21012
Hotline: (800) 983-7273
Phone: (410) 974-4507
Fax: (410) 757-4770
E-mail: info@mcasa.org
Web site: http://www.mcasa.org

Jane Doe, Inc./ Massachusetts Coalition Against Sexual Assault and Domestic Violence

14 Beacon Street, Suite 507
Boston, MA 02108
Phone: (617) 248-0922
Fax: (617) 248-0902
E-mail: info@janedoe.org
Web site: http://www.janedoe.org

Michigan Coalition Against Domestic and Sexual Violence

3893 Okemos Road, Suite B-2
Okemos, MI 48864
Phone: (517) 347-7000
Fax: (517) 347-1377
E-mail: general@mcadsv.org
Web site: http://www.mcadsv.org

Minnesota Coalition Against Sexual Assault

161 St. Anthony Avenue, Suite 1001
St. Paul, MN 55103
Toll-free: (800) 964-8847
Phone: (651) 209-9993
Fax: (651) 209-0899
Web site: http://www.mncasa.org

Mississippi Coalition Against Sexual Assault

P.O. Box 4172
Jackson, MS 39296
Toll-free: (888) 987-9011
Phone: (601) 948-0555
Fax: (601) 948-0525
E-mail: clong@mscasa.org
Web site: http://www.mscasa.org

Missouri Coalition Against Sexual Assault

1000-D Northeast Drive
P.O. Box 104866
Jefferson City, MO 65110
Toll-free: (877) 766-2272
Phone: (573) 636-8776
Fax: (573) 636-6613
Web site: http://www.mssu.edu/missouri/mocasa/mocasa.htm

Montana Coalition Against Domestic and Sexual Violence

P.O. Box 818
Helena, MT 59624
Toll-free: (888) 404-7794
Phone: (406) 443-7794
Fax: (406) 443-7818
E-mail: mcadsv@mt.net
Web site: http://www.mcadsv.com

Nebraska Domestic Violence and Sexual Assault Coalition

825 M Street, Suite 404
Lincoln, NE 68508
Phone: (402) 476-6256
Fax: (402) 476-6806
E-mail: help@ndvsac.org
Web site: http://www.ndvsac.org

Nevada Coalition Against Sexual Violence

P.O. Box 530103
Henderson, NV 89053

Phone: (702) 940-2033
Fax: (702) 940-2032
E-mail: staff@ncasv.org
Web site: http://www.ncasv.org

New Hampshire Coalition Against Domestic and Sexual Violence

P.O. Box 353
Concord, NH 03302
Domestic violence hotline: (866) 644-3574
Sexual assault hotline: (800) 277-5570
Phone: (603) 224-8893
Fax: (603) 228-6096
Web site: http://www.nhcadsv.org

New Jersey Coalition Against Sexual Assault

2333 Whitehorse Mercerville Road, Suite B
Trenton, NJ 08619
Hotline: (800) 601-7200
Phone: (609) 631-4450
Fax: (609) 631-4453
Web site: http://www.njcasa.org

New Mexico Coalition of Sexual Assault Programs

3909 Juan Tabo Northeast, Suite 6
Albuquerque, NM 87111
Phone: (505) 883-8020
Fax: (505) 883-7530
E-mail: nmcsaas@swcp.com
Web site: http://www.swcp.com/nmcsaas/index.html

New York City Alliance Against Sexual Assault

27 Christopher Street, 3rd Floor
New York, NY 10014
Phone: (212) 229-0345
Fax: (212) 229-0676
E-mail: contact-us@nycagainstrape.org
Web site: http://www.nycagainstrape.org

New York State Coalition Against Sexual Assault

63 Colvin Avenue
Albany, NY 12206
Phone: (518) 482-4222
Fax: (518) 482-4248
E-mail: info@nyscasa.org
Web site: http://www.nyscasa.org

North Carolina Coalition Against Sexual Assault

183 Wind Chime Court, Suite 100
Raleigh, NC 27615
Toll-free: (888) 737-2272
Phone: (919) 870-8881
Fax: (919) 870-8828

North Dakota Council on Abused Women's Services/Coalition Against Sexual Assault in North Dakota

418 East Rosser Avenue, #320
Bismarck, ND 58501-4046
Toll-free: (888) 255-6240
Phone: (701) 255-6240
Fax: (701) 255-1904
Web site: http://www.ndcaws.org

Ohio Coalition on Sexual Assault

933 High Street, Suite 120-B
Worthington, OH 43085
Phone: (614) 781-1902
Fax: (614) 781-1922
E-mail: ohiocoalition@aol.com or ocosa@mindspring.com

Oklahoma Coalition Against Domestic Violence and Sexual Assault

3815 North Sante Fe Avenue, Suite 124
Oklahoma City, OK 73118
Phone: (405) 524-0700
Fax: (405) 524-0711
Web site: http://www.ocadvsa.org

Oregon Coalition Against Domestic and Sexual Violence

380 Southeast Spokane Street, Suite 100
Portland, OR 97202
Phone: (503) 230-1951
Fax: (503) 230-1973
Web site: http://www.ocadsv.com

Pennsylvania Coalition Against Rape

125 North Enola Drive
Enola, PA 17025
Hotline: (888) 772-7227
Toll-free: (800) 692-7445
Phone: (717) 728-9740
Fax: (717) 728-9781
E-mail: stop@pcar.org
Web site: http://www.pcar.org

Puerto Rico Coalition Against Domestic Violence and Sexual Assault

Coordinadora Paz Para La Mujer
P.O. Box 193008
San Juan, PR 00919
Phone: (787) 281-7579
E-mail: pazmujer@prtc.net

Puerto Rico Office of the Women's Advocate

Fernandez Juancus Station
Box 11382
Santurce, PR 00910
Phone: (787) 721-7676
Fax: (787) 725-9248

Day One: The Sexual Assault and Trauma Resource Center

100 Medway Street
Providence, RI 02906-4402
Hotline: (800) 494-8100
Phone: (401) 421-4100
Fax: (401) 454-5565
E-mail: info@dayoneri.org
Web site: http://www.dayoneri.org

South Carolina Coalition Against Domestic Violence and Sexual Assault

P.O. Box 7776
Columbia, SC 29202
Toll-free: (800) 260-9293
Phone: (803) 256-2900
Fax: (803) 256-1030
Web site: http://www.sccadvasa.org

South Dakota Coalition Against Domestic Violence and Sexual Assault - Pierre Office

P.O. Box 141
Pierre, SD 57501
Toll-free: (800) 572-9196
Phone: (605) 945-0869
Fax: (605) 945-0870
E-mail: chris@sdcadvsa.org
Web site: http://www.southdakotacoalition.org

South Dakota Coalition Against Domestic Violence and Sexual Assault - Sioux Falls Office

P.O. Box 1402
Sioux Falls, SD 57101
Toll-free: (877) 317-3096
Phone: (605) 271-3171
Fax: (605) 271-3172
E-mail: siouxfalls@sdcadvsa.org
Web site: http://www.southdakotacoalition.org

Tennessee Coalition Against Domestic and Sexual Violence

P.O. Box 120972
Nashville, TN 37212
Toll-free: (800) 289-9018
Phone: (615) 386-9406
Fax: (615) 383-2967
E-mail: tcadsv@tcadsv.org
Web site: http://www.tcadsv.org

Texas Association Against Sexual Assault

6200 La Calma Drive, Suite 110
Austin, TX 78752
Phone: (512) 474-7190
Fax: (512) 474-6490
Web site: http://www.taasa.org

Utah Coalition Against Sexual Assault

284 West 400 North
Salt Lake City, UT 84103
Phone: (801) 746-0404
Fax: (801) 746-2929
E-mail: info@ucasa.org
Web site: http://www.ucasa.org

Vermont Network Against Domestic Violence and Sexual Assault

P.O. Box 405
Montpelier, VT 05601
Domestic violence hotline: (800) 228-7395
Sexual assault hotline: (800) 489-7273
Phone: (802) 223-1302
Fax: (802) 223-6943
E-mail: vtnetwork@vtnetwork.org
Web site: http://www.vtnetwork.org

Virginia Sexual and Domestic Violence Action Alliance - Charlottesville Office

508 Dale Avenue
Charlottesville, VA 22903-4547
Phone: (434) 979-9002
Hotline: (800) 838-8238
Fax: (434) 979-9003
E-mail: info@vsdvalliance.org
Web site: http://www.vsdvalliance.org

Virginia Sexual and Domestic Violence Action Alliance - Richmond Office

1010 North Thompson Street, Suite 202
Richmond, VA 23230
Hotline: (800) 838-8238
Phone: (804) 377-0335
Fax: (804) 377-0339
E-mail: info@vsdvalliance.org
Web site: http://www.vsdvalliance.org

Virginia Sexual and Domestic Violence Action Alliance - Toano Office

102 Industrial Boulevard
Toano, VA 23168
Hotline: (800) 838-8238
Phone: (757) 566-4602
Fax: 757-566-4670
E-mail: info@vsdvalliance.org
Web site: http://www.vsdvalliance.org

Virgin Islands Domestic Violence and Sexual Assault Council

Women's Coalition of St. Croix
P.O. Box 222734
Christiansted, VI 00822-2734
Phone: (340) 773-9272
Fax: (340) 773-9062
E-mail: wcscstx@attglobal.net
Web site: http://www.wcstx.com

Washington Coalition of Sexual Assault Programs

2415 Pacific Avenue Southeast
Olympia, WA 98501
Toll-free: (800) 775-8013
Phone: (360) 754-7583
Fax: (360) 786-8707
E-mail: wcsap@wcsap.org
Web site: http://www.wcsap.org

West Virginia Foundation for Rape Information and Services

112 Braddock Street
Fairmont, WV 26554
Phone: (304) 366-9500
Fax: (304) 366-9501
E-mail: fris@labs.net
Web site: http://www.fris.org

Wisconsin Coalition Against Sexual Assault

600 Williamson Street, Suite N-2
Madison, WI 53703
Phone: (608) 257-1516
Fax: (608) 257-2150
E-mail: wcasa@wcasa.org
Web site: http://www.wcasa.org

Wyoming Coalition Against Domestic Violence and Sexual Assault

P.O. Box 236
409 South Fourth Street
Laramie, WY 82073
Hotline: (800) 990-3877
Phone: (307) 755-5481
Fax: (307) 755-5482
Web site: http://www.wyomingdvsa.org

State Clearinghouses for Missing and Exploited Children

Most states have a designated agency to receive and respond to reports of missing children. Listed below are the state designated agencies that work on the issue of missing and exploited children. Most of these organizations are law enforcement agencies, and they often work closely with the National Center for Missing and Exploited Children.

Alabama

Alabama Bureau of Investigation/Missing Children
P.O. Box 1511
Montgomery, AL 36102-1511
Phone: (800) 228-7688
Fax: (334) 353-2563
Web site: http://www.dps.state.al.us/abi

Alaska

Alaska State Troopers
Missing Persons Clearinghouse
5700 East Tudor Road
Anchorage, AK 99507
In state: (800) 478-9333
Phone: (907) 269-5497
Fax: (907) 338-7243

Arizona

Arizona Department of Public Safety
Criminal Investigations Research Unit
P.O. Box 6638
Phoenix, AZ 85005
Phone: (602) 644-5942
Fax: (602) 644-8709

Arkansas

Office of Attorney General
Missing Children Services Program
323 Center Street, Suite 1100
Little Rock, AR 72201
In state: (800) 448-3014
Phone: (501) 682-1020
Fax: (501) 682-6704
Web site: http://www.ag.state.ar.us

California

California Department of Justice
Missing/Unidentified Persons Unit
P.O. Box 903387
Sacramento, CA 94203-3870
Toll-free: (800) 222-3463
Phone: (916) 227-3290
Fax: (916) 227-3270
Web site: http://ag.ca.gov/missing

Colorado

Colorado Bureau of Investigation
Missing Person/Children Unit
710 Kipling Street, Suite 200
Denver, CO 80215
Phone: (303) 239-4251
Fax: (303) 239-5788

Connecticut

Connecticut State Police
Missing Persons
P.O. Box 2794
Middletown, CT 06457-9294
In state: (800) 367-5678
Emergency messaging: (860) 685-8190
Phone: (860) 685-8190
Fax: (860) 685-8346.

Delaware

Delaware State Police
State Bureau of Identification
1407 North DuPont Highway
Dover, DE 19903
Phone: (302) 739-5883
Fax: (302) 739-5888

District of Columbia

DC Metropolitan Police Dept.
Missing Persons/Youth Division
1700 Rhode Island Avenue NE
Washington, DC 20018
Phone: (202) 576-6768
Fax: (202) 576-6561

Florida

Florida Department of Law Enforcement
Missing Children Information Clearinghouse
P.O. Box 1489
Tallahassee, FL 32302
Nationwide: (888) 356-4774
Phone: (850) 410-8585
Fax: (850) 410-8599
Web site: http://www.fdle.state.fl.us

Georgia

Georgia Bureau of Investigation
Intelligence Unit
P.O. Box 370808
Decatur, GA 30037
Nationwide: (800) 282-6564
Phone: (404) 244-2554
Fax: (404) 270-8851

Hawaii

Missing Child Center—Hawaii
Department of the Attorney General
State Office Tower
235 South Beretania Street, Suite 206
Honolulu, HI 96813
Hotline: (808) 753-9797
Phone: (808) 586-1449
Fax: (808) 586-1424
Web site: http://www.missingchildcenterhawaii.com

Idaho

Idaho Bureau of Criminal Identification
Missing Persons Clearinghouse
P.O. Box 700
Meridian, ID 83680-0700
Nationwide: (888) 777-3922
Phone: (208) 884-7154
Fax: (208) 884-7193
Web site: http://www.isp.state.id.us/identification/missing/

Illinois

Clearinghouse for Missing Persons
2200 S. Dirksen Parkway, Suite 238
Springfield, IL 62703-4528
Nationwide: (800) 843-5763
Fax: 217-557-0565

Indiana

Indiana State Police
Indiana Missing Children Clearinghouse
100 North Senate Avenue
Third Floor
Indianapolis, IN 46204-2259
Nationwide: (800) 831-8953
Phone: (317) 232-8310
Fax: (317) 233-3057
Web site: http://www.state.in.us/isp

Iowa

Missing Person Information Clearinghouse
Division of Criminal Investigation
2006 South Ankeny Boulevard
Conference Center Building #7
Ankeny, IA 50021
Nationwide: (800) 346-5507
Phone: (515) 965-7401
Fax: (515) 281-4898
Web site: http://www.iowaonline.state.ia.us/mpic/

Kansas

Kansas Bureau of Investigation
Missing Persons Clearinghouse
1620 S.W. Tyler Street
Topeka, KS 66604
Nationwide: (800) 572-7463 **NOT for missing persons activities
Phone: (785) 296-8200
Fax: (785) 296-6781
Web site: http://www.accesskansas.org/kbi/mp.shtml

Kentucky

Kentucky Intelligence & Information Fusion Center
200 Mero Street, Suite T505
Frankfort, KY 40601
Nationwide: (800) KIDS-SAF (543-7723)
Phone: (502) 564-1020
Fax: (502) 564-5315

Louisiana

Louisiana Department of Social Services
Clearinghouse for Missing & Exploited Children
Office of Community Services
P.O. Box 3318

Baton Rouge, LA 70812
Phone: (225) 342-8631
Fax: (225) 342-9087

Maine

Maine State Police
Missing Children Clearinghouse
1 Darcie Street, Suite 208
Houlton, ME 04730
Phone: (207) 532-5404
Fax: (207) 532-5455

Maryland

Maryland Center for Missing Children
Maryland State Police—Computer Crimes Unit
7155 Columbia Gateway Drive, Suite C
Columbia, MD 21046
Nationwide: (800) 637-5437
Phone: (410) 290-1620
Fax: (410) 290-1831

Massachusetts

Massachusetts State Police
Commonwealth Fusion Center
124 Acton Street
Maynard, MA 01754
Phone: (978) 451-3700
Fax: (978) 451-3707

Michigan

Michigan Intelligence Operations Center
Michigan State Police
714 South Harrison Road
East Lansing, MI 48823
Phone: (517) 241-7183
Fax: (517) 241-6815

Minnesota

Minnesota State Clearinghouse
Minnesota Bureau of Criminal Apprehension
1430 Maryland Avenue
St. Paul, MN 55106
Phone: (651) 793-1106
Fax: (651) 793-1101

Mississippi

Mississippi Highway Patrol
Criminal Information Center
3891 Highway 486 West
Pearl, MS 39208
Phone: (601) 933-2657
Fax: (601) 933-2677

Missouri

Missouri State Highway Patrol
Missing Persons Unit
P.O. Box 568
Jefferson City, MO 65102
Nationwide: (800) 877-3452
Phone: (573) 526-6178
Fax: (573) 526-5577

Montana

Montana Department of Justice Missing/Unidentified Persons
P.O. Box 201402
303 North Roberts Street, Room 471
Helena, MT 59620-1402
Phone: (406) 444-2800
Fax: (406) 444-4453

Nebraska

Nebraska State Patrol
Criminal Records & Identification Division
P.O. Box 94907
Lincoln, NE 68509
Phone: (402) 471-4545; (402) 479-4981
Fax: (402) 479-4054

Nevada

Nevada Office of the Attorney General
Missing Children Clearinghouse
555 East Washington Avenue, Suite 3900
Las Vegas, NV 89101-6208
In state: (800) 992-0900
Phone: (702) 486-3539
Fax: (702) 486-3768

New Hampshire

New Hampshire State Police
Investigative Services Bureau

Major Crime Unit
91 Airport Road
Concord, NH 03301
In state: (800) 852-3411
Phone: (603) 271-2663
Fax: (603) 271-2520

New Jersey

New Jersey State Police
Unidentified Persons Unit
P.O. Box 7068
W. Trenton, NJ 08628
Nationwide: (800) 709-7090
Phone: (609) 882-2000
Fax: (609) 882-2719

New Mexico

New Mexico Department of Public Safety
Attn: Law Enforcement Records
P.O. Box 1628
Santa Fe, NM 87504-1628
Phone: (505) 827-9191
Fax: (505) 827-3388

New York

New York Division of Criminal Justice Services
Missing & Exploited Children
4 Tower Place
Albany, NY 12203
Nationwide: (800) 346-3543
Phone: (518) 457-6326
Fax: (518) 457-6965
Web site: http://criminaljustice.state.ny.us

North Carolina

North Carolina Center for Missing Persons
4706 Mail Service Center
Raleigh, NC 27699-4706
Nationwide: (800) 522-5437
Phone: (919) 733-3914
Fax: (919) 715-1682

North Dakota

North Dakota Bureau of Criminal Investigation
P.O. Box 1054
Bismarck, ND 58502-1052
Phone: (701) 328-5500
Fax: (701) 328-5510

Ohio

Missing Children Clearinghouse
Attorney General's Office
Crime Victims Services Section
150 East Gay Street, 25th Floor
Columbus, OH 43215-4231
Nationwide: (800) 325-5604
Phone: (614) 466-5610
Fax: (614) 728-9536
Web site: http://www.mcc.ag.state.oh.us/

Oklahoma

Oklahoma State Bureau of Investigation
Criminal Intelligence Office
6600 North Harvey
Oklahoma City, OK 73116
Phone: (405) 879-2645
Fax: (405) 879-2967

Oregon

Oregon State Police
Missing Children Clearinghouse
400 Public Service Building
Salem, OR 97310
In state: (800) 282-7155
Phone: (503) 378-3720
Fax: (503) 363-5475
Web site: http://www.oregon.gov/OSP/MCC/child_index.shtml

Pennsylvania

Pennsylvania State Police
Bureau of Criminal Investigation
1800 Elmerton Avenue
Harrisburg, PA 17110
Phone: (717) 783-0960
Fax: (717) 705-2306

Rhode Island

Rhode Island State Police
Missing & Exploited Children Unit
311 Danielson Pike

North Scituate, RI 02857
Phone: (401) 444-1125
Fax: (401) 444-1133

South Carolina

South Carolina Law Enforcement Division
Missing Person Information Center
P.O. Box 21398
Columbia, SC 29221-1398
Nationwide: (800) 322-4453
Phone: (803) 737-9000
Fax: (803) 896-7595

South Dakota

South Dakota Attorney General's Office
Division of Criminal Investigation
East Highway 34
c/o 500 East Capitol Avenue
Pierre, SD 57501
Phone: (605) 773-3331
Fax: (605) 773-4629

Tennessee

Tennessee Bureau of Investigation
Criminal Intelligence Unit
901 R. S. Gass Boulevard
Nashville, TN 37206
Phone: (615) 744-4000
Fax: (615) 744-4513

Texas

Texas Department of Public Safety
Special Crimes Services
Missing Persons Clearinghouse
P.O. Box 4087
Austin, TX 78773-0422
In state: (800) 346-3243
Phone: (512) 424-5074
Fax: (512) 424-2885
Web site: http://www.txdps.state.tx.us/mpch

Utah

Utah Department of Public Safety
Bureau of Criminal Identification
3888 West 5400 South
P.O. Box 148280
Salt Lake City, UT 84114-8280
Nationwide: (888) 770-6477
Fax: (801) 965-4749

Vermont

Vermont State Police
103 South Main Street
Waterbury, VT 05671
Phone: (802) 241-5352
Fax: (802) 241-5349

Virginia

Virginia State Police Department
Missing Children's Clearinghouse
P.O. Box 27472
Richmond, VA 23261
Toll-free: (800) 822-4453
Phone: (804) 674-2026
Fax: (804) 674-2918

Washington

Washington State Patrol
Missing Children Clearinghouse
P.O. Box 2347
Olympia, WA 98507-2347
Nationwide: (800) 543-5678
Fax: (360) 360-664-2156

West Virginia

West Virginia State Police
Missing Children Clearinghouse
725 Jefferson Road
South Charleston, WV 25309-1698
Nationwide: (800) 352-0927
Phone: (304) 558-1467
Fax: (304) 558-1470

Wisconsin

Wisconsin Department of Justice
Division of Criminal Investigation
P.O. Box 7857
Madison, WI 53701-2718
In state: (800) THE-HOPE
Phone: (608) 266-1671
Fax: (608) 267-2777

Wyoming

Wyoming Office of the Attorney General
Division of Criminal Investigation
316 West 22nd
Cheyenne, WY 82002
Phone: (307) 777-7537
Control Terminal: (307) 777-8900
Fax: (307) 777-8900

Hotlines

One of the major ways of assisting people in crisis situations is through telephone contact via a hotline. Many of these hotlines operate on a 24-hour basis. Below is a list of such hotlines.

Alzheimer's Association

(800) 272-3900
TDD: (866) 403-3073

American Domestic Violence Crisis Line

(866) USWOMEN (879-6639)

Asian Task Force Against Domestic Violence

(617) 338-2355

Children of the Night

(800) 551-1300

Council on Sexual Assault and Domestic Violence

(800) 982-7233
Covenant House "Nineline"
(800) 999-9999
TDD: (800) 999-9915
Crime victims hotline
(866) 689-HELP
Domestic abuse hotline for men
(888) 7HELPLINE (743-5754)
Domestic violence hotline
(800) 621-HOPE (4673)

Girls and Boys Town Hotline

(800) 448-3000
TDD: (800) 448-1833

Hopeline

(800) SUICIDE (784-2433)

National Center for Missing and Exploited Children

(800) THE-LOST (800) 843-5678

National Child Abuse Hotline

(800) 4-A-CHILD (800) 422-4453

National Domestic Violence Hotline

(800) 799-SAFE (7233)
TTY: (800) 787-3224

National Drug and Alcohol Treatment Hotline

(800) 662-HELP

National Hopeline Network

(800) SUICIDE (784-2433)

National Runaway Switchboard

(800) 621-4000

National Sexual Assault Hotline

(800) 656-HOPE (4673)

National Strategy for Suicide Prevention

(800) 273-TALK (8255)
National Suicide Prevention Lifeline
(800) 273-TALK (8255)

National Teen Dating Abuse Hotline

(866) 331-9474
TTY: (866) 331-8453

National Youth Crisis Hotline

(800) HIT-HOME

Project Inform HIV/AIDS Treatment Hotline

(800) 822-7422

Rape, Sexual Assault & Incest Hotline

(212) 227-3000

Appendix B

Interpersonal Violence Statistical Data

Uniform Crime Reporting Program and the National Crime Victimization Survey Data

The Nation's Two Crime Measures

The U.S. Department of Justice administers two statistical programs to measure the magnitude, nature, and impact of crime in the Nation: the Uniform Crime Reporting (UCR) Program and the National Crime Victimization Survey (NCVS). Each of these programs produces valuable information about aspects of the Nation's crime problem. Because the UCR and NCVS programs are conducted for different purposes, use different methods, and focus on somewhat different aspects of crime, the information they produce together provides a more comprehensive panorama of the Nation's crime problem than either could produce alone.

Uniform Crime Reports

The UCR program, administered by the Federal Bureau of Investigation (FBI), began in 1929 and collects information on the following crimes reported to law enforcement authorities: murder and nonnegligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny–theft, motor vehicle theft, and arson. Law enforcement agencies report arrest data for 21 additional crime categories.

The UCR Program compiles data from monthly law enforcement reports or individual crime incident records transmitted directly to the FBI or to centralized state agencies that then report to the FBI. The Program thoroughly examines each report it receives for reasonableness, accuracy, and deviations that may indicate errors. Large variations in crime levels may indicate modified records procedures, incomplete reporting, or changes in a jurisdiction's boundaries. To identify any unusual fluctuations in an agency's crime counts, the Program compares monthly reports to previous submissions of the agency and with those for similar agencies.

In 2005, law enforcement agencies active in the UCR Program represented more than 296 million United States inhabitants—94.1 percent of the total population.

The UCR Program presents crime counts for the Nation as a whole, as well as for regions, states, counties, cities, towns, tribal law enforcement, and colleges and universities. This permits studies among neighboring jurisdictions and among those with similar populations and other common characteristics.

The FBI annually publishes its findings in a preliminary release in the spring of the following calendar year, followed by a detailed annual report, *Crime in the United States*, issued in the fall. In addition to crime counts and trends, this report includes data on crimes cleared, persons arrested (age, sex, and race), law enforcement personnel (including the number of sworn officers killed or assaulted), and the characteristics of homicides (including age, sex, and race of victims and offenders; victim–offender relationships; weapons used; and circumstances surrounding the homicides). Other periodic reports are also available from the UCR Program.

The state and local law enforcement agencies participating in the UCR Program are continually converting to the more comprehensive and detailed National Incident-Based Reporting System (NIBRS). The NIBRS provides detailed information about each criminal incident in 22 broad categories of offenses.

National Crime Victimization Survey

The Bureau of Justice Statistics' (BJS) National Crime Victimization Survey (NCVS), which began in 1973, provides a detailed picture of crime incidents, victims, and trends. After a substantial period of research, the BJS completed an intensive methodological redesign of the survey in 1993. The BJS conducted the redesign to improve the questions used to uncover crime, update the survey methods, and broaden the scope of crimes measured. The redesigned survey collects detailed information on the frequency and nature of the crimes of rape, sexual assault, personal robbery, aggravated and simple assault, household burglary, theft, and motor vehicle theft. It does not measure homicide or commercial crimes (such as burglaries of stores).

Two times a year, the U.S. Census Bureau personnel interview household members in a nationally representative sample of approximately 43,000 households (about 76,000 people). Approximately 150,000 interviews of persons age 12 or older are conducted annually. Households stay in the sample for 3 years. New households rotate into the sample on an ongoing basis.

The NCVS collects information on crimes suffered by individuals and households, whether or not those crimes were reported to law enforcement. It estimates the proportion of each crime type reported to law enforcement, and it summarizes the reasons that victims give for reporting or not reporting.

The survey provides information about victims (age, sex, race, ethnicity, marital status, income, and educational level), offenders (sex, race, approximate age, and victim–offender relationship), and the crimes (time and place of occurrence, use of weapons, nature of injury, and economic consequences). Questions also cover the experiences of victims with the criminal justice system, self-protective measures used by victims, and possible substance abuse by offenders. Supplements are added periodically to the survey to obtain detailed information on topics like school crime.

The BJS published the first data from the redesigned NCVS in a BJS bulletin in June 1995. BJS publication of NCVS data includes *Criminal Victimization in the United States*, an annual report that covers the broad range of detailed information collected by the NCVS. The BJS publishes detailed reports on topics such as crime against women, urban crime, and gun use in crime. The National Archive of Criminal Justice Data at the University of Michigan archives the NCVS data files to enable researchers to perform independent analyses.

Comparing UCR and the NCVS

Because the BJS designed the NCVS to complement the UCR Program, the two programs share many similarities. As much as their different collection methods permit, the two measure the same subset of serious crimes, defined alike. Both programs cover rape, robbery, aggravated assault, burglary, theft, and motor vehicle theft. Rape, robbery, theft, and motor vehicle theft are defined virtually identically by both the UCR and the NCVS. (Although rape is defined analogously, the UCR Program measures the crime against women only, and the NCVS measures it against both sexes.)

There are also significant differences between the two programs. First, the two programs were created to serve different purposes. The UCR Program's primary objective is to provide a reliable set of criminal justice statistics for law enforcement administration, operation, and management. The BJS established the NCVS to provide previously unavailable information about crime (including crime not reported to police), victims, and offenders.

Second, the two programs measure an overlapping but nonidentical set of crimes. The NCVS includes crimes both reported and not reported to law enforcement. The NCVS excludes, but the UCR includes, homicide, arson, commercial crimes, and crimes against children under age 12. The UCR captures crimes reported to law enforcement but collects only arrest data for simple assaults and sexual assaults other than forcible rape.

Third, because of methodology, the NCVS and UCR definitions of some crime differ. For example, the UCR defines burglary as the unlawful entry or attempted entry of a structure to commit a felony or theft. The NCVS, not wanting to ask victims to ascertain offender motives, defines burglary as the entry or attempted entry of a residence by a person who had no right to be there.

Fourth, for property crimes (burglary, theft, and motor vehicle theft), the two programs calculate crime rates using different bases. The UCR rates for these crimes are per capita (number of crimes per 100,000 persons), whereas the NCVS rates for these crimes are per household (number of crimes per 1,000 households). Because the number of households may not grow at the same rate each year as the total population, trend data for rates of property crimes measured by the two programs may not be comparable.

In addition, some differences in the data from the two programs may result from sampling variation in the NCVS and from estimating for nonresponse in the UCR. The BJS derives the NCVS estimates from

interviewing a sample and are, therefore, subject to a margin of error. The BJS uses rigorous statistical methods to calculate confidence intervals around all survey estimates. The BJS describes trend data in the NCVS reports as genuine only if there is at least a 90–percent certainty that the measured changes are not the result of sampling variation. The UCR Program bases its data on the actual counts of offenses reported by law enforcement agencies. In some circumstances, the UCR Program estimates its data for nonparticipating agencies or those reporting partial data.

Apparent discrepancies between statistics from the two programs can usually be accounted for by their definitional and procedural differences or resolved by comparing NCVS sampling variations (confidence intervals) of those crimes said to have been reported to police with UCR statistics.

For most types of crimes measured by both the UCR and NCVS, analysts familiar with the programs can exclude from analysis those aspects of crime not common to both. Resulting long-term trend lines can be brought into close concordance. The impact of such adjustments is most striking for robbery, burglary, and motor vehicle theft, whose definitions most closely coincide.

With robbery, the BJS bases the NCVS victimization rates only on robberies reported to the police. It is also possible to remove UCR robberies of commercial establishments such as gas stations, convenience stores, and banks from analysis. When users compare the resulting NCVS police-reported robbery rates and the UCR noncommercial robbery rates, the results reveal closely corresponding long-term trends.

Each program has unique strengths. The UCR provides a measure of the number of crimes reported to law enforcement agencies throughout the country. The UCR's Supplementary Homicide Reports provide the most reliable, timely data on the extent and nature of homicides in the Nation. The NCVS is the primary source of information on the characteristics of criminal victimization and on the number and types of crimes not reported to law enforcement authorities.

By understanding the strengths and limitations of each program, it is possible to use the UCR and NCVS to achieve a greater understanding of crime trends and the nature of crime in the United States. For example, changes in police procedures, shifting attitudes towards crime and police, and other societal changes can affect the extent to which people report and law enforcement agencies record crime. NCVS and UCR data can be used in concert to explore why trends in reported and police recorded crime may differ.

Source: United States Department of Justice, Federal Bureau of Investigation. (2005). *Crime in the United States, 2004*. Retrieved from http://www.fbi.gov/ucr/cius_04/appendices/appendix_04.html

Uniform Crime Reporting Program Crime Definitions

Criminal Homicide

a) Murder and nonnegligent manslaughter: the willful (nonnegligent) killing of one human being by another. Deaths caused by negligence, attempts to kill, assaults to kill, suicides, and accidental deaths are excluded. The Program classifies *justifiable homicides* separately and limits the definition to: (1) the killing of a felon by a law enforcement officer in the line of duty; or (2) the killing of a felon, during the commission of a felony, by a private citizen.

b) Manslaughter by negligence: the killing of another person through gross negligence. Deaths of persons due to their own negligence, accidental deaths not resulting from gross negligence, and traffic fatalities are not included in the category Manslaughter by Negligence.

Forcible Rape

The carnal knowledge of a female forcibly and against her will. Rapes by force and attempts or assaults to rape, regardless of the age of the victim, are included. Statutory offenses (no force used, victim under age of consent) are excluded.

Robbery

The taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear.

Aggravated Assault

An unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This type of assault usually is accompanied by the use of a weapon or by means likely to produce death or great bodily harm. Simple assaults are excluded.

Source: United States Department of Justice, Federal Bureau of Investigation. (2006). *Crime in the United States, 2005*. Retrieved from http://www.fbi.gov/ucr/05cius/documents/offensedefinitions.doc

Uniform Crime Reporting Program: State-by-State Data for Violent Crime 2002–2006

Table 1 Index of Crime by State, 2002

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Alabama	Metropolitan Statistical Area		3,136,510					
		Area actually reporting	93.2%	14,368	231	1,197	4,970	7,970
		Estimated total	100.0%	15,126	240	1,256	5,210	8,420
	Cities outside metropolitan areas		539,598					
		Area actually reporting	82.2%	2,469	24	195	484	1,766
		Estimated total	100.0%	3,003	29	237	589	2,148
	Rural		810,400					
		Area actually reporting	73.6%	1,327	25	126	120	1,056
		Estimated total	100.0%	1,802	34	171	163	1,434
	State Total		**4,486,508**	**19,931**	**303**	**1,664**	**5,962**	**12,002**
		Rate per 100,000 inhabitants		444.2	6.8	37.1	132.9	267.5
Alaska	Metropolitan Statistical Area		267,280					
		Area actually reporting	100.0%	1,721	18	254	382	1,067
	Cities outside metropolitan areas		167,350					
		Area actually reporting	95.0%	1,122	5	134	73	910
		Estimated total	100.0%	1,180	5	141	77	957
	Rural		209,156					
		Area actually reporting	100.0%	726	10	116	30	570
	State Total		**643,786**	**3,627**	**33**	**511**	**489**	**2,594**
		Rate per 100,000 inhabitants		563.4	5.1	79.4	76.0	402.9
Arizona	Metropolitan Statistical Area		4,814,487					
		Area actually reporting	98.3%	27,408	364	1,499	7,804	17,741
		Estimated total	100.0%	27,729	367	1,520	7,876	17,966
	Cities outside metropolitan areas		305,238					
		Area actually reporting	98.8%	1,146	8	54	91	993
		Estimated total	100.0%	1,160	8	55	92	1,005
	Rural		336,728					
		Area actually reporting	100.0%	1,282	12	33	32	1,205
	State Total		**5,456,453**	**30,171**	**387**	**1,608**	**8,000**	**20,176**
		Rate per 100,000 inhabitants		552.9	7.1	29.5	146.6	369.8
Arkansas	Metropolitan Statistical Area		1,339,146					
		Area actually reporting	100.0%	7,326	95	525	2,044	4,662
	Cities outside metropolitan areas		509,713					
		Area actually reporting	98.4%	2,878	20	132	393	2,333
		Estimated total	100.0%	2,924	20	134	399	2,371
	Rural		861,220					
		Area actually reporting	97.1%	1,215	26	92	79	1,018
		Estimated total	100.0%	1,251	27	95	81	1,048
	State Total		**2,710,079**	**11,501**	**142**	**754**	**2,524**	**8,081**
		Rate per 100,000 inhabitants		424.4	5.2	27.8	93.1	298.2

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
California	Metropolitan Statistical Area		33,953,585					
		Area actually reporting	100.0%	204,139	2,352	9,809	64,453	127,525
	Cities outside metropolitan areas		501,198					
		Area actually reporting	100.0%	2,323	20	202	375	1,726
	Rural		661,250					
		Area actually reporting	100.0%	1,926	23	187	140	1,576
	State Total		**35,116,033**	**208,388**	**2,395**	**10,198**	**64,968**	**130,827**
		Rate per 100,000 inhabitants		593.4	6.8	29.0	185.0	372.6
Colorado	Metropolitan Statistical Area		3,779,831					
		Area actually reporting	95.6%	13,589	158	1,740	3,314	8,377
		Estimated total	100.0%	14,220	164	1,821	3,464	8,771
	Cities outside metropolitan areas		313,320					
		Area actually reporting	86.6%	992	5	151	83	753
		Estimated total	100.0%	1,146	6	174	96	870
	Rural		413,391					
		Area actually reporting	87.9%	449	8	62	15	364
		Estimated total	100.0%	516	9	71	19	417
	State Total		**4,506,542**	**15,882**	**179**	**2,066**	**3,579**	**10,058**
		Rate per 100,000 inhabitants		352.4	4.0	45.8	79.4	223.2
Connecticut	Metropolitan Statistical Area		2,897,041					
		Area actually reporting	100.0%	9,455	75	661	3,926	4,793
	Cities outside metropolitan areas		60,995					
		Area actually reporting	100.0%	235	2	13	56	164
	Rural		502,467					
		Area actually reporting	100.0%	1,077	3	56	78	940
	State Total		**3,460,503**	**10,767**	**80**	**730**	**4,060**	**5,897**
		Rate per 100,000 inhabitants		311.1	2.3	21.1	117.3	170.4
Delaware	Metropolitan Statistical Area		645,993					
		Area actually reporting	99.9%	3,961	19	266	1,035	2,641
		Estimated total	100.0%	3,966	19	266	1,036	2,645
	Cities outside metropolitan areas		37,573					
		Area actually reporting	100.0%	293	2	15	69	207
	Rural		123,819					
		Area actually reporting	100.0%	577	5	77	49	446
	State Total		**807,385**	**4,836**	**26**	**358**	**1,154**	**3,298**
		Rate per 100,000 inhabitants		599.0	3.2	44.3	142.9	408.5
District of Columbia[1]	Metropolitan Statistical Area		570,898					
		Area actually reporting	100.0%	9,322	264	262	3,834	4,962
	Cities outside metropolitan areas		None					
	Rural		None					
	Total		**570,898**	**9,322**	**264**	**262**	**3,834**	**4,962**
		Rate per 100,000 inhabitants		1,632.9	46.2	45.9	671.6	869.2
Florida	Metropolitan Statistical Area		15,515,922					
		Area actually reporting	99.2%	121,332	869	6,225	31,484	82,754
		Estimated total	100.0%	122,124	874	6,273	31,647	83,330
	Cities outside metropolitan areas		240,207					
		Area actually reporting	98.8%	2,120	9	105	457	1,549

(Continued)

Table 1 Index of Crime by State, 2002 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
		Estimated total	100.0%	2,144	9	106	462	1,567
	Rural		957,020					
		Area actually reporting	100.0%	4,453	28	374	472	3,579
	State Total		**16,713,149**	**128,721**	**911**	**6,753**	**32,581**	**88,476**
		Rate per 100,000 inhabitants		770.2	5.5	40.4	194.9	529.4
Georgia	Metropolitan Statistical Area		5,925,447					
		Area actually reporting	99.0%	28,554	473	1,535	11,664	14,882
		Estimated total	100.0%	28,856	476	1,548	11,767	15,065
	Cities outside metropolitan areas		915,341					
		Area actually reporting	92.3%	5,642	47	303	1,155	4,137
		Estimated total	100.0%	6,115	51	328	1,252	4,484
	Rural		1,719,522					
		Area actually reporting	90.4%	3,885	71	210	373	3,231
		Estimated total	100.0%	4,300	79	232	413	3,576
	State Total		**8,560,310**	**39,271**	**606**	**2,108**	**13,432**	**23,125**
		Rate per 100,000 inhabitants		458.8	7.1	24.6	156.9	270.1
Hawaii	Metropolitan Statistical Area		900,433					
		Area actually reporting	100.0%	2,601	18	304	1,072	1,207
	Cities outside metropolitan areas		None					
	Rural		344,465					
		Area actually reporting	100.0%	661	6	68	138	449
	State Total		**1,244,898**	**3,262**	**24**	**372**	**1,210**	**1,656**
		Rate per 100,000 inhabitants		262.0	1.9	29.9	97.2	133.0
Idaho	Metropolitan Statistical Area		526,430					
		Area actually reporting	100.0%	1,682	13	267	153	1,249
	Cities outside metropolitan areas		379,717					
		Area actually reporting	97.9%	1,010	9	126	69	806
		Estimated total	100.0%	1,031	9	129	70	823
	Rural		434,984					
		Area actually reporting	98.9%	699	14	100	17	568
		Estimated total	100.0%	706	14	101	17	574
	State Total		**1,341,131**	**3,419**	**36**	**497**	**240**	**2,646**
		Rate per 100,000 inhabitants		254.9	2.7	37.1	17.9	197.3
Illinois[2]	**State Total**		**12,600,620**	**78,214**	**949**	**4,298**	**25,272**	**47,695**
		Rate per 100,000 inhabitants		620.7	7.5	34.1	200.6	378.5
Indiana	Metropolitan Statistical Area		4,446,634					
		Area actually reporting	89.7%	17,786	305	1,391	5,971	10,119
		Estimated total	100.0%	18,576	312	1,470	6,102	10,692
	Cities outside metropolitan areas		590,072					
		Area actually reporting	81.7%	1,183	19	149	259	756
		Estimated total	100.0%	1,447	23	182	317	925
	Rural		1,122,362					
		Area actually reporting	56.0%	1,108	15	107	108	878
		Estimated total	100.0%	1,978	27	191	193	1,567
	State Total		**6,159,068**	**22,001**	**362**	**1,843**	**6,612**	**13,184**
		Rate per 100,000 inhabitants		357.2	5.9	29.9	107.4	214.1

State	Area		Population	Violent crime	Murder and non-negligent man-slaughter	Forcible rape	Robbery	Aggravated assault
Iowa	Metropolitan Statistical Area		1,330,865					
		Area actually reporting	98.4%	5,761	30	555	1,026	4,150
		Estimated total	100.0%	5,801	30	559	1,032	4,180
	Cities outside metropolitan areas		710,725					
		Area actually reporting	91.8%	1,904	5	180	119	1,600
		Estimated total	100.0%	2,075	5	196	130	1,744
	Rural		895,170					
		Area actually reporting	98.5%	504	9	41	7	447
		Estimated total	100.0%	512	9	42	7	454
	State Total		**2,936,760**	**8,388**	**44**	**797**	**1,169**	**6,378**
		Rate per 100,000 inhabitants		285.6	1.5	27.1	39.8	217.2
Kansas	Metropolitan Statistical Area		1,536,604					
		Area actually reporting	95.8%	5,817	48	560	1,523	3,686
		Estimated total	100.0%	6,592	58	586	1,837	4,111
	Cities outside metropolitan areas		682,033					
		Area actually reporting	91.7%	2,384	11	288	263	1,822
		Estimated total	100.0%	2,599	12	314	287	1,986
	Rural		497,247					
		Area actually reporting	95.4%	991	8	129	39	815
		Estimated total	100.0%	1,038	8	135	41	854
	State Total		**2,715,884**	**10,229**	**78**	**1,035**	**2,165**	**6,951**
		Rate per 100,000 inhabitants		376.6	2.9	38.1	79.7	255.9
Kentucky[2]	**State Total**		**4,092,891**	**11,418**	**184**	**1,088**	**3,063**	**7,083**
		Rate per 100,000 inhabitants		279.0	4.5	26.6	74.8	173.1
Louisiana	Metropolitan Statistical Area		3,380,522					
		Area actually reporting	98.8%	22,968	529	1,262	6,409	14,768
		Estimated total	100.0%	23,226	530	1,274	6,459	14,963
	Cities outside metropolitan areas		372,005					
		Area actually reporting	67.2%	2,156	12	77	284	1,783
		Estimated total	100.0%	3,210	18	115	423	2,654
	Rural		730,119					
		Area actually reporting	88.7%	2,886	40	124	214	2,508
		Estimated total	100.0%	3,254	45	140	241	2,828
	State Total		**4,482,646**	**29,690**	**593**	**1,529**	**7,123**	**20,445**
		Rate per 100,000 inhabitants		662.3	13.2	34.1	158.9	456.1
Maine	Metropolitan Statistical Area		488,483					
		Area actually reporting	99.9%	610	7	167	156	280
		Estimated total	100.0%	610	7	167	156	280
	Cities outside metropolitan areas		428,325					
		Area actually reporting	99.4%	575	4	141	94	336
		Estimated total	100.0%	579	4	142	95	338
	Rural		377,656					
		Area actually reporting	100.0%	207	3	68	19	117
	State Total		**1,294,464**	**1,396**	**14**	**377**	**270**	**735**
		Rate per 100,000 inhabitants		107.8	1.1	29.1	20.9	56.8

(Continued)

Table 1 Index of Crime by State, 2002 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Maryland	Metropolitan Statistical Area		5,060,926					
		Area actually reporting	100.0%	39,609	493	1,240	13,033	24,843
	Cities outside metropolitan areas		108,964					
		Area actually reporting	100.0%	1,303	9	63	276	955
	Rural		288,247					
		Area actually reporting	100.0%	1,103	11	67	108	917
	State Total		**5,458,137**	**42,015**	**513**	**1,370**	**13,417**	**26,715**
		Rate per 100,000 inhabitants		769.8	9.4	25.1	245.8	489.5
Massachusetts	Metropolitan Statistical Area		6,166,938					
		Area actually reporting	95.5%	29,255	168	1,642	6,944	20,501
		Estimated total	100.0%	29,971	170	1,689	7,054	21,058
	Cities outside metropolitan areas		251,236					
		Area actually reporting	87.4%	962	3	77	99	783
		Estimated total	100.0%	1,153	3	88	113	949
	Rural		9,627					
		Area actually reporting	100.0%	13	0	0	2	11
	State Total		**6,427,801**	**31,137**	**173**	**1,777**	**7,169**	**22,018**
		Rate per 100,000 inhabitants		484.4	2.7	27.6	111.5	342.5
Michigan	Metropolitan Statistical Area		8,261,532					
		Area actually reporting	99.4%	49,949	643	4,059	11,668	33,579
		Estimated total	100.0%	50,097	644	4,074	11,697	33,682
	Cities outside metropolitan areas		590,393					
		Area actually reporting	89.2%	1,261	7	336	66	852
		Estimated total	100.0%	1,414	8	377	74	955
	Rural		1,198,521					
		Area actually reporting	98.3%	2,747	26	897	75	1,749
		Estimated total	100.0%	2,795	26	913	76	1,780
	State Total		**10,050,446**	**54,306**	**678**	**5,364**	**11,847**	**36,417**
		Rate per 100,000 inhabitants		540.3	6.7	53.4	117.9	362.3
Minnesota	Metropolitan Statistical Area		3,533,926					
		Area actually reporting	99.4%	11,309	95	1,599	3,816	5,799
		Estimated total	100.0%	11,342	95	1,606	3,824	5,817
	Cities outside metropolitan areas		559,457					
		Area actually reporting	99.4%	1,158	5	335	74	744
		Estimated total	100.0%	1,164	5	337	74	748
	Rural		926,337					
		Area actually reporting	100.0%	922	12	330	39	541
	State Total		**5,019,720**	**13,428**	**112**	**2,273**	**3,937**	**7,106**
		Rate per 100,000 inhabitants		267.5	2.2	45.3	78.4	141.6
Mississippi	Metropolitan Statistical Area		1,033,431					
		Area actually reporting	82.8%	3,950	104	478	1,917	1,451
		Estimated total	100.0%	4,309	116	540	2,007	1,646
	Cities outside metropolitan areas		657,437					
		Area actually reporting	79.3%	2,402	52	264	738	1,348
		Estimated total	100.0%	3,030	66	333	931	1,700

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
	Rural		1,180,914					
		Area actually reporting	41.4%	1,043	34	105	173	731
		Estimated total	100.0%	2,519	82	254	418	1,765
	State Total		**2,871,782**	**9,858**	**264**	**1,127**	**3,356**	**5,111**
		Rate per 100,000 inhabitants		343.3	9.2	39.2	116.9	178.0
Missouri	Metropolitan Statistical Area		3,847,277					
		Area actually reporting	99.7%	23,892	267	1,089	6,644	15,892
		Estimated total	100.0%	23,936	267	1,091	6,653	15,925
	Cities outside metropolitan areas		761,234					
		Area actually reporting	99.3%	3,494	20	193	300	2,981
		Estimated total	100.0%	3,519	20	194	302	3,003
	Rural		1,064,068					
		Area actually reporting	100.0%	3,102	44	180	69	2,809
	State Total		**5,672,579**	**30,557**	**331**	**1,465**	**7,024**	**21,737**
		Rate per 100,000 inhabitants		538.7	5.8	25.8	123.8	383.2
Montana	Metropolitan Statistical Area		307,963					
		Area actually reporting	87.3%	914	6	57	192	659
		Estimated total	100.0%	1,017	6	62	202	747
	Cities outside metropolitan areas		178,045					
		Area actually reporting	72.6%	573	3	59	34	477
		Estimated total	100.0%	789	4	81	47	657
	Rural		423,445					
		Area actually reporting	64.8%	902	4	61	22	815
		Estimated total	100.0%	1,391	6	94	34	1,257
	State Total		**909,453**	**3,197**	**16**	**237**	**283**	**2,661**
		Rate per 100,000 inhabitants		351.5	1.8	26.1	31.1	292.6
Nebraska	Metropolitan Statistical Area		909,259					
		Area actually reporting	97.3%	4,452	35	307	1,242	2,868
		Estimated total	100.0%	4,486	35	310	1,248	2,893
	Cities outside metropolitan areas		412,276					
		Area actually reporting	90.4%	592	8	105	85	394
		Estimated total	100.0%	655	9	116	94	436
	Rural		407,645					
		Area actually reporting	93.1%	267	4	35	16	212
		Estimated total	100.0%	287	4	38	17	228
	State Total		**1,729,180**	**5,428**	**48**	**464**	**1,359**	**3,557**
		Rate per 100,000 inhabitants		313.9	2.8	26.8	78.6	205.7
Nevada	Metropolitan Statistical Area		1,901,003					
		Area actually reporting	100.0%	13,043	174	845	5,047	6,977
	Cities outside metropolitan areas		46,975					
		Area actually reporting	100.0%	115	2	15	15	83
	Rural		225,513					
		Area actually reporting	100.0%	698	5	68	56	569
	State Total		**2,173,491**	**13,856**	**181**	**928**	**5,118**	**7,629**
		Rate per 100,000 inhabitants		637.5	8.3	42.7	235.5	351.0
New Hampshire	Metropolitan Statistical Area		772,025					
		Area actually reporting	80.5%	1,244	7	224	323	690
		Estimated total	100.0%	1,435	7	261	347	820

(Continued)

Table 1 Index of Crime by State, 2002 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
	Cities outside metropolitan areas		441,658					
		Area actually reporting	66.8%	385	2	116	42	225
		Estimated total	100.0%	577	3	174	63	337
	Rural		61,373					
		Area actually reporting	100.0%	44	2	11	3	28
	State Total		**1,275,056**	**2,056**	**12**	**446**	**413**	**1,185**
		Rate per 100,000 inhabitants		161.2	0.9	35.0	32.4	92.9
New Jersey	Metropolitan Statistical Area		8,590,300					
		Area actually reporting	99.9%	32,110	337	1,347	13,882	16,544
		Estimated total	100.0%	32,168	337	1,347	13,905	16,579
	Cities outside metropolitan areas		None					
		Rural	None					
	State Total		**8,590,300**	**32,168**	**337**	**1,347**	**13,905**	**16,579**
		Rate per 100,000 inhabitants		374.5	3.9	15.7	161.9	193.0
New Mexico	Metropolitan Statistical Area		1,060,156					
		Area actually reporting	87.0%	7,558	76	527	1,672	5,283
		Estimated total	100.0%	8,381	83	583	1,774	5,941
	Cities outside metropolitan areas		442,777					
		Area actually reporting	90.3%	3,616	35	242	334	3,005
		Estimated total	100.0%	4,004	39	268	370	3,327
	Rural		352,126					
		Area actually reporting	82.8%	1,105	25	146	51	883
		Estimated total	100.0%	1,334	30	176	62	1,066
	State Total		**1,855,059**	**13,719**	**152**	**1,027**	**2,206**	**10,334**
		Rate per 100,000 inhabitants		739.5	8.2	55.4	118.9	557.1
New York	Metropolitan Statistical Area		17,639,788					
		Area actually reporting	90.5%	88,373	862	3,215	35,621	48,675
		Estimated total	100.0%	91,371	894	3,478	36,332	50,667
	Cities outside metropolitan areas		607,003					
		Area actually reporting	86.1%	1,387	3	132	197	1,055
		Estimated total	100.0%	1,611	4	153	229	1,225
	Rural		910,741					
		Area actually reporting	92.1%	1,886	10	234	85	1,557
		Estimated total	100.0%	2,048	11	254	92	1,691
	State Total		**19,157,532**	**95,030**	**909**	**3,885**	**36,653**	**53,583**
		Rate per 100,000 inhabitants		496.0	4.7	20.3	191.3	279.7
North Carolina	Metropolitan Statistical Area		5,619,995					
		Area actually reporting	99.3%	28,800	373	1,543	9,864	17,020
		Estimated total	100.0%	28,953	374	1,552	9,909	17,118
	Cities outside metropolitan areas		810,696					
		Area actually reporting	95.6%	5,224	52	291	1,519	3,362
		Estimated total	100.0%	5,461	54	304	1,588	3,515
	Rural		1,889,455					
		Area actually reporting	95.8%	4,506	115	326	678	3,387
		Estimated total	100.0%	4,704	120	340	708	3,536
	State Total		**8,320,146**	**39,118**	**548**	**2,196**	**12,205**	**24,169**
		Rate per 100,000 inhabitants		470.2	6.6	26.4	146.7	290.5

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
North Dakota	Metropolitan Statistical Area		280,387					
		Area actually reporting	99.1%	299	2	94	41	162
		Estimated total	100.0%	301	2	95	41	163
	Cities outside metropolitan areas		144,198					
		Area actually reporting	88.3%	128	2	41	15	70
		Estimated total	100.0%	144	2	46	17	79
	Rural		209,525					
		Area actually reporting	84.5%	44	1	19	0	24
		Estimated total	100.0%	51	1	22	0	28
	State Total		**634,110**	**496**	**5**	**163**	**58**	**270**
		Rate per 100,000 inhabitants		78.2	0.8	25.7	9.1	42.6
Ohio	Metropolitan Statistical Area		9,269,065					
		Area actually reporting	87.5%	35,708	468	4,018	16,627	14,595
		Estimated total	100.0%	37,428	486	4,304	17,253	15,385
	Cities outside metropolitan areas		795,592					
		Area actually reporting	79.5%	1,474	15	268	404	787
		Estimated total	100.0%	1,854	19	337	508	990
	Rural		1,356,610					
		Area actually reporting	62.5%	529	13	105	69	342
		Estimated total	100.0%	846	21	168	110	547
	State Total		**11,421,267**	**40,128**	**526**	**4,809**	**17,871**	**16,922**
		Rate per 100,000 inhabitants		351.3	4.6	42.1	156.5	148.2
Oklahoma	Metropolitan Statistical Area		2,123,513					
		Area actually reporting	100.0%	12,688	104	1,124	2,614	8,846
	Cities outside metropolitan areas		699,127					
		Area actually reporting	100.0%	3,524	24	327	313	2,860
	Rural		671,074					
		Area actually reporting	100.0%	1,375	35	122	39	1,179
	State Total		**3,493,714**	**17,587**	**163**	**1,573**	**2,966**	**12,885**
		Rate per 100,000 inhabitants		503.4	4.7	45.0	84.9	368.8
Oregon	Metropolitan Statistical Area		2,575,588					
		Area actually reporting	99.9%	8,793	53	989	2,444	5,307
		Estimated total	100.0%	8,795	53	989	2,445	5,308
	Cities outside metropolitan areas		443,276					
		Area actually reporting	97.1%	1,030	5	160	240	625
		Estimated total	100.0%	1,061	5	165	247	644
	Rural		502,651					
		Area actually reporting	100.0%	442	14	84	50	294
	State Total		**3,521,515**	**10,298**	**72**	**1,238**	**2,742**	**6,246**
		Rate per 100,000 inhabitants		292.4	2.0	35.2	77.9	177.4
Pennsylvania	Metropolitan Statistical Area		10,437,252					
		Area actually reporting	90.6%	43,374	564	3,005	16,123	23,682
		Estimated total	100.0%	45,563	584	3,166	16,685	25,128
	Cities outside metropolitan areas		805,839					
		Area actually reporting	76.1%	1,795	10	195	264	1,326
		Estimated total	100.0%	2,360	13	256	347	1,744

(Continued)

Table 1 Index of Crime by State, 2002 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
	Rural		1,092,000					
		Area actually reporting	100.0%	1,655	27	309	131	1,188
	State Total		**12,335,091**	**49,578**	**624**	**3,731**	**17,163**	**28,060**
		Rate per 100,000 inhabitants		401.9	5.1	30.2	139.1	227.5
Puerto Rico	Metropolitan Statistical Area		3,252,499					
		Area actually reporting	100.0%	11,997	698	207	8,184	2,908
	Cities outside metropolitan areas		606,307					
		Area actually reporting	100.0%	1,474	76	34	794	570
	Total		**3,858,806**	**13,471**	**774**	**241**	**8,978**	**3,478**
		Rate per 100,000 inhabitants		349.1	20.1	6.2	232.7	90.1
Rhode Island	Metropolitan Statistical Area		1,003,857					
		Area actually reporting	100.0%	2,827	37	356	892	1,542
	Cities outside metropolitan areas		65,868					
		Area actually reporting	100.0%	188	1	23	23	141
	Rural		None					
		Area actually reporting	100.0%	36	3	16	1	16
	State Total		**1,069,725**	**3,051**	**41**	**395**	**916**	**1,699**
		Rate per 100,000 inhabitants		285.2	3.8	36.9	85.6	158.8
South Carolina	Metropolitan Statistical Area		2,873,545					
		Area actually reporting	99.8%	22,943	205	1,384	4,509	16,845
		Estimated total	100.0%	22,985	205	1,386	4,517	16,877
	Cities outside metropolitan areas		311,683					
		Area actually reporting	98.4%	4,386	31	147	606	3,602
		Estimated total	100.0%	4,458	32	149	616	3,661
	Rural		921,955					
		Area actually reporting	100.0%	6,318	61	424	641	5,192
	State Total		**4,107,183**	**33,761**	**298**	**1,959**	**5,774**	**25,730**
		Rate per 100,000 inhabitants		822.0	7.3	47.7	140.6	626.5
South Dakota	Metropolitan Statistical Area		263,131					
		Area actually reporting	93.8%	725	3	215	82	425
		Estimated total	100.0%	753	3	226	84	440
	Cities outside metropolitan areas		214,373					
		Area actually reporting	88.6%	301	4	71	16	210
		Estimated total	100.0%	340	5	80	18	237
	Rural		283,559					
		Area actually reporting	65.7%	169	2	36	10	121
		Estimated total	100.0%	257	3	55	15	184
	State Total		**761,063**	**1,350**	**11**	**361**	**117**	**861**
		Rate per 100,000 inhabitants		177.4	1.4	47.4	15.4	113.1
Tennessee	Metropolitan Statistical Area		3,935,464					
		Area actually reporting	100.0%	33,438	340	1,820	8,726	22,552
	Cities outside metropolitan areas		656,434					
		Area actually reporting	99.9%	4,236	28	244	532	3,432
		Estimated total	100.0%	4,241	28	244	533	3,436

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
	Rural		1,205,391					
		Area actually reporting	100.0%	3,883	52	226	154	3,451
	State Total		**5,797,289**	**41,562**	**420**	**2,290**	**9,413**	**29,439**
		Rate per 100,000 inhabitants		716.9	7.2	39.5	162.4	507.8
Texas	Metropolitan Statistical Area		18,479,316					
		Area actually reporting	99.9%	116,035	1,165	7,536	36,665	70,669
		Estimated total	100.0%	116,090	1,165	7,541	36,679	70,705
	Cities outside metropolitan areas		1,486,837					
		Area actually reporting	99.2%	6,215	50	623	696	4,846
		Estimated total	100.0%	6,244	50	625	697	4,872
	Rural		1,813,740					
		Area actually reporting	100.0%	3,684	87	342	204	3,051
	State Total		**21,779,893**	**126,018**	**1,302**	**8,508**	**37,580**	**78,628**
		Rate per 100,000 inhabitants		578.6	6.0	39.1	172.5	361.0
Utah	Metropolitan Statistical Area		1,772,063					
		Area actually reporting	99.8%	4,596	34	723	1,096	2,743
		Estimated total	100.0%	4,601	34	724	1,097	2,746
	Cities outside metropolitan areas		293,306					
		Area actually reporting	96.5%	563	6	152	28	377
		Estimated total	100.0%	583	6	157	29	391
	Rural		250,887					
		Area actually reporting	96.6%	294	7	60	14	213
		Estimated total	100.0%	304	7	62	14	221
	State Total		**2,316,256**	**5,488**	**47**	**943**	**1,140**	**3,358**
		Rate per 100,000 inhabitants		236.9	2.0	40.7	49.2	145.0
Vermont	Metropolitan Statistical Area		163,177					
		Area actually reporting	100.0%	216	8	16	34	158
	Cities outside metropolitan areas		206,092					
		Area actually reporting	99.4%	272	1	68	33	170
		Estimated total	100.0%	273	1	68	33	171
	Rural		247,323					
		Area actually reporting	100.0%	169	4	42	10	113
	State Total		**616,592**	**658**	**13**	**126**	**77**	**442**
		Rate per 100,000 inhabitants		106.7	2.1	20.4	12.5	71.7
Virginia	Metropolitan Statistical Area		5,695,993					
		Area actually reporting	99.6%	18,151	304	1,435	6,492	9,920
		Estimated total	100.0%	18,251	305	1,443	6,520	9,983
	Cities outside metropolitan areas		449,150					
		Area actually reporting	92.7%	1,174	15	125	216	818
		Estimated total	100.0%	1,266	16	135	233	882
	Rural		1,148,399					
		Area actually reporting	99.4%	1,729	67	259	207	1,196
		Estimated total	100.0%	1,739	67	261	208	1,203
	State Total		**7,293,542**	**21,256**	**388**	**1,839**	**6,961**	**12,068**
		Rate per 100,000 inhabitants		291.4	5.3	25.2	95.4	165.5

(Continued)

Table 1 Index of Crime by State, 2002 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Washington	Metropolitan Statistical Area		5,044,509					
		Area actually reporting	97.9%	18,287	146	2,166	5,365	10,610
		Estimated total	100.0%	18,554	148	2,210	5,433	10,763
	Cities outside metropolitan areas		463,899					
		Area actually reporting	90.7%	1,372	10	285	262	815
		Estimated total	100.0%	1,513	11	314	289	899
	Rural		560,588					
		Area actually reporting	100.0%	897	25	210	75	587
	State Total		**6,068,996**	**20,964**	**184**	**2,734**	**5,797**	**12,249**
		Rate per 100,000 inhabitants		345.4	3.0	45.0	95.5	201.8
West Virginia	Metropolitan Statistical Area		762,826					
		Area actually reporting	91.8%	1,968	19	166	416	1,367
		Estimated total	100.0%	2,156	20	180	458	1,498
	Cities outside metropolitan areas		278,400					
		Area actually reporting	81.1%	567	6	39	88	434
		Estimated total	100.0%	699	8	48	108	535
	Rural		760,647					
		Area actually reporting	97.3%	1,329	28	97	89	1,115
		Estimated total	100.0%	1,366	29	100	91	1,146
	State Total		**1,801,873**	**4,221**	**57**	**328**	**657**	**3,179**
		Rate per 100,000 inhabitants		234.3	3.2	18.2	36.5	176.4
Wisconsin	Metropolitan Statistical Area		3,692,594					
		Area actually reporting	97.4%	10,363	135	956	4,572	4,700
		Estimated total	100.0%	10,437	136	967	4,588	4,746
	Cities outside metropolitan areas		718,125					
		Area actually reporting	99.0%	1,012	2	147	85	778
		Estimated total	100.0%	1,022	2	148	86	786
	Rural		1,030,477					
		Area actually reporting	97.6%	761	16	119	38	588
		Estimated total	100.0%	779	16	122	39	602
	State Total		**5,441,196**	**12,238**	**154**	**1,237**	**4,713**	**6,134**
		Rate per 100,000 inhabitants		224.9	2.8	22.7	86.6	112.7
Wyoming	Metropolitan Statistical Area		149,614					
		Area actually reporting	100.0%	367	5	54	51	257
	Cities outside metropolitan areas		208,723					
		Area actually reporting	98.4%	649	4	56	35	554
		Estimated total	100.0%	660	4	57	36	563
	Rural		140,366					
		Area actually reporting	100.0%	337	6	37	6	288
	State Total		**498,703**	**1,364**	**15**	**148**	**93**	**1,108**
		Rate per 100,000 inhabitants		273.5	3.0	29.7	18.6	222.2

[1] Includes offenses reported by the Zoological Police and the Metro Transit Police.
[2] Limited data for 2002 were available.

Source: United States Department of Justice, Federal Bureau of Investigation (2003) *Crime in the United States, 2002.* Retrieved from http://www.fbi.gov/ucr/02cius.htm

Note: Offense totals are based on all data received from reporting agencies and estimates for unreported areas.

Table 2 Crime in the United States, by State, 2003

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Alabama	Metropolitan Statistical Area		3,179,196					
		Area actually reporting	95.2%	14,871	242	1,197	5,305	8,127
		Estimated total	100.0%	15,364	247	1,240	5,441	8,436
	Cities outside metropolitan areas		557,794					
		Area actually reporting	92.9%	2,698	30	245	477	1,946
		Estimated total	100.0%	2,881	32	263	507	2,079
	Nonmetropolitan counties		763,762					
		Area actually reporting	79.7%	866	16	122	72	656
		Estimated total	100.0%	1,086	20	153	90	823
	State Total		**4,500,752**	**19,331**	**299**	**1,656**	**6,038**	**11,338**
		Rate per 100,000 inhabitants		429.5	6.6	36.8	134.2	251.9
Alaska	Metropolitan Statistical Area		315,592					
		Area actually reporting	100.0%	2,222	21	291	389	1,521
	Cities outside metropolitan areas		122,843					
		Area actually reporting	93.4%	689	3	122	30	534
		Estimated total	100.0%	738	3	131	32	572
	Nonmetropolitan counties		210,383					
		Area actually reporting	100.0%	890	15	178	23	674
	State Total		**648,818**	**3,850**	**39**	**600**	**444**	**2,767**
		Rate per 100,000 inhabitants		593.4	6.0	92.5	68.4	426.5
Arizona	Metropolitan Statistical Area		4,958,626					
		Area actually reporting	98.4%	25,898	415	1,719	7,393	16,371
		Estimated total	100.0%	26,208	416	1,745	7,460	16,587
	Cities outside metropolitan areas		302,704					
		Area actually reporting	98.8%	1,177	13	68	123	973
		Estimated total	100.0%	1,192	13	69	125	985
	Nonmetropolitan counties		319,481					
		Area actually reporting	100.0%	1,238	12	42	34	1,150
	State Total		**5,580,811**	**28,638**	**441**	**1,856**	**7,619**	**18,722**
		Rate per 100,000 inhabitants		513.2	7.9	33.3	136.5	335.5
Arkansas	Metropolitan Statistical Area		1,566,369					
		Area actually reporting	92.8%	8,199	115	651	1,804	5,629
		Estimated total	100.0%	8,486	117	680	1,830	5,859
	Cities outside metropolitan areas		456,839					
		Area actually reporting	86.1%	2,429	25	108	288	2,008
		Estimated total	100.0%	2,822	29	125	335	2,333
	Nonmetropolitan counties		702,506					
		Area actually reporting	79.6%	894	22	78	50	744
		Estimated total	100.0%	1,123	28	98	63	934
	State Total		**2,725,714**	**12,431**	**174**	**903**	**2,228**	**9,126**
		Rate per 100,000 inhabitants		456.1	6.4	33.1	81.7	334.8
California	Metropolitan Statistical Area		34,663,398					
		Area actually reporting	100.0%	202,433	2,369	9,695	63,482	126,887
	Cities outside metropolitan areas		263,004					
		Area actually reporting	100.0%	1,397	7	152	180	1,058
	Nonmetropolitan counties		558,051					

(Continued)

Table 2 Crime in the United States, 2003 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
		Area actually reporting	100.0%	1,721	31	147	108	1,435
	State Total		**35,484,453**	**205,551**	**2,407**	**9,994**	**63,770**	**129,380**
		Rate per 100,000 inhabitants		579.3	6.8	28.2	179.7	364.6
Colorado	Metropolitan Statistical Area		3,900,941					
		Area actually reporting	95.4%	13,767	160	1,638	3,562	8,407
		Estimated total	100.0%	14,276	164	1,699	3,669	8,744
	Cities outside metropolitan areas		295,314					
		Area actually reporting	87.4%	863	9	135	52	667
		Estimated total	100.0%	986	10	154	59	763
	Nonmetropolitan counties		354,433					
		Area actually reporting	94.5%	420	3	38	7	372
		Estimated total	100.0%	444	3	40	7	394
	State Total		**4,550,688**	**15,706**	**177**	**1,893**	**3,735**	**9,901**
		Rate per 100,000 inhabitants		345.1	3.9	41.6	82.1	217.6
Connecticut	Metropolitan Statistical Area		2,813,777					
		Area actually reporting	100.0%	9,359	101	570	4,002	4,686
	Cities outside metropolitan areas		157,399					
		Area actually reporting	100.0%	300	0	26	66	208
	Nonmetropolitan counties		512,196					
		Area actually reporting	100.0%	1,077	3	56	78	940
	State Total		**3,483,372**	**10,736**	**104**	**652**	**4,146**	**5,834**
		Rate per 100,000 inhabitants		308.2	3.0	18.7	119.0	167.5
Delaware	Metropolitan Statistical Area		651,493					
		Area actually reporting	100.0%	4,430	19	278	1,272	2,861
	Cities outside metropolitan areas		38,608					
		Area actually reporting	100.0%	340	0	24	72	244
	Nonmetropolitan counties		127,390					
		Area actually reporting	100.0%	609	5	51	45	508
	State Total		**817,491**	**5,379**	**24**	**353**	**1,389**	**3,613**
		Rate per 100,000 inhabitants		658.0	2.9	43.2	169.9	442.0
District of Columbia[1]		Metropolitan Statistical Area		563,384				
		Area actually reporting	100.0%	9,060	249	274	3,941	4,596
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		None					
	Total		**563,384**	**9,060**	**249**	**274**	**3,941**	**4,596**
		Rate per 100,000 inhabitants		1,608.1	44.2	48.6	699.5	815.8
Florida	Metropolitan Statistical Area		15,959,074					
		Area actually reporting	99.9%	118,630	872	6,335	30,844	80,579
		Estimated total	100.0%	118,659	872	6,337	30,852	80,598
	Cities outside metropolitan areas		196,937					
		Area actually reporting	99.2%	1,746	11	81	327	1,327
		Estimated total	100.0%	1,761	11	82	330	1,338
	Nonmetropolitan counties		863,057					
		Area actually reporting	100.0%	3,860	41	308	341	3,170
	State Total		**17,019,068**	**124,280**	**924**	**6,727**	**31,523**	**85,106**
		Rate per 100,000 inhabitants		730.2	5.4	39.5	185.2	500.1

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Georgia	Metropolitan Statistical Area		6,964,510					
		Area actually reporting	97.1%	31,989	563	1,828	12,668	16,930
		Estimated total	100.0%	32,721	573	1,876	12,936	17,336
	Cities outside metropolitan areas		642,357					
		Area actually reporting	85.1%	3,511	44	201	746	2,520
		Estimated total	100.0%	4,127	52	236	877	2,962
	Nonmetropolitan counties		1,077,848					
		Area actually reporting	87.4%	2,251	27	106	212	1,906
		Estimated total	100.0%	2,574	31	121	242	2,180
	State Total		**8,684,715**	**39,422**	**656**	**2,233**	**14,055**	**22,478**
		Rate per 100,000 inhabitants		453.9	7.6	25.7	161.8	258.8
Hawaii	Metropolitan Statistical Area		905,301					
		Area actually reporting	100.0%	2,606	15	266	989	1,336
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		352,307					
		Area actually reporting	100.0%	794	7	101	179	507
	State Total		**1,257,608**	**3,400**	**22**	**367**	**1,168**	**1,843**
		Rate per 100,000 inhabitants		270.4	1.7	29.2	92.9	146.5
Idaho	Metropolitan Statistical Area		864,948					
		Area actually reporting	99.0%	2,354	17	402	195	1,740
		Estimated total	100.0%	2,370	17	405	195	1,753
	Cities outside metropolitan areas		212,578					
		Area actually reporting	97.7%	491	0	52	37	402
		Estimated total	100.0%	502	0	53	38	411
	Nonmetropolitan counties		288,806					
		Area actually reporting	98.4%	437	8	49	11	369
		Estimated total	100.0%	444	8	50	11	375
	State Total		**1,366,332**	**3,316**	**25**	**508**	**244**	**2,539**
		Rate per 100,000 inhabitants		242.7	1.8	37.2	17.9	185.8
Illinois[2]	**State Total**		**12,653,544**	**70,456**	**896**	**4,167**	**23,809**	**41,584**
		Rate per 100,000 inhabitants		556.8	7.1	32.9	188.2	328.6
Indiana	Metropolitan Statistical Area		4,790,924					
		Area actually reporting	91.2%	18,489	312	1,371	5,839	10,967
		Estimated total	100.0%	19,314	317	1,437	5,991	11,569
	Cities outside metropolitan areas		507,223					
		Area actually reporting	86.8%	978	8	104	223	643
		Estimated total	100.0%	1,126	9	120	257	740
	Nonmetropolitan counties		897,496					
		Area actually reporting	59.4%	841	9	97	92	643
		Estimated total	100.0%	1,416	15	163	155	1,083
	State Total		**6,195,643**	**21,856**	**341**	**1,720**	**6,403**	**13,392**
		Rate per 100,000 inhabitants		352.8	5.5	27.8	103.3	216.2
Iowa	Metropolitan Statistical Area		1,592,457					
		Area actually reporting	98.6%	5,734	37	577	1,005	4,115
		Estimated total	100.0%	5,778	37	582	1,010	4,149
	Cities outside metropolitan areas		594,558					

(Continued)

Table 2 Crime in the United States, 2003 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
		Area actually reporting	91.0%	1,622	5	137	95	1,385
		Estimated total	100.0%	1,783	5	151	104	1,523
	Nonmetropolitan counties		757,047					
		Area actually reporting	99.3%	456	5	29	9	413
		Estimated total	100.0%	459	5	29	9	416
	State Total		**2,944,062**	**8,020**	**47**	**762**	**1,123**	**6,088**
		Rate per 100,000 inhabitants		272.4	1.6	25.9	38.1	206.8
Kansas	Metropolitan Statistical Area		1,691,995					
		Area actually reporting	96.7%	7,559	79	659	1,969	4,852
		Estimated total	100.0%	7,737	80	677	2,007	4,973
	Cities outside metropolitan areas		605,937					
		Area actually reporting	95.5%	2,110	34	248	199	1,629
		Estimated total	100.0%	2,210	36	260	208	1,706
	Nonmetropolitan counties		425,575					
		Area actually reporting	97.3%	802	7	102	30	663
		Estimated total	100.0%	824	7	105	31	681
	State Total		**2,723,507**	**10,771**	**123**	**1,042**	**2,246**	**7,360**
		Rate per 100,000 inhabitants		395.5	4.5	38.3	82.5	270.2
Kentucky[2]	**State Total**		**4,117,827**	**10,777**	**188**	**1,054**	**3,196**	**6,339**
		Rate per 100,000 inhabitants		261.7	4.6	25.6	77.6	153.9
Louisiana	Metropolitan Statistical Area		3,368,338					
		Area actually reporting	97.9%	22,398	495	1,514	6,254	14,135
		Estimated total	100.0%	22,799	497	1,537	6,333	14,432
	Cities outside metropolitan areas		420,432					
		Area actually reporting	74.7%	2,389	26	125	367	1,871
		Estimated total	100.0%	3,197	35	167	491	2,504
	Nonmetropolitan counties		707,564					
		Area actually reporting	88.5%	2,713	48	128	217	2,320
		Estimated total	100.0%	3,066	54	145	245	2,622
	State Total		**4,496,334**	**29,062**	**586**	**1,849**	**7,069**	**19,558**
		Rate per 100,000 inhabitants		646.3	13.0	41.1	157.2	435.0
Maine	Metropolitan Statistical Area		757,912					
		Area actually reporting	100.0%	874	10	224	243	397
	Cities outside metropolitan areas		276,145					
		Area actually reporting	100.0%	397	3	99	38	257
	Nonmetropolitan counties		271,671					
		Area actually reporting	100.0%	151	3	31	8	109
	State Total		**1,305,728**	**1,422**	**16**	**354**	**289**	**763**
		Rate per 100,000 inhabitants		108.9	1.2	27.1	22.1	58.4
Maryland	Metropolitan Statistical Area		5,223,096					
		Area actually reporting	100.0%	37,461	520	1,276	13,147	22,518
	Cities outside metropolitan areas		73,338					
		Area actually reporting	100.0%	632	2	40	92	498
	Nonmetropolitan counties		212,475					
		Area actually reporting	100.0%	685	3	42	63	577
	State Total		**5,508,909**	**38,778**	**525**	**1,358**	**13,302**	**23,593**
		Rate per 100,000 inhabitants		703.9	9.5	24.7	241.5	428.3

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Massachusetts	Metropolitan Statistical Area		6,400,207					
		Area actually reporting	97.0%	29,564	142	1,760	7,887	19,775
		Estimated total	100.0%	30,122	142	1,795	7,982	20,203
	Cities outside metropolitan areas		32,237					
		Area actually reporting	87.1%	56	0	3	3	50
		Estimated total	100.0%	74	0	3	3	68
	Nonmetropolitan counties		978					
		Area actually reporting	100.0%	0	0	0	0	0
	State Total		**6,433,422**	**30,196**	**142**	**1,798**	**7,985**	**20,271**
		Rate per 100,000 inhabitants		469.4	2.2	27.9	124.1	315.1
Michigan	Metropolitan Statistical Area		8,213,764					
		Area actually reporting	99.4%	47,359	591	4,254	11,074	31,440
		Estimated total	100.0%	47,498	591	4,271	11,104	31,532
	Cities outside metropolitan areas		643,814					
		Area actually reporting	91.9%	1,414	4	339	82	989
		Estimated total	100.0%	1,511	4	363	88	1,056
	Nonmetropolitan counties		1,222,407					
		Area actually reporting	97.5%	2,452	21	797	63	1,571
		Estimated total	100.0%	2,515	22	817	65	1,611
	State Total		**10,079,985**	**51,524**	**617**	**5,451**	**11,257**	**34,199**
		Rate per 100,000 inhabitants		511.2	6.1	54.1	111.7	339.3
Minnesota	Metropolitan Statistical Area		3,654,803					
		Area actually reporting	94.3%	11,001	102	1,487	3,690	5,722
		Estimated total	100.0%	11,315	105	1,545	3,757	5,908
	Cities outside metropolitan areas		548,339					
		Area actually reporting	99.5%	1,080	9	276	102	693
		Estimated total	100.0%	1,086	9	277	103	697
	Nonmetropolitan counties		856,233					
		Area actually reporting	100.0%	887	14	261	44	568
	State Total		**5,059,375**	**13,288**	**128**	**2,083**	**3,904**	**7,173**
		Rate per 100,000 inhabitants		262.6	2.5	41.2	77.2	141.8
Mississippi	Metropolitan Statistical Area		1,228,282					
		Area actually reporting	81.6%	3,999	93	497	1,820	1,589
		Estimated total	100.0%	4,505	105	555	1,952	1,893
	Cities outside metropolitan areas		604,143					
		Area actually reporting	78.8%	2,131	56	258	657	1,160
		Estimated total	100.0%	2,706	71	328	834	1,473
	Nonmetropolitan counties		1,048,856					
		Area actually reporting	41.3%	895	38	80	96	681
		Estimated total	100.0%	2,169	92	194	233	1,650
	State Total		**2,881,281**	**9,380**	**268**	**1,077**	**3,019**	**5,016**
		Rate per 100,000 inhabitants		325.5	9.3	37.4	104.8	174.1
Missouri	Metropolitan Statistical Area		4,161,628					
		Area actually reporting	99.9%	22,469	240	1,091	5,898	15,240
		Estimated total	100.0%	22,478	240	1,092	5,900	15,246
	Cities outside metropolitan areas		667,620					

(Continued)

Table 2 Crime in the United States, 2003 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
		Area actually reporting	100.0%	2,450	25	186	229	2,010
	Nonmetropolitan counties		875,236					
		Area actually reporting	100.0%	2,040	23	116	74	1,827
	State Total		**5,704,484**	**26,968**	**288**	**1,394**	**6,203**	**19,083**
		Rate per 100,000 inhabitants		472.8	5.0	24.4	108.7	334.5
Montana	Metropolitan Statistical Area		321,651					
		Area actually reporting	87.9%	957	12	59	220	666
		Estimated total	100.0%	1,033	13	63	224	733
	Cities outside metropolitan areas		180,244					
		Area actually reporting	70.2%	650	4	56	31	559
		Estimated total	100.0%	927	6	80	44	797
	Nonmetropolitan counties		415,726					
		Area actually reporting	70.0%	974	8	72	21	873
		Estimated total	100.0%	1,391	11	103	30	1,247
	State Total		**917,621**	**3,351**	**30**	**246**	**298**	**2,777**
		Rate per 100,000 inhabitants		365.2	3.3	26.8	32.5	302.6
Nebraska	Metropolitan Statistical Area		972,426					
		Area actually reporting	98.1%	4,071	43	323	1,081	2,624
		Estimated total	100.0%	4,091	43	325	1,083	2,640
	Cities outside metropolitan areas		395,801					
		Area actually reporting	89.3%	588	7	106	60	415
		Estimated total	100.0%	659	8	119	67	465
	Nonmetropolitan counties		371,064					
		Area actually reporting	91.6%	253	5	47	11	190
		Estimated total	100.0%	276	5	51	12	208
	State Total		**1,739,291**	**5,026**	**56**	**495**	**1,162**	**3,313**
		Rate per 100,000 inhabitants		289.0	3.2	28.5	66.8	190.5
Nevada	Metropolitan Statistical Area		2,002,686					
		Area actually reporting	100.0%	13,117	193	813	5,094	7,017
	Cities outside metropolitan areas		43,757					
		Area actually reporting	100.0%	116	1	10	25	80
	Nonmetropolitan counties		194,711					
		Area actually reporting	100.0%	532	3	51	43	435
	State Total		**2,241,154**	**13,765**	**197**	**874**	**5,162**	**7,532**
		Rate per 100,000 inhabitants		614.2	8.8	39.0	230.3	336.1
New Hampshire	Metropolitan Statistical Area		804,274					
		Area actually reporting	85.3%	1,262	12	236	387	627
		Estimated total	100.0%	1,393	13	271	411	698
	Cities outside metropolitan areas		426,204					
		Area actually reporting	66.1%	315	3	90	43	179
		Estimated total	100.0%	477	5	136	65	271
	Nonmetropolitan counties		57,209					
		Area actually reporting	81.9%	38	0	16	2	20
		Estimated total	100.0%	46	0	20	2	24
	State Total		**1,287,687**	**1,916**	**18**	**427**	**478**	**993**
		Rate per 100,000 inhabitants		148.8	1.4	33.2	37.1	77.1

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
New Jersey	Metropolitan Statistical Area		8,638,396					
		Area actually reporting	100.0%	31,599	407	1,325	13,366	16,501
	Cities outside metropolitan areas		None					
		Nonmetropolitan counties	None					
	State Total		**8,638,396**	**31,599**	**407**	**1,325**	**13,366**	**16,501**
		Rate per 100,000 inhabitants		365.8	4.7	15.3	154.7	191.0
New Mexico	Metropolitan Statistical Area		1,200,062					
		Area actually reporting	88.0%	7,758	75	614	1,493	5,576
		Estimated total	100.0%	8,454	79	672	1,565	6,138
	Cities outside metropolitan areas		397,362					
		Area actually reporting	91.3%	3,105	21	163	315	2,606
		Estimated total	100.0%	3,402	23	179	345	2,855
	Nonmetropolitan counties		277,190					
		Area actually reporting	70.5%	433	7	61	28	337
		Estimated total	100.0%	614	10	86	40	478
	State Total		**1,874,614**	**12,470**	**112**	**937**	**1,950**	**9,471**
		Rate per 100,000 inhabitants		665.2	6.0	50.0	104.0	505.2
New York	Metropolitan Statistical Area		17,630,414					
		Area actually reporting	99.3%	85,641	909	3,244	35,348	46,140
		Estimated total	100.0%	85,872	909	3,255	35,427	46,281
	Cities outside metropolitan areas		582,644					
		Area actually reporting	90.0%	1,328	6	184	208	930
		Estimated total	100.0%	1,475	7	204	231	1,033
	Nonmetropolitan counties		977,057					
		Area actually reporting	93.0%	1,783	17	292	93	1,381
		Estimated total	100.0%	1,918	18	314	100	1,486
	State Total		**19,190,115**	**89,265**	**934**	**3,773**	**35,758**	**48,800**
		Rate per 100,000 inhabitants		465.2	4.9	19.7	186.3	254.3
North Carolina	Metropolitan Statistical Area		5,765,063					
		Area actually reporting	98.0%	28,614	320	1,503	9,879	16,912
		Estimated total	100.0%	28,934	323	1,524	9,958	17,129
	Cities outside metropolitan areas		815,560					
		Area actually reporting	92.5%	4,885	66	279	1,485	3,055
		Estimated total	100.0%	5,271	71	302	1,602	3,296
	Nonmetropolitan counties		1,826,625					
		Area actually reporting	97.5%	3,939	112	305	652	2,870
		Estimated total	100.0%	4,041	115	313	669	2,944
	State Total		**8,407,248**	**38,246**	**509**	**2,139**	**12,229**	**23,369**
		Rate per 100,000 inhabitants		454.9	6.1	25.4	145.5	278.0
North Dakota	Metropolitan Statistical Area		286,263					
		Area actually reporting	99.5%	253	3	73	28	149
		Estimated total	100.0%	254	3	73	28	150
	Cities outside metropolitan areas		141,733					
		Area actually reporting	84.0%	140	6	51	16	67
		Estimated total	100.0%	167	7	61	19	80

(Continued)

Table 2 Crime in the United States, 2003 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
	Nonmetropolitan counties		205,841					
		Area actually reporting	81.6%	59	2	14	3	40
		Estimated total	100.0%	72	2	17	4	49
	State Total		**633,837**	**493**	**12**	**151**	**51**	**279**
		Rate per 100,000 inhabitants		77.8	1.9	23.8	8.0	44.0
Ohio	Metropolitan Statistical Area		9,211,400					
		Area actually reporting	90.2%	33,940	443	3,829	15,781	13,887
		Estimated total	100.0%	35,357	454	4,051	16,274	14,578
	Cities outside metropolitan areas		834,409					
		Area actually reporting	69.6%	1,261	24	241	354	642
		Estimated total	100.0%	1,810	34	346	508	922
	Nonmetropolitan counties		1,389,989					
		Area actually reporting	70.9%	664	24	135	76	429
		Estimated total	100.0%	936	34	190	107	605
	State Total		**11,435,798**	**38,103**	**522**	**4,587**	**16,889**	**16,105**
		Rate per 100,000 inhabitants		333.2	4.6	40.1	147.7	140.8
Oklahoma	Metropolitan Statistical Area		2,212,103					
		Area actually reporting	100.0%	13,093	154	995	2,808	9,136
	Cities outside metropolitan areas		696,232					
		Area actually reporting	100.0%	3,222	29	364	373	2,456
	Nonmetropolitan counties		603,197					
		Area actually reporting	100.0%	1,443	23	142	43	1,235
	State Total		**3,511,532**	**17,758**	**206**	**1,501**	**3,224**	**12,827**
		Rate per 100,000 inhabitants		505.7	5.9	42.7	91.8	365.3
Oregon	Metropolitan Statistical Area		2,740,172					
		Area actually reporting	99.0%	9,033	54	981	2,575	5,423
		Estimated total	100.0%	9,075	54	987	2,584	5,450
	Cities outside metropolitan areas		371,581					
		Area actually reporting	98.2%	956	5	134	212	605
		Estimated total	100.0%	973	5	136	216	616
	Nonmetropolitan counties		447,843					
		Area actually reporting	90.4%	427	8	86	46	287
		Estimated total	100.0%	472	9	95	51	317
	State Total		**3,559,596**	**10,520**	**68**	**1,218**	**2,851**	**6,383**
		Rate per 100,000 inhabitants		295.5	1.9	34.2	80.1	179.3
Pennsylvania	Metropolitan Statistical Area		10,391,620					
		Area actually reporting	91.3%	43,421	606	2,848	16,917	23,050
		Estimated total	100.0%	45,463	622	2,996	17,441	24,404
	Cities outside metropolitan areas		867,466					
		Area actually reporting	73.9%	1,763	9	173	274	1,307
		Estimated total	100.0%	2,386	12	234	371	1,769
	Nonmetropolitan counties		1,106,369					
		Area actually reporting	100.0%	1,367	17	326	168	856
	State Total		**12,365,455**	**49,216**	**651**	**3,556**	**17,980**	**27,029**
		Rate per 100,000 inhabitants		398.0	5.3	28.8	145.4	218.6

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Puerto Rico	Metropolitan Statistical Area		3,683,868					
		Area actually reporting	100.0%	11,614	756	200	7,636	3,022
	Cities outside metropolitan areas		194,664					
		Area actually reporting	100.0%	271	23	4	101	143
	Total		**3,878,532**	**11,885**	**779**	**204**	**7,737**	**3,165**
		Rate per 100,000 inhabitants		306.4	20.1	5.3	199.5	81.6
Rhode Island	Metropolitan Statistical Area		1,076,164					
		Area actually reporting	100.0%	3,050	23	491	828	1,708
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		None					
		Area actually reporting	100.0%	24	2	14	2	6
	State Total		**1,076,164**	**3,074**	**25**	**505**	**830**	**1,714**
		Rate per 100,000 inhabitants		285.6	2.3	46.9	77.1	159.3
South Carolina	Metropolitan Statistical Area		3,112,033					
		Area actually reporting	99.9%	24,873	223	1,445	4,581	18,624
		Estimated total	100.0%	24,880	223	1,445	4,582	18,630
	Cities outside metropolitan areas		265,266					
		Area actually reporting	99.5%	3,275	27	114	518	2,616
		Estimated total	100.0%	3,292	27	115	521	2,629
	Nonmetropolitan counties		769,853					
		Area actually reporting	100.0%	4,736	50	283	567	3,836
	State Total		**4,147,152**	**32,908**	**300**	**1,843**	**5,670**	**25,095**
		Rate per 100,000 inhabitants		793.5	7.2	44.4	136.7	605.1
South Dakota	Metropolitan Statistical Area		324,249					
		Area actually reporting	97.1%	846	6	240	81	519
		Estimated total	100.0%	864	6	247	81	530
	Cities outside metropolitan areas		201,164					
		Area actually reporting	91.1%	267	1	64	10	192
		Estimated total	100.0%	293	1	70	11	211
	Nonmetropolitan counties		238,896					
		Area actually reporting	83.8%	140	2	31	10	97
		Estimated total	100.0%	168	3	37	12	116
	State Total		**764,309**	**1,325**	**10**	**354**	**104**	**857**
		Rate per 100,000 inhabitants		173.4	1.3	46.3	13.6	112.1
Tennessee	Metropolitan Statistical Area		4,237,335					
		Area actually reporting	100.0%	33,347	337	1,770	8,796	22,444
	Cities outside metropolitan areas		578,487					
		Area actually reporting	100.0%	3,576	29	172	461	2,914
	Nonmetropolitan counties		1,025,926					
		Area actually reporting	100.0%	3,254	29	143	115	2,967
	State Total		**5,841,748**	**40,177**	**395**	**2,085**	**9,372**	**28,325**
		Rate per 100,000 inhabitants		687.8	6.8	35.7	160.4	484.9
Texas	Metropolitan Statistical Area		19,139,661					
		Area actually reporting	99.9%	112,887	1,287	7,172	36,079	68,349
		Estimated total	100.0%	112,910	1,287	7,174	36,085	68,364
	Cities outside metropolitan areas		1,373,327					

(Continued)

Table 2 Crime in the United States, 2003 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
		Area actually reporting	99.3%	5,889	62	554	769	4,504
		Estimated total	100.0%	5,918	62	556	770	4,530
	Nonmetropolitan counties		1,605,521					
		Area actually reporting	100.0%	3,373	69	282	163	2,859
	State Total		**22,118,509**	**122,201**	**1,418**	**8,012**	**37,018**	**75,753**
		Rate per 100,000 inhabitants		552.5	6.4	36.2	167.4	342.5
Utah	Metropolitan Statistical Area		2,078,616					
		Area actually reporting	98.1%	5,317	52	785	1,212	3,268
		Estimated total	100.0%	5,401	53	802	1,223	3,323
	Cities outside metropolitan areas		128,198					
		Area actually reporting	91.9%	226	3	50	16	157
		Estimated total	100.0%	245	3	54	17	171
	Nonmetropolitan counties		144,653					
		Area actually reporting	94.3%	188	2	34	14	138
		Estimated total	100.0%	199	2	36	15	146
	State Total		**2,351,467**	**5,845**	**58**	**892**	**1,255**	**3,640**
		Rate per 100,000 inhabitants		248.6	2.5	37.9	53.4	154.8
Vermont	Metropolitan Statistical Area		203,769					
		Area actually reporting	96.4%	344	4	55	34	251
		Estimated total	100.0%	352	4	55	35	258
	Cities outside metropolitan areas		197,181					
		Area actually reporting	100.0%	225	1	46	19	159
	Nonmetropolitan counties		218,157					
		Area actually reporting	100.0%	105	9	20	6	70
	State Total		**619,107**	**682**	**14**	**121**	**60**	**487**
		Rate per 100,000 inhabitants		110.2	2.3	19.5	9.7	78.7
Virginia	Metropolitan Statistical Area		6,295,851					
		Area actually reporting	99.2%	18,115	373	1,498	6,306	9,938
		Estimated total	100.0%	18,324	375	1,516	6,363	10,070
	Cities outside metropolitan areas		265,881					
		Area actually reporting	96.6%	754	5	79	149	521
		Estimated total	100.0%	780	5	82	154	539
	Nonmetropolitan counties		824,598					
		Area actually reporting	97.6%	1,240	32	171	151	886
		Estimated total	100.0%	1,271	33	175	155	908
	State Total		**7,386,330**	**20,375**	**413**	**1,773**	**6,672**	**11,517**
		Rate per 100,000 inhabitants		275.8	5.6	24.0	90.3	155.9
Washington	Metropolitan Statistical Area		5,366,728					
		Area actually reporting	99.9%	19,625	167	2,461	5,518	11,479
		Estimated total	100.0%	19,643	167	2,464	5,523	11,489
	Cities outside metropolitan areas		323,537					
		Area actually reporting	95.7%	841	3	215	130	493
		Estimated total	100.0%	879	3	225	136	515
	Nonmetropolitan counties		441,180					
		Area actually reporting	88.2%	664	12	154	52	446
		Estimated total	100.0%	754	14	175	59	506
	State Total		**6,131,445**	**21,276**	**184**	**2,864**	**5,718**	**12,510**
		Rate per 100,000 inhabitants		347.0	3.0	46.7	93.3	204.0

State	*Area*		*Population*	*Violent crime*	*Murder and non-negligent man-slaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
West Virginia	Metropolitan Statistical Area		989,502					
		Area actually reporting	91.7%	2,866	29	182	563	2,092
		Estimated total	100.0%	3,041	30	187	586	2,238
	Cities outside metropolitan areas		226,821					
		Area actually reporting	82.3%	473	3	32	58	380
		Estimated total	100.0%	575	4	39	70	462
	Nonmetropolitan counties		594,031					
		Area actually reporting	86.1%	900	25	60	64	751
		Estimated total	100.0%	1,045	29	70	74	872
	State Total		**1,810,354**	**4,661**	**63**	**296**	**730**	**3,572**
		Rate per 100,000 inhabitants		257.5	3.5	16.4	40.3	197.3
Wisconsin	Metropolitan Statistical Area		3,955,013					
		Area actually reporting	97.2%	10,340	159	937	4,248	4,996
		Estimated total	100.0%	10,432	160	952	4,266	5,054
	Cities outside metropolitan areas		610,884					
		Area actually reporting	99.0%	980	4	144	86	746
		Estimated total	100.0%	989	4	145	87	753
	Nonmetropolitan counties		906,402					
		Area actually reporting	100.0%	674	17	101	33	523
	State Total		**5,472,299**	**12,095**	**181**	**1,198**	**4,386**	**6,330**
		Rate per 100,000 inhabitants		221.0	3.3	21.9	80.1	115.7
Wyoming	Metropolitan Statistical Area		150,994					
		Area actually reporting	100.0%	338	6	51	46	235
	Cities outside metropolitan areas		208,513					
		Area actually reporting	97.5%	612	4	59	29	520
		Estimated total	100.0%	627	4	60	30	533
	Nonmetropolitan counties		141,735					
		Area actually reporting	95.8%	335	4	24	8	299
		Estimated total	100.0%	349	4	25	8	312
	State Total		**501,242**	**1,314**	**14**	**136**	**84**	**1,080**
		Rate per 100,000 inhabitants		262.1	2.8	27.1	16.8	215.5

[1] Includes offenses reported by the Zoological Police and the Metro Transit Police.
[2] Limited data for 2003 were available for Illinois and Kentucky. See Offense Estimation, Appendix I, for details.

Source: United States Department of Justice, Federal Bureau of Investigation (2004). *Crime in the United States, 2003*. Retrieved from http://www.fbi.gov/ucr/03cius.htm

Table 3 Crime in the United States, by State, 2004

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
Alabama										
Metropolitan Statistical Area	3,203,927									
Area actually reporting	98.5%	15,129	207	1,345	5,371	8,206	143,099	35,215	96,320	11,564
Estimated total	100.0%	15,326	207	1,359	5,439	8,321	145,230	35,656	97,854	11,720
Cities outside metropolitan areas	571,247									
Area actually reporting	91.1%	2,645	28	217	482	1,918	25,433	5,181	18,915	1,337
Estimated total	100.0%	2,883	31	236	520	2,096	27,643	5,630	20,563	1,450
Nonmetropolitan counties	755,008									
Area actually reporting	89.1%	993	14	131	74	774	8,436	3,012	4,663	761
Estimated total	100.0%	1,115	16	147	83	869	9,467	3,380	5,233	854
State Total	**4,530,182**	**19,324**	**254**	**1,742**	**6,042**	**11,286**	**182,340**	**44,666**	**123,650**	**14,024**
Rate per 100,000 inhabitants		426.6	5.6	38.5	133.4	249.1	4,025.0	986.0	2,729.5	309.6
Alaska										
Metropolitan Statistical Area	319,619									
Area actually reporting	100.0%	2,558	17	320	386	1,835	12,682	1,835	9,591	1,256
Cities outside metropolitan areas	123,163									
Area actually reporting	92.8%	598	5	90	32	471	4,764	622	3,765	377
Estimated total	100.0%	644	5	97	34	508	5,133	670	4,057	406
Nonmetropolitan counties	212,653									
Area actually reporting	100.0%	957	15	141	27	774	4,357	1,268	2,511	578
State Total	**655,435**	**4,159**	**37**	**558**	**447**	**3,117**	**22,172**	**3,773**	**16,159**	**2,240**
Rate per 100,000 inhabitants		634.5	5.6	85.1	68.2	475.6	3,382.8	575.6	2,465.4	341.8
Arizona										
Metropolitan Statistical Area	5,108,053									
Area actually reporting	98.4%	26,119	389	1,752	7,487	16,491	280,977	50,845	177,512	52,620
Estimated total	100.0%	26,444	392	1,778	7,556	16,718	285,158	51,775	180,078	53,305
Cities outside metropolitan areas	310,913									
Area actually reporting	97.0%	1,323	7	74	117	1,125	14,308	2,821	10,307	1,180
Estimated total	100.0%	1,364	7	76	121	1,160	14,749	2,908	10,625	1,216
Nonmetropolitan counties	324,868									
Area actually reporting	100.0%	1,144	15	42	44	1,043	6,840	2,202	3,853	785
State Total	**5,743,834**	**28,952**	**414**	**1,896**	**7,721**	**18,921**	**306,747**	**56,885**	**194,556**	**55,306**
Rate per 100,000 inhabitants		504.1	7.2	33.0	134.4	329.4	5,340.5	990.4	3,387.2	962.9
Arkansas										
Metropolitan Statistical Area	1,591,072									
Area actually reporting	93.2%	9,736	116	781	1,926	6,913	76,821	19,313	52,908	4,600
Estimated total	100.0%	10,060	122	815	1,948	7,175	79,370	20,243	54,313	4,814
Cities outside metropolitan areas	488,489									
Area actually reporting	92.1%	2,313	25	202	337	1,749	20,089	6,107	13,120	862
Estimated total	100.0%	2,510	27	219	366	1,898	21,803	6,628	14,239	936
Nonmetropolitan counties	673,068									
Area actually reporting	85.7%	1,000	23	113	50	814	7,961	2,766	4,560	635
Estimated total	100.0%	1,167	27	132	58	950	9,291	3,228	5,322	741
State Total	**2,752,629**	**13,737**	**176**	**1,166**	**2,372**	**10,023**	**110,464**	**30,099**	**73,874**	**6,491**
Rate per 100,000 inhabitants		499.1	6.4	42.4	86.2	364.1	4,013.0	1,093.5	2,683.8	235.8

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
California										
Metropolitan Statistical Area	35,060,140									
Area actually reporting	100.0%	194,890	2,363	9,345	61,488	121,694	1,203,771	238,885	714,752	250,134
Cities outside metropolitan areas	265,907									
Area actually reporting	100.0%	1,352	5	130	176	1,041	12,460	3,023	8,269	1,168
Nonmetropolitan counties	567,752									
Area actually reporting	100.0%	1,828	24	140	104	1,560	10,963	3,995	5,666	1,302
State Total	**35,893,799**	**198,070**	**2,392**	**9,615**	**61,768**	**124,295**	**1,227,194**	**245,903**	**728,687**	**252,604**
Rate per 100,000 inhabitants		551.8	6.7	26.8	172.1	346.3	3,419.0	685.1	2,030.1	703.8
Colorado										
Metropolitan Statistical Area	3,946,413									
Area actually reporting	96.8%	15,344	186	1,718	3,585	9,855	158,417	29,642	106,283	22,492
Estimated total	100.0%	15,706	189	1,769	3,667	10,081	163,916	30,450	110,221	23,245
Cities outside metropolitan areas	295,801									
Area actually reporting	90.9%	880	7	135	62	676	10,816	1,510	8,843	463
Estimated total	100.0%	969	8	149	68	744	11,903	1,662	9,731	510
Nonmetropolitan counties	359,189									
Area actually reporting	94.1%	480	6	36	14	424	4,255	843	3,122	290
Estimated total	100.0%	510	6	38	15	451	4,523	896	3,319	308
State Total	**4,601,403**	**17,185**	**203**	**1,956**	**3,750**	**11,276**	**180,342**	**33,008**	**123,271**	**24,063**
Rate per 100,000 inhabitants		373.5	4.4	42.5	81.5	245.1	3,919.3	717.3	2,679.0	522.9
Connecticut										
Metropolitan Statistical Area	2,825,064									
Area actually reporting	100.0%	9,404	74	618	4,088	4,624	84,082	13,880	59,895	10,307
Cities outside metropolitan areas	158,202									
Area actually reporting	100.0%	235	5	22	57	151	3,178	553	2,399	226
Nonmetropolitan counties	520,338									
Area actually reporting	100.0%	393	12	84	77	220	4,786	1,137	3,157	492
State Total	**3,503,604**	**10,032**	**91**	**724**	**4,222**	**4,995**	**92,046**	**15,570**	**65,451**	**11,025**
Rate per 100,000 inhabitants		286.3	2.6	20.7	120.5	142.6	2,627.2	444.4	1,868.1	314.7
Delaware										
Metropolitan Statistical Area	659,691									
Area actually reporting	100.0%	3,835	17	269	1,089	2,460	21,440	3,998	15,504	1,938
Cities outside metropolitan areas	39,291									
Area actually reporting	100.0%	308	0	20	71	217	1,951	425	1,458	68
Nonmetropolitan counties	131,382									
Area actually reporting	100.0%	577	0	56	58	463	2,881	960	1,780	141
State Total	**830,364**	**4,720**	**17**	**345**	**1,218**	**3,140**	**26,272**	**5,383**	**18,742**	**2,147**
Rate per 100,000 inhabitants		568.4	2.0	41.5	146.7	378.1	3,163.9	648.3	2,257.1	258.6
District of Columbia[1]										
Metropolitan Statistical Area	553,523									
Area actually reporting	100.0%	7,590	198	222	3,202	3,968	26,896	3,946	14,542	8,408
Cities outside metropolitan areas	None									
Nonmetropolitan counties	None									
Total	**553,523**	**7,590**	**198**	**222**	**3,202**	**3,968**	**26,896**	**3,946**	**14,542**	**8,408**
Rate per 100,000 inhabitants		1,371.2	35.8	40.1	578.5	716.9	4,859.1	712.9	2,627.2	1,519.0

(Continued)

Table 3 Crime in the United States, by State, 2004 (Continued)

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
Florida										
Metropolitan Statistical Area	16,310,415									
Area actually reporting	99.9%	117,774	909	6,185	29,371	81,309	695,916	157,420	462,412	76,084
Estimated total	100.0%	117,795	909	6,186	29,377	81,323	696,061	157,450	462,512	76,099
Cities outside metropolitan areas	189,891									
Area actually reporting	98.1%	1,954	9	94	339	1,512	11,002	2,556	7,689	757
Estimated total	100.0%	1,992	9	96	346	1,541	11,214	2,605	7,837	772
Nonmetropolitan counties	896,855									
Area actually reporting	100.0%	3,967	28	330	274	3,335	19,866	6,277	12,135	1,454
State Total	**17,397,161**	**123,754**	**946**	**6,612**	**29,997**	**86,199**	**727,141**	**166,332**	**482,484**	**78,325**
Rate per 100,000 inhabitants		711.3	5.4	38.0	172.4	495.5	4,179.7	956.1	2,773.3	450.2
Georgia										
Metropolitan Statistical Area	7,088,922									
Area actually reporting	89.7%	31,308	491	1,881	11,739	17,197	287,686	62,595	188,257	36,834
Estimated total	100.0%	33,739	532	2,055	12,621	18,531	314,329	68,812	205,051	40,466
Cities outside metropolitan areas	649,834									
Area actually reporting	84.8%	3,646	28	175	695	2,748	32,082	6,178	24,419	1,485
Estimated total	100.0%	4,298	33	206	819	3,240	37,818	7,282	28,785	1,751
Nonmetropolitan counties	1,090,627									
Area actually reporting	82.8%	1,806	40	104	179	1,483	20,305	5,715	12,916	1,674
Estimated total	100.0%	2,180	48	126	216	1,790	24,509	6,898	15,590	2,021
State Total	**8,829,383**	**40,217**	**613**	**2,387**	**13,656**	**23,561**	**376,656**	**82,992**	**249,426**	**44,238**
Rate per 100,000 inhabitants		455.5	6.9	27.0	154.7	266.8	4,265.9	940.0	2,825.0	501.0
Hawaii										
Metropolitan Statistical Area	906,589									
Area actually reporting	100.0%	2,507	26	222	818	1,441	44,121	7,240	29,512	7,369
Cities outside metropolitan areas	None									
Nonmetropolitan counties	356,251									
Area actually reporting	100.0%	706	7	111	126	462	16,404	3,587	11,566	1,251
State Total	**1,262,840**	**3,213**	**33**	**333**	**944**	**1,903**	**60,525**	**10,827**	**41,078**	**8,620**
Rate per 100,000 inhabitants		254.4	2.6	26.4	74.8	150.7	4,792.8	857.4	3,252.8	682.6
Idaho										
Metropolitan Statistical Area	885,243									
Area actually reporting	99.9%	2,457	21	440	192	1,804	27,678	5,007	20,686	1,985
Estimated total	100.0%	2,461	21	441	192	1,807	27,724	5,016	20,720	1,988
Cities outside metropolitan areas	217,736									
Area actually reporting	100.0%	453	1	65	34	353	7,028	1,351	5,263	414
Nonmetropolitan counties	290,283									
Area actually reporting	100.0%	498	8	64	14	412	4,181	1,259	2,600	322
State Total	**1,393,262**	**3,412**	**30**	**570**	**240**	**2,572**	**38,933**	**7,626**	**28,583**	**2,724**
Rate per 100,000 inhabitants		244.9	2.2	40.9	17.2	184.6	2,794.4	547.3	2,051.5	195.5
Illinois[2]										
State Total	**12,713,634**	**69,026**	**776**	**4,216**	**22,532**	**41,502**	**405,070**	**75,944**	**288,771**	**40,355**
Rate per 100,000 inhabitants		542.9	6.1	33.2	177.2	326.4	3,186.1	597.3	2,271.3	317.4
Indiana										
Metropolitan Statistical Area	4,830,370									
Area actually reporting	90.8%	17,244	286	1,461	5,751	9,746	167,467	33,274	116,061	18,132
Estimated total	100.0%	18,160	292	1,532	5,941	10,395	177,596	35,132	123,342	19,122

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
Cities outside metropolitan areas	507,557									
Area actually reporting	86.2%	881	4	126	200	551	19,451	3,367	15,121	963
Estimated total	100.0%	1,023	5	146	232	640	22,577	3,908	17,551	1,118
Nonmetropolitan counties	899,642									
Area actually reporting	52.7%	585	10	66	105	404	6,190	1,647	4,095	448
Estimated total	100.0%	1,111	19	125	200	767	11,756	3,128	7,777	851
State Total	**6,237,569**	**20,294**	**316**	**1,803**	**6,373**	**11,802**	**211,929**	**42,168**	**148,670**	**21,091**
Rate per 100,000 inhabitants		325.4	5.1	28.9	102.2	189.2	3,397.6	676.0	2,383.5	338.1
Iowa										
Metropolitan Statistical Area	1,604,890									
Area actually reporting	99.1%	5,663	36	578	976	4,073	60,331	12,052	44,243	4,036
Estimated total	100.0%	5,690	36	582	978	4,094	60,744	12,127	44,564	4,053
Cities outside metropolitan areas	596,743									
Area actually reporting	93.0%	1,679	7	143	133	1,396	18,223	3,846	13,546	831
Estimated total	100.0%	1,807	8	154	143	1,502	19,603	4,137	14,572	894
Nonmetropolitan counties	752,818									
Area actually reporting	98.3%	497	2	53	3	439	5,394	1,877	3,068	449
Estimated total	100.0%	506	2	54	3	447	5,489	1,910	3,122	457
State Total	**2,954,451**	**8,003**	**46**	**790**	**1,124**	**6,043**	**85,836**	**18,174**	**62,258**	**5,404**
Rate per 100,000 inhabitants		270.9	1.6	26.7	38.0	204.5	2,905.3	615.1	2,107.3	182.9
Kansas										
Metropolitan Statistical Area	1,707,267									
Area actually reporting	97.2%	7,158	90	705	1,544	4,819	74,337	12,590	54,911	6,836
Estimated total	100.0%	7,284	91	721	1,560	4,912	75,861	12,846	56,069	6,946
Cities outside metropolitan areas	608,341									
Area actually reporting	93.0%	1,967	16	261	199	1,491	23,687	4,594	18,125	968
Estimated total	100.0%	2,116	17	281	214	1,604	25,482	4,942	19,499	1,041
Nonmetropolitan counties	419,894									
Area actually reporting	97.7%	826	15	100	38	673	7,184	2,161	4,585	438
Estimated total	100.0%	845	15	102	39	689	7,351	2,211	4,692	448
State Total	**2,735,502**	**10,245**	**123**	**1,104**	**1,813**	**7,205**	**108,694**	**19,999**	**80,260**	**8,435**
Rate per 100,000 inhabitants		374.5	4.5	40.4	66.3	263.4	3,973.5	731.1	2,934.0	308.4
Kentucky										
Metropolitan Statistical Area	2,343,741									
Area actually reporting	90.0%	6,609	107	591	2,594	3,317	63,593	14,649	43,405	5,539
Estimated total	100.0%	7,059	109	638	2,734	3,578	69,678	15,802	47,920	5,956
Cities outside metropolitan areas	512,284									
Area actually reporting	85.4%	1,110	17	135	233	725	15,268	2,878	11,425	965
Estimated total	100.0%	1,300	20	158	273	849	17,884	3,371	13,383	1,130
Nonmetropolitan counties	1,289,897									
Area actually reporting	87.4%	1,566	93	386	228	859	15,420	5,880	8,067	1,473
Estimated total	100.0%	1,793	107	442	261	983	17,647	6,729	9,232	1,686
State Total	**4,145,922**	**10,152**	**236**	**1,238**	**3,268**	**5,410**	**105,209**	**25,902**	**70,535**	**8,772**
Rate per 100,000 inhabitants		244.9	5.7	29.9	78.8	130.5	2,537.7	624.8	1,701.3	211.6
Louisiana										
Metropolitan Statistical Area	3,385,369									
Area actually reporting	97.2%	22,668	513	1,319	5,874	14,962	158,947	34,597	106,633	17,717
Estimated total	100.0%	23,177	517	1,355	5,966	15,339	163,767	35,422	110,317	18,028

(Continued)

Table 3 Crime in the United States, by State, 2004 (Continued)

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
Cities outside metropolitan areas	421,150									
Area actually reporting	58.6%	1,708	16	63	248	1,381	12,592	3,378	8,691	523
Estimated total	100.0%	2,917	27	108	424	2,358	21,504	5,769	14,842	893
Nonmetropolitan counties	709,251									
Area actually reporting	93.1%	2,559	28	142	162	2,227	12,919	3,879	8,302	738
Estimated total	100.0%	2,750	30	153	174	2,393	13,882	4,168	8,921	793
State Total	**4,515,770**	**28,844**	**574**	**1,616**	**6,564**	**20,090**	**199,153**	**45,359**	**134,080**	**19,714**
Rate per 100,000 inhabitants		638.7	12.7	35.8	145.4	444.9	4,410.2	1,004.5	2,969.2	436.6
Maine										
Metropolitan Statistical Area	765,193									
Area actually reporting	100.0%	857	8	193	228	428	19,404	3,636	14,954	814
Cities outside metropolitan areas	277,837									
Area actually reporting	100.0%	353	6	93	46	208	8,413	1,417	6,712	284
Nonmetropolitan counties	274,223									
Area actually reporting	100.0%	154	4	29	15	106	3,923	1,288	2,430	205
State Total	**1,317,253**	**1,364**	**18**	**315**	**289**	**742**	**31,740**	**6,341**	**24,096**	**1,303**
Rate per 100,000 inhabitants		103.5	1.4	23.9	21.9	56.3	2,409.6	481.4	1,829.3	98.9
Maryland										
Metropolitan Statistical Area	5,267,256									
Area actually reporting	100.0%	37,688	513	1,249	12,622	23,304	194,594	34,995	124,190	35,409
Cities outside metropolitan areas	74,177									
Area actually reporting	100.0%	587	2	32	86	467	4,061	670	3,216	175
Nonmetropolitan counties	216,625									
Area actually reporting	100.0%	657	6	35	53	563	3,671	1,017	2,380	274
State Total	**5,558,058**	**38,932**	**521**	**1,316**	**12,761**	**24,334**	**202,326**	**36,682**	**129,786**	**35,858**
Rate per 100,000 inhabitants		700.5	9.4	23.7	229.6	437.8	3,640.2	660.0	2,335.1	645.2
Massachusetts										
Metropolitan Statistical Area	6,382,875									
Area actually reporting	97.3%	28,822	167	1,756	7,359	19,540	153,751	33,540	98,580	21,631
Estimated total	100.0%	29,340	168	1,793	7,462	19,917	157,234	34,330	100,890	22,014
Cities outside metropolitan areas	32,633									
Area actually reporting	87.2%	84	1	5	4	74	515	121	360	34
Estimated total	100.0%	97	1	6	5	85	591	139	413	39
Nonmetropolitan counties	997									
Area actually reporting	100.0%	0	0	0	0	0	0	0	0	0
State Total	**6,416,505**	**29,437**	**169**	**1,799**	**7,467**	**20,002**	**157,825**	**34,469**	**101,303**	**22,053**
Rate per 100,000 inhabitants		458.8	2.6	28.0	116.4	311.7	2,459.7	537.2	1,578.8	343.7
Michigan										
Metropolitan Statistical Area	8,236,697									
Area actually reporting	99.4%	45,270	611	4,196	11,071	29,392	268,856	54,661	165,781	48,414
Estimated total	100.0%	45,420	611	4,215	11,105	29,489	270,416	54,923	166,900	48,593
Cities outside metropolitan areas	648,059									
Area actually reporting	90.3%	1,437	6	368	120	943	16,818	2,412	13,725	681
Estimated total	100.0%	1,557	7	399	129	1,022	18,320	2,628	14,946	746
Nonmetropolitan counties	1,227,864									
Area actually reporting	97.6%	2,536	24	851	84	1,577	19,971	6,676	12,109	1,186
Estimated total	100.0%	2,600	25	872	86	1,617	20,472	6,843	12,413	1,216
State Total	**10,112,620**	**49,577**	**643**	**5,486**	**11,320**	**32,128**	**309,208**	**64,394**	**194,259**	**50,555**
Rate per 100,000 inhabitants		490.2	6.4	54.2	111.9	317.7	3,057.6	636.8	1,921.0	499.9

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
Minnesota										
Metropolitan Statistical Area	3,685,902									
Area actually reporting	99.4%	11,722	95	1,522	3,936	6,169	121,381	21,073	88,912	11,396
Estimated total	100.0%	11,754	95	1,528	3,943	6,188	122,046	21,162	89,444	11,440
Cities outside metropolitan areas	558,293									
Area actually reporting	98.2%	1,067	10	296	88	673	19,045	2,724	15,377	944
Estimated total	100.0%	1,088	10	302	90	686	19,401	2,775	15,664	962
Nonmetropolitan counties	856,763									
Area actually reporting	100.0%	909	8	293	37	571	13,572	4,111	8,345	1,116
State Total	**5,100,958**	**13,751**	**113**	**2,123**	**4,070**	**7,445**	**155,019**	**28,048**	**113,453**	**13,518**
Rate per 100,000 inhabitants		269.6	2.2	41.6	79.8	146.0	3,039.0	549.9	2,224.2	265.0
Mississippi										
Metropolitan Statistical Area	1,246,833									
Area actually reporting	86.3%	3,754	103	534	1,456	1,661	47,333	12,430	30,155	4,748
Estimated total	100.0%	4,150	111	594	1,541	1,904	52,313	13,659	33,446	5,208
Cities outside metropolitan areas	602,942									
Area actually reporting	80.5%	1,999	44	238	592	1,125	26,393	6,240	18,918	1,235
Estimated total	100.0%	2,485	55	296	736	1,398	32,794	7,753	23,506	1,535
Nonmetropolitan counties	1,053,191									
Area actually reporting	47.3%	915	29	128	107	651	7,516	2,959	4,019	538
Estimated total	100.0%	1,933	61	271	226	1,375	15,873	6,249	8,488	1,136
State Total	**2,902,966**	**8,568**	**227**	**1,161**	**2,503**	**4,677**	**100,980**	**27,661**	**65,440**	**7,879**
Rate per 100,000 inhabitants		295.1	7.8	40.0	86.2	161.1	3,478.5	952.9	2,254.2	271.4
Missouri										
Metropolitan Statistical Area	4,196,227									
Area actually reporting	99.9%	23,444	288	1,161	6,258	15,737	184,532	31,220	129,476	23,836
Estimated total	100.0%	23,454	288	1,162	6,260	15,744	184,641	31,236	129,559	23,846
Cities outside metropolitan areas	675,927									
Area actually reporting	99.8%	2,537	28	194	302	2,013	26,818	4,652	21,097	1,069
Estimated total	100.0%	2,541	28	194	303	2,016	26,864	4,660	21,133	1,071
Nonmetropolitan counties	882,464									
Area actually reporting	100.0%	2,231	38	123	67	2,003	13,124	4,576	7,572	976
State Total	**5,754,618**	**28,226**	**354**	**1,479**	**6,630**	**19,763**	**224,629**	**40,472**	**158,264**	**25,893**
Rate per 100,000 inhabitants		490.5	6.2	25.7	115.2	343.4	3,903.5	703.3	2,750.2	450.0
Montana										
Metropolitan Statistical Area	324,372									
Area actually reporting	87.8%	843	12	75	167	589	12,566	1,561	10,275	730
Estimated total	100.0%	915	13	86	168	648	13,337	1,641	10,915	781
Cities outside metropolitan areas	186,212									
Area actually reporting	89.0%	680	5	76	35	564	6,579	712	5,540	327
Estimated total	100.0%	764	6	85	39	634	7,390	800	6,223	367
Nonmetropolitan counties	416,281									
Area actually reporting	83.6%	872	9	85	22	756	5,423	898	4,132	393
Estimated total	100.0%	1,044	11	102	26	905	6,488	1,074	4,944	470
State Total	**926,865**	**2,723**	**30**	**273**	**233**	**2,187**	**27,215**	**3,515**	**22,082**	**1,618**
Rate per 100,000 inhabitants		293.8	3.2	29.5	25.1	236.0	2,936.2	379.2	2,382.4	174.6
Nebraska										
Metropolitan Statistical Area	982,856									
Area actually reporting	98.1%	4,252	31	388	1,054	2,779	42,342	6,689	31,321	4,332
Estimated total	100.0%	4,279	31	391	1,056	2,801	42,637	6,756	31,524	4,357

(Continued)

Table 3 Crime in the United States, by State, 2004 (Continued)

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
Cities outside metropolitan areas	397,987									
Area actually reporting	95.4%	758	6	159	69	524	14,094	1,979	11,507	608
Estimated total	100.0%	794	6	167	72	549	14,766	2,073	12,056	637
Nonmetropolitan counties	366,371									
Area actually reporting	92.2%	295	3	57	9	226	3,787	919	2,598	270
Estimated total	100.0%	320	3	62	10	245	4,109	997	2,819	293
State Total	**1,747,214**	**5,393**	**40**	**620**	**1,138**	**3,595**	**61,512**	**9,826**	**46,399**	**5,287**
Rate per 100,000 inhabitants		308.7	2.3	35.5	65.1	205.8	3,520.6	562.4	2,655.6	302.6
Nevada										
Metropolitan Statistical Area	2,090,019									
Area actually reporting	100.0%	13,733	168	895	4,856	7,814	92,217	21,374	48,708	22,135
Cities outside metropolitan areas	44,103									
Area actually reporting	100.0%	124	2	18	19	85	1,625	374	1,139	112
Nonmetropolitan counties	200,649									
Area actually reporting	100.0%	522	2	41	30	449	4,373	1,394	2,591	388
State Total	**2,334,771**	**14,379**	**172**	**954**	**4,905**	**8,348**	**98,215**	**23,142**	**52,438**	**22,635**
Rate per 100,000 inhabitants		615.9	7.4	40.9	210.1	357.6	4,206.6	991.2	2,246.0	969.5
New Hampshire										
Metropolitan Statistical Area	809,866									
Area actually reporting	86.9%	1,391	13	253	402	723	15,642	2,710	11,630	1,302
Estimated total	100.0%	1,516	13	287	420	796	17,440	2,980	13,033	1,427
Cities outside metropolitan areas	433,242									
Area actually reporting	85.7%	517	4	132	68	313	7,554	1,584	5,539	431
Estimated total	100.0%	603	5	154	79	365	8,814	1,848	6,463	503
Nonmetropolitan counties	56,392									
Area actually reporting	100.0%	51	0	18	1	32	257	138	107	12
State Total	**1,299,500**	**2,170**	**18**	**459**	**500**	**1,193**	**26,511**	**4,966**	**19,603**	**1,942**
Rate per 100,000 inhabitants		167.0	1.4	35.3	38.5	91.8	2,040.1	382.1	1,508.5	149.4
New Jersey										
Metropolitan Statistical Area	8,698,879									
Area actually reporting	100.0%	30,943	392	1,331	13,076	16,144	211,313	41,030	139,977	30,306
Cities outside metropolitan areas	None									
Nonmetropolitan counties	None									
State Total	**8,698,879**	**30,943**	**392**	**1,331**	**13,076**	**16,144**	**211,313**	**41,030**	**139,977**	**30,306**
Rate per 100,000 inhabitants		355.7	4.5	15.3	150.3	185.6	2,429.2	471.7	1,609.1	348.4
New Mexico										
Metropolitan Statistical Area	1,224,172									
Area actually reporting	91.6%	8,536	78	654	1,652	6,152	50,463	11,229	33,321	5,913
Estimated total	100.0%	9,105	85	707	1,695	6,618	52,618	11,856	34,526	6,236
Cities outside metropolitan areas	400,232									
Area actually reporting	84.8%	2,638	30	181	251	2,176	17,988	4,574	12,522	892
Estimated total	100.0%	3,112	35	214	296	2,567	21,221	5,396	14,773	1,052
Nonmetropolitan counties	278,885									
Area actually reporting	85.0%	734	42	100	60	532	5,149	2,272	2,355	522
Estimated total	100.0%	864	49	118	71	626	6,056	2,672	2,770	614
State Total	**1,903,289**	**13,081**	**169**	**1,039**	**2,062**	**9,811**	**79,895**	**19,924**	**52,069**	**7,902**
Rate per 100,000 inhabitants		687.3	8.9	54.6	108.3	515.5	4,197.7	1,046.8	2,735.7	415.2

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
New York										
Metropolitan Statistical Area	17,658,262									
Area actually reporting	99.1%	81,384	862	3,154	33,107	44,261	387,368	63,151	284,303	39,914
Estimated total	100.0%	81,668	864	3,174	33,206	44,424	390,499	63,585	286,817	40,097
Cities outside metropolitan areas	583,057									
Area actually reporting	93.3%	1,383	10	174	210	989	16,165	2,843	12,941	381
Estimated total	100.0%	1,484	11	187	225	1,061	17,335	3,049	13,877	409
Nonmetropolitan counties	985,769									
Area actually reporting	95.5%	1,683	13	236	72	1,362	14,233	3,880	9,879	474
Estimated total	100.0%	1,762	14	247	75	1,426	14,900	4,062	10,342	496
State Total	**19,227,088**	**84,914**	**889**	**3,608**	**33,506**	**46,911**	**422,734**	**70,696**	**311,036**	**41,002**
Rate per 100,000 inhabitants		441.6	4.6	18.8	174.3	244.0	2,198.6	367.7	1,617.7	213.3
North Carolina										
Metropolitan Statistical Area	5,870,341									
Area actually reporting	96.0%	27,943	342	1,675	9,516	16,410	251,723	67,479	163,537	20,707
Estimated total	100.0%	28,511	351	1,722	9,639	16,799	258,694	69,635	167,914	21,145
Cities outside metropolitan areas	828,592									
Area actually reporting	96.4%	5,029	74	292	1,434	3,229	51,035	13,041	35,626	2,368
Estimated total	100.0%	5,209	77	302	1,485	3,345	52,872	13,505	36,918	2,449
Nonmetropolitan counties	1,842,288									
Area actually reporting	91.3%	4,128	95	287	600	3,146	39,935	16,474	20,364	3,097
Estimated total	100.0%	4,524	104	315	658	3,447	43,762	18,053	22,315	3,394
State Total	**8,541,221**	**38,244**	**532**	**2,339**	**11,782**	**23,591**	**355,328**	**101,193**	**227,147**	**26,988**
Rate per 100,000 inhabitants		447.8	6.2	27.4	137.9	276.2	4,160.2	1,184.8	2,659.4	316.0
North Dakota										
Metropolitan Statistical Area	288,940									
Area actually reporting	99.2%	239	2	80	14	143	7,030	1,067	5,483	480
Estimated total	100.0%	241	2	81	14	144	7,096	1,076	5,536	484
Cities outside metropolitan areas	140,525									
Area actually reporting	87.6%	178	2	52	21	103	3,163	424	2,495	244
Estimated total	100.0%	203	2	59	24	118	3,611	484	2,848	279
Nonmetropolitan counties	204,901									
Area actually reporting	85.9%	51	4	16	1	30	1,247	301	823	123
Estimated total	100.0%	60	5	19	1	35	1,451	350	958	143
State Total	**634,366**	**504**	**9**	**159**	**39**	**297**	**12,158**	**1,910**	**9,342**	**906**
Rate per 100,000 inhabitants		79.4	1.4	25.1	6.1	46.8	1,916.6	301.1	1,472.7	142.8
Ohio										
Metropolitan Statistical Area	9,225,136									
Area actually reporting	90.6%	34,567	459	3,802	16,336	13,970	337,826	78,947	222,628	36,251
Estimated total	100.0%	35,945	476	4,035	16,821	14,613	361,132	83,399	239,979	37,754
Cities outside metropolitan areas	845,280									
Area actually reporting	69.4%	1,474	14	274	372	814	26,317	4,664	20,595	1,058
Estimated total	100.0%	2,124	20	395	536	1,173	37,923	6,721	29,677	1,525
Nonmetropolitan counties	1,388,595									
Area actually reporting	81.3%	890	17	176	151	546	17,774	5,558	10,936	1,280
Estimated total	100.0%	1,094	21	216	186	671	21,855	6,834	13,447	1,574
State Total	**11,459,011**	**39,163**	**517**	**4,646**	**17,543**	**16,457**	**420,910**	**96,954**	**283,103**	**40,853**
Rate per 100,000 inhabitants		341.8	4.5	40.5	153.1	143.6	3,673.2	846.1	2,470.6	356.5

(Continued)

Table 3 Crime in the United States, by State, 2004 (Continued)

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
Oklahoma										
Metropolitan Statistical Area	2,222,847									
Area actually reporting	100.0%	13,046	130	1,059	2,755	9,102	111,507	24,675	76,328	10,504
Cities outside metropolitan areas	696,126									
Area actually reporting	100.0%	3,141	27	347	303	2,464	29,661	7,383	20,690	1,588
Nonmetropolitan counties	604,580									
Area actually reporting	100.0%	1,448	29	151	32	1,236	8,304	3,186	4,253	865
State Total	**3,523,553**	**17,635**	**186**	**1,557**	**3,090**	**12,802**	**149,472**	**35,244**	**101,271**	**12,957**
Rate per 100,000 inhabitants		500.5	5.3	44.2	87.7	363.3	4,242.1	1,000.2	2,874.1	367.7
Oregon										
Metropolitan Statistical Area	2,769,773									
Area actually reporting	99.1%	9,028	65	1,063	2,446	5,454	135,311	23,516	95,731	16,064
Estimated total	100.0%	9,073	65	1,070	2,455	5,483	136,099	23,680	96,264	16,155
Cities outside metropolitan areas	374,328									
Area actually reporting	98.1%	923	10	117	226	570	20,282	3,559	15,345	1,378
Estimated total	100.0%	940	10	119	230	581	20,668	3,627	15,637	1,404
Nonmetropolitan counties	450,485									
Area actually reporting	100.0%	711	15	94	66	536	9,708	2,765	5,967	976
State Total	**3,594,586**	**10,724**	**90**	**1,283**	**2,751**	**6,600**	**166,475**	**30,072**	**117,868**	**18,535**
Rate per 100,000 inhabitants		298.3	2.5	35.7	76.5	183.6	4,631.3	836.6	3,279.0	515.6
Pennsylvania										
Metropolitan Statistical Area	10,422,458									
Area actually reporting	92.8%	45,086	585	2,827	17,413	24,261	248,838	43,932	177,087	27,819
Estimated total	100.0%	46,817	596	2,940	17,873	25,408	264,776	46,203	189,679	28,894
Cities outside metropolitan areas	864,265									
Area actually reporting	72.8%	1,995	17	194	322	1,462	14,326	2,414	11,213	699
Estimated total	100.0%	2,742	23	267	443	2,009	19,689	3,318	15,410	961
Nonmetropolitan counties	1,119,569									
Area actually reporting	100.0%	1,439	31	328	158	922	15,146	4,922	9,110	1,114
State Total	**12,406,292**	**50,998**	**650**	**3,535**	**18,474**	**28,339**	**299,611**	**54,443**	**214,199**	**30,969**
Rate per 100,000 inhabitants		411.1	5.2	28.5	148.9	228.4	2,415.0	438.8	1,726.5	249.6
Puerto Rico										
Metropolitan Statistical Area	3,699,371									
Area actually reporting	100.0%	9,771	761	191	5,919	2,900	58,450	17,475	30,998	9,977
Cities outside metropolitan areas	195,484									
Area actually reporting	100.0%	274	32	8	111	123	1,623	789	683	151
Total	**3,894,855**	**10,045**	**793**	**199**	**6,030**	**3,023**	**60,073**	**18,264**	**31,681**	**10,128**
Rate per 100,000 inhabitants		257.9	20.4	5.1	154.8	77.6	1,542.4	468.9	813.4	260.0
Rhode Island										
Metropolitan Statistical Area	1,080,632									
Area actually reporting	100.0%	2,660	26	317	731	1,586	31,132	5,464	21,592	4,076
Cities outside metropolitan areas	None									
Nonmetropolitan counties	None									
Area actually reporting	100.0%	13	0	3	0	10	34	1	31	2
State Total	**1,080,632**	**2,673**	**26**	**320**	**731**	**1,596**	**31,166**	**5,465**	**21,623**	**4,078**
Rate per 100,000 inhabitants		247.4	2.4	29.6	67.6	147.7	2,884.1	505.7	2,001.0	377.4

Area	Population	Violent crime	Murder and nonnegligent manslaughter	Forcible rape	Robbery	Aggravated assault	Property crime	Burglary	Larceny-theft	Motor vehicle theft
South Carolina										
Metropolitan Statistical Area	3,155,092									
Area actually reporting	99.9%	24,884	206	1,308	4,480	18,890	146,185	32,209	101,262	12,714
Estimated total	100.0%	24,890	206	1,308	4,481	18,895	146,238	32,218	101,303	12,717
Cities outside metropolitan areas	266,181									
Area actually reporting	99.6%	3,152	18	119	467	2,548	17,223	3,495	12,926	802
Estimated total	100.0%	3,163	18	119	469	2,557	17,283	3,507	12,971	805
Nonmetropolitan counties	776,795									
Area actually reporting	100.0%	4,869	64	291	496	4,018	25,592	7,700	15,777	2,115
State Total	**4,198,068**	**32,922**	**288**	**1,718**	**5,446**	**25,470**	**189,113**	**43,425**	**130,051**	**15,637**
Rate per 100,000 inhabitants		784.2	6.9	40.9	129.7	606.7	4,504.8	1,034.4	3,097.9	372.5
South Dakota										
Metropolitan Statistical Area	330,819									
Area actually reporting	97.4%	826	6	237	96	487	8,823	2,002	6,266	555
Estimated total	100.0%	833	6	239	97	491	8,960	2,035	6,360	565
Cities outside metropolitan areas	209,245									
Area actually reporting	87.0%	290	1	61	10	218	4,205	699	3,329	177
Estimated total	100.0%	333	1	70	11	251	4,835	804	3,827	204
Nonmetropolitan counties	230,819									
Area actually reporting	79.7%	125	9	23	5	88	884	247	576	61
Estimated total	100.0%	156	11	29	6	110	1,110	310	723	77
State Total	**770,883**	**1,322**	**18**	**338**	**114**	**852**	**14,905**	**3,149**	**10,910**	**846**
Rate per 100,000 inhabitants		171.5	2.3	43.8	14.8	110.5	1,933.5	408.5	1,415.3	109.7
Tennessee										
Metropolitan Statistical Area	4,284,699									
Area actually reporting	100.0%	34,037	274	1,834	8,325	23,604	203,710	46,466	136,468	20,776
Cities outside metropolitan areas	583,312									
Area actually reporting	100.0%	3,807	29	220	411	3,147	29,841	6,458	21,524	1,859
Nonmetropolitan counties	1,032,951									
Area actually reporting	100.0%	3,180	48	166	104	2,862	20,572	7,281	11,177	2,114
State Total	**5,900,962**	**41,024**	**351**	**2,220**	**8,840**	**29,613**	**254,123**	**60,205**	**169,169**	**24,749**
Rate per 100,000 inhabitants		695.2	5.9	37.6	149.8	501.8	4,306.5	1,020.3	2,866.8	419.4
Texas										
Metropolitan Statistical Area	19,493,783									
Area actually reporting	99.9%	112,550	1,253	7,584	34,929	68,784	927,281	196,514	641,156	89,611
Estimated total	100.0%	112,576	1,253	7,586	34,935	68,802	927,651	196,585	641,428	89,638
Cities outside metropolitan areas	1,385,078									
Area actually reporting	98.9%	5,240	54	511	691	3,984	56,427	12,988	41,011	2,428
Estimated total	100.0%	5,282	55	516	695	4,016	56,968	13,113	41,408	2,447
Nonmetropolitan counties	1,611,161									
Area actually reporting	100.0%	3,696	56	286	187	3,167	26,083	10,420	13,671	1,992
State Total	**22,490,022**	**121,554**	**1,364**	**8,388**	**35,817**	**75,985**	**1,010,702**	**220,118**	**696,507**	**94,077**
Rate per 100,000 inhabitants		540.5	6.1	37.3	159.3	337.9	4,494.0	978.7	3,097.0	418.3
Utah										
Metropolitan Statistical Area	2,114,069									
Area actually reporting	99.3%	5,195	40	844	1,208	3,103	90,077	13,468	69,345	7,264
Estimated total	100.0%	5,227	40	851	1,215	3,121	90,688	13,560	69,819	7,309

(Continued)

Table 3 Crime in the United States, by State, 2004 (Continued)

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
Cities outside metropolitan areas	129,094									
Area actually reporting	91.1%	205	2	37	14	152	4,095	921	2,994	180
Estimated total	100.0%	225	2	41	15	167	4,495	1,011	3,286	198
Nonmetropolitan counties	145,876									
Area actually reporting	94.4%	177	4	39	6	128	2,289	614	1,539	136
Estimated total	100.0%	187	4	41	6	136	2,424	650	1,630	144
State Total	**2,389,039**	**5,639**	**46**	**933**	**1,236**	**3,424**	**97,607**	**15,221**	**74,735**	**7,651**
Rate per 100,000 inhabitants		236.0	1.9	39.1	51.7	143.3	4,085.6	637.1	3,128.2	320.3
Vermont										
Metropolitan Statistical Area	204,255									
Area actually reporting	100.0%	322	7	64	44	207	6,198	1,431	4,550	217
Cities outside metropolitan areas	197,527									
Area actually reporting	93.9%	217	5	48	21	143	4,773	765	3,849	159
Estimated total	100.0%	230	5	51	22	152	5,083	815	4,099	169
Nonmetropolitan counties	219,612									
Area actually reporting	97.0%	140	4	36	10	90	2,970	1,106	1,681	183
Estimated total	100.0%	144	4	37	10	93	3,062	1,140	1,733	189
State Total	**621,394**	**696**	**16**	**152**	**76**	**452**	**14,343**	**3,386**	**10,382**	**575**
Rate per 100,000 inhabitants		112.0	2.6	24.5	12.2	72.7	2,308.2	544.9	1,670.8	92.5
Virginia										
Metropolitan Statistical Area	6,365,274									
Area actually reporting	99.4%	18,460	334	1,500	6,564	10,062	177,465	24,578	136,890	15,997
Estimated total	100.0%	18,599	335	1,512	6,601	10,151	178,829	24,768	137,956	16,105
Cities outside metropolitan areas	266,998									
Area actually reporting	97.2%	735	13	78	144	500	8,777	1,274	7,115	388
Estimated total	100.0%	755	13	80	148	514	9,026	1,310	7,317	399
Nonmetropolitan counties	827,555									
Area actually reporting	99.7%	1,201	43	173	157	828	11,777	2,707	8,166	904
Estimated total	100.0%	1,205	43	174	157	831	11,813	2,715	8,191	907
State Total	**7,459,827**	**20,559**	**391**	**1,766**	**6,906**	**11,496**	**199,668**	**28,793**	**153,464**	**17,411**
Rate per 100,000 inhabitants		275.6	5.2	23.7	92.6	154.1	2,676.6	386.0	2,057.2	233.4
Washington										
Metropolitan Statistical Area	5,428,459									
Area actually reporting	99.9%	19,567	174	2,441	5,647	11,305	269,545	52,954	175,529	41,062
Estimated total	100.0%	19,573	174	2,442	5,649	11,308	269,652	52,972	175,603	41,077
Cities outside metropolitan areas	325,792									
Area actually reporting	96.1%	947	7	223	155	562	18,315	3,221	13,987	1,107
Estimated total	100.0%	985	7	232	161	585	19,054	3,351	14,551	1,152
Nonmetropolitan counties	449,537									
Area actually reporting	88.2%	680	8	161	49	462	10,697	3,800	6,012	885
Estimated total	100.0%	772	9	183	56	524	12,131	4,309	6,818	1,004
State Total	**6,203,788**	**21,330**	**190**	**2,857**	**5,866**	**12,417**	**300,837**	**60,632**	**196,972**	**43,233**
Rate per 100,000 inhabitants		343.8	3.1	46.1	94.6	200.2	4,849.2	977.3	3,175.0	696.9
West Virginia										
Metropolitan Statistical Area	994,615									
Area actually reporting	96.3%	3,111	41	207	581	2,282	28,276	6,687	19,213	2,376
Estimated total	100.0%	3,191	42	212	591	2,346	29,147	6,887	19,818	2,442

Area	*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*	*Property crime*	*Burglary*	*Larceny-theft*	*Motor vehicle theft*
Cities outside metropolitan areas	225,794									
Area actually reporting	83.3%	588	6	35	95	452	6,292	1,183	4,756	353
Estimated total	100.0%	705	7	42	114	542	7,551	1,420	5,707	424
Nonmetropolitan counties	594,945									
Area actually reporting	87.3%	899	17	58	55	769	7,686	2,293	4,630	763
Estimated total	100.0%	1,028	19	66	63	880	8,799	2,625	5,301	873
State Total	**1,815,354**	**4,924**	**68**	**320**	**768**	**3,768**	**45,497**	**10,932**	**30,826**	**3,739**
Rate per 100,000 inhabitants		271.2	3.7	17.6	42.3	207.6	2,506.2	602.2	1,698.1	206.0
Wisconsin										
Metropolitan Statistical Area	3,982,498									
Area actually reporting	98.2%	9,845	128	847	3,965	4,905	115,700	17,808	87,984	9,908
Estimated total	100.0%	9,888	128	853	3,968	4,939	116,562	18,002	88,605	9,955
Cities outside metropolitan areas	613,654									
Area actually reporting	99.6%	934	3	170	59	702	19,087	2,400	16,061	626
Estimated total	100.0%	937	3	171	59	704	19,153	2,408	16,117	628
Nonmetropolitan counties	912,874									
Area actually reporting	100.0%	723	23	112	40	548	10,995	3,444	6,760	791
State Total	**5,509,026**	**11,548**	**154**	**1,136**	**4,067**	**6,191**	**146,710**	**23,854**	**111,482**	**11,374**
Rate per 100,000 inhabitants		209.6	2.8	20.6	73.8	112.4	2,663.1	433.0	2,023.6	206.5
Wyoming										
Metropolitan Statistical Area	153,902									
Area actually reporting	100.0%	293	1	39	33	220	6,427	1,071	5,056	300
Cities outside metropolitan areas	210,121									
Area actually reporting	97.4%	594	8	46	32	508	7,927	1,212	6,370	345
Estimated total	100.0%	610	8	47	33	522	8,140	1,245	6,541	354
Nonmetropolitan counties	142,506									
Area actually reporting	95.8%	249	2	25	1	221	2,224	404	1,681	139
Estimated total	100.0%	260	2	26	1	231	2,322	422	1,755	145
State Total	**506,529**	**1,163**	**11**	**112**	**67**	**973**	**16,889**	**2,738**	**13,352**	**799**
Rate per 100,000 inhabitants		229.6	2.2	22.1	13.2	192.1	3,334.3	540.5	2,636.0	157.7

[1] Includes offenses reported by the Zoological Police and the Metro Transit Police.
[2] Limited data for 2004 were available for Illinois. See Offense Estimation, Appendix I, for details.

Source: United States Department of Justice, Federal Bureau of Investigation (2005) *Crime in the United States, 2004*. Retrieved from http://www.fbi.gov/ucr/cius_2004/

Note: Although arson data are included in the trend and clearance tables, sufficient data are not available to estimate totals for this offense. Therefore, no arson data are published in this table.

Table 4 Crime in the United States, by State, 2005

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Alabama	Metropolitan Statistical Area		3,225,901					
		Area actually reporting	86.9%	14,466	292	1,145	5,467	7,562
		Estimated total	100.0%	15,745	311	1,254	5,832	8,348
	Cities outside metropolitan areas		578,770					
		Area actually reporting	77.8%	2,208	30	152	383	1,643
		Estimated total	100.0%	2,825	39	193	487	2,106
	Nonmetropolitan counties		753,137					
		Area actually reporting	84.6%	937	20	99	108	710
		Estimated total	100.0%	1,108	24	117	128	839
	State Total		**4,557,808**	**19,678**	**374**	**1,564**	**6,447**	**11,293**
		Rate per 100,000 inhabitants		431.7	8.2	34.3	141.4	247.8
Alaska	Metropolitan Statistical Area		324,121					
		Area actually reporting	100.0%	2,510	18	276	462	1,754
	Cities outside metropolitan areas		123,801					
		Area actually reporting	89.5%	571	4	93	30	444
		Estimated total	100.0%	638	4	104	34	496
	Nonmetropolitan counties		215,739					
		Area actually reporting	100.0%	1,046	10	158	41	837
	State Total		**663,661**	**4,194**	**32**	**538**	**537**	**3,087**
		Rate per 100,000 inhabitants		631.9	4.8	81.1	80.9	465.1
Arizona	Metropolitan Statistical Area		5,285,836					
		Area actually reporting	92.6%	27,028	401	1,827	8,250	16,550
		Estimated total	100.0%	27,940	419	1,876	8,393	17,252
	Cities outside metropolitan areas		321,912					
		Area actually reporting	98.7%	1,314	10	89	139	1,076
		Estimated total	100.0%	1,331	10	90	141	1,090
	Nonmetropolitan counties		331,544					
		Area actually reporting	88.4%	1,066	14	35	40	977
		Estimated total	100.0%	1,207	16	40	45	1,106
	State Total		**5,939,292**	**30,478**	**445**	**2,006**	**8,579**	**19,448**
		Rate per 100,000 inhabitants		513.2	7.5	33.8	144.4	327.4
Arkansas	Metropolitan Statistical Area		1,616,500					
		Area actually reporting	97.5%	11,060	124	835	2,110	7,991
		Estimated total	100.0%	11,197	126	848	2,125	8,098
	Cities outside metropolitan areas		490,978					
		Area actually reporting	93.3%	2,133	36	193	329	1,575
		Estimated total	100.0%	2,288	39	207	353	1,689
	Nonmetropolitan counties		671,676					
		Area actually reporting	85.0%	997	18	117	45	817
		Estimated total	100.0%	1,174	21	138	53	962
	State Total		**2,779,154**	**14,659**	**186**	**1,193**	**2,531**	**10,749**
		Rate per 100,000 inhabitants		527.5	6.7	42.9	91.1	386.8
California	Metropolitan Statistical Area		35,292,558					
		Area actually reporting	100.0%	186,982	2,475	9,087	63,325	112,095
	Cities outside metropolitan areas		267,741					
		Area actually reporting	100.0%	1,240	4	137	179	920

State	Area		Population	Violent crime	Murder and nonnegligent manslaughter	Forcible rape	Robbery	Aggravated assault
	Nonmetropolitan counties		571,848					
		Area actually reporting	100.0%	1,956	24	168	118	1,646
	State Total		**36,132,147**	**190,178**	**2,503**	**9,392**	**63,622**	**114,661**
		Rate per 100,000 inhabitants		526.3	6.9	26.0	176.1	317.3
Colorado	Metropolitan Statistical Area		4,005,624					
		Area actually reporting	97.2%	16,376	161	1,741	3,795	10,679
		Estimated total	100.0%	16,712	163	1,779	3,866	10,904
	Cities outside metropolitan areas		297,857					
		Area actually reporting	92.5%	1,109	8	156	63	882
		Estimated total	100.0%	1,200	9	169	68	954
	Nonmetropolitan counties		361,696					
		Area actually reporting	96.9%	569	1	76	14	478
		Estimated total	100.0%	586	1	78	14	493
	State Total		**4,665,177**	**18,498**	**173**	**2,026**	**3,948**	**12,351**
		Rate per 100,000 inhabitants		396.5	3.7	43.4	84.6	264.7
Connecticut	Metropolitan Statistical Area		2,826,978					
		Area actually reporting	97.9%	8,841	89	550	3,802	4,400
		Estimated total	100.0%	8,923	90	558	3,836	4,439
	Cities outside metropolitan areas		158,760					
		Area actually reporting	100.0%	274	0	26	68	180
	Nonmetropolitan counties		524,559					
		Area actually reporting	100.0%	438	12	118	62	246
	State Total		**3,510,297**	**9,635**	**102**	**702**	**3,966**	**4,865**
		Rate per 100,000 inhabitants		274.5	2.9	20.0	113.0	138.6
Delaware	Metropolitan Statistical Area		668,579					
		Area actually reporting	100.0%	4,266	28	272	1,183	2,783
	Cities outside metropolitan areas		39,833					
		Area actually reporting	100.0%	379	1	38	71	269
	Nonmetropolitan counties		135,112					
		Area actually reporting	100.0%	687	8	67	52	560
	State Total		**843,524**	**5,332**	**37**	**377**	**1,306**	**3,612**
		Rate per 100,000 inhabitants		632.1	4.4	44.7	154.8	428.2
District of Columbia[1]	Metropolitan Statistical Area		550,521					
		Area actually reporting	100.0%	8,032	195	166	3,700	3,971
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		None					
	Total		**550,521**	**8,032**	**195**	**166**	**3,700**	**3,971**
		Rate per 100,000 inhabitants		1,459.0	35.4	30.2	672.1	721.3
Florida	Metropolitan Statistical Area		16,674,801					
		Area actually reporting	99.9%	119,621	833	6,143	29,542	83,103
		Estimated total	100.0%	119,632	833	6,144	29,545	83,110
	Cities outside metropolitan areas		192,797					
		Area actually reporting	96.7%	1,993	12	101	281	1,599
		Estimated total	100.0%	2,061	12	104	291	1,654
	Nonmetropolitan counties		922,266					
		Area actually reporting	100.0%	4,264	38	344	305	3,577
	State Total		**17,789,864**	**125,957**	**883**	**6,592**	**30,141**	**88,341**
		Rate per 100,000 inhabitants		708.0	5.0	37.1	169.4	496.6

(Continued)

Table 4 Crime in the United States, by State, 2005 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Georgia	Metropolitan Statistical Area		7,292,348					
		Area actually reporting	98.3%	33,585	475	1,768	12,752	18,590
		Estimated total	100.0%	34,133	478	1,795	12,948	18,912
	Cities outside metropolitan areas		666,985					
		Area actually reporting	79.1%	3,208	38	148	688	2,334
		Estimated total	100.0%	4,055	48	187	870	2,950
	Nonmetropolitan counties		1,113,243					
		Area actually reporting	79.4%	2,015	30	128	177	1,680
		Estimated total	100.0%	2,537	38	161	223	2,115
	State Total		**9,072,576**	**40,725**	**564**	**2,143**	**14,041**	**23,977**
		Rate per 100,000 inhabitants		448.9	6.2	23.6	154.8	264.3
Hawaii	Metropolitan Statistical Area		908,521					
		Area actually reporting	100.0%	2,570	15	234	841	1,480
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		366,673					
		Area actually reporting	55.1%	376	5	60	88	223
		Estimated total	100.0%	683	9	109	160	405
	State Total		**1,275,194**	**3,253**	**24**	**343**	**1,001**	**1,885**
		Rate per 100,000 inhabitants		255.1	1.9	26.9	78.5	147.8
Idaho	Metropolitan Statistical Area		913,756					
		Area actually reporting	99.6%	2,666	23	457	212	1,974
		Estimated total	100.0%	2,677	23	458	212	1,984
	Cities outside metropolitan areas		225,726					
		Area actually reporting	98.1%	523	7	72	41	403
		Estimated total	100.0%	533	7	73	42	411
	Nonmetropolitan counties		289,614					
		Area actually reporting	100.0%	460	5	46	12	397
	State Total		**1,429,096**	**3,670**	**35**	**577**	**266**	**2,792**
		Rate per 100,000 inhabitants		256.8	2.4	40.4	18.6	195.4
Illinois[2]	**State Total**		**12,763,371**	**70,392**	**766**	**4,297**	**23,187**	**42,142**
		Rate per 100,000 inhabitants		551.5	6.0	33.7	181.7	330.2
Indiana	Metropolitan Statistical Area		4,863,320					
		Area actually reporting	88.6%	17,518	303	1,492	6,280	9,443
		Estimated total	100.0%	18,416	311	1,572	6,458	10,075
	Cities outside metropolitan areas		507,774					
		Area actually reporting	83.9%	794	9	101	215	469
		Estimated total	100.0%	946	11	120	256	559
	Nonmetropolitan counties		900,879					
		Area actually reporting	54.8%	516	19	90	52	355
		Estimated total	100.0%	940	34	164	95	647
	State Total		**6,271,973**	**20,302**	**356**	**1,856**	**6,809**	**11,281**
		Rate per 100,000 inhabitants		323.7	5.7	29.6	108.6	179.9
Iowa	Metropolitan Statistical Area		1,616,968					
		Area actually reporting	98.8%	6,322	21	597	1,035	4,669
		Estimated total	100.0%	6,354	21	602	1,037	4,694
	Cities outside metropolitan areas		596,078					
		Area actually reporting	96.5%	1,731	14	164	106	1,447
		Estimated total	100.0%	1,793	14	170	110	1,499

State	Area		Population	Violent crime	Murder and nonnegligent manslaughter	Forcible rape	Robbery	Aggravated assault
	Nonmetropolitan counties		753,288					
		Area actually reporting	97.1%	480	3	53	7	417
		Estimated total	100.0%	495	3	55	7	430
	State Total		**2,966,334**	**8,642**	**38**	**827**	**1,154**	**6,623**
		Rate per 100,000 inhabitants		291.3	1.3	27.9	38.9	223.3
Kansas	Metropolitan Statistical Area		1,720,248					
		Area actually reporting	99.8%	7,686	77	683	1,582	5,344
		Estimated total	100.0%	7,694	77	684	1,583	5,350
	Cities outside metropolitan areas		606,739					
		Area actually reporting	92.3%	1,941	16	253	166	1,506
		Estimated total	100.0%	2,102	17	274	180	1,631
	Nonmetropolitan counties		417,700					
		Area actually reporting	98.5%	826	8	96	30	692
		Estimated total	100.0%	838	8	97	30	703
	State Total		**2,744,687**	**10,634**	**102**	**1,055**	**1,793**	**7,684**
		Rate per 100,000 inhabitants		387.4	3.7	38.4	65.3	280.0
Kentucky	Metropolitan Statistical Area		2,362,333					
		Area actually reporting	92.6%	7,559	90	657	3,028	3,784
		Estimated total	100.0%	7,945	91	705	3,155	3,994
	Cities outside metropolitan areas		517,744					
		Area actually reporting	89.3%	1,158	4	142	279	733
		Estimated total	100.0%	1,297	4	159	313	821
	Nonmetropolitan counties		1,293,328					
		Area actually reporting	86.1%	1,629	82	480	191	876
		Estimated total	100.0%	1,892	95	557	222	1,018
	State Total		**4,173,405**	**11,134**	**190**	**1,421**	**3,690**	**5,833**
		Rate per 100,000 inhabitants		266.8	4.6	34.0	88.4	139.8
Louisiana	Metropolitan Statistical Area		3,393,914					
		Area actually reporting	96.2%	20,467	393	1,121	4,685	14,268
		Estimated total	100.0%	21,117	401	1,155	4,797	14,764
	Cities outside metropolitan areas		385,173					
		Area actually reporting	53.5%	1,320	11	68	170	1,071
		Estimated total	100.0%	2,466	20	127	318	2,001
	Nonmetropolitan counties		744,541					
		Area actually reporting	79.6%	2,632	23	111	177	2,321
		Estimated total	100.0%	3,306	29	139	222	2,916
	State Total		**4,523,628**	**26,889**	**450**	**1,421**	**5,337**	**19,681**
		Rate per 100,000 inhabitants		594.4	9.9	31.4	118.0	435.1
Maine	Metropolitan Statistical Area		768,481					
		Area actually reporting	100.0%	969	10	191	264	504
	Cities outside metropolitan areas		275,707					
		Area actually reporting	99.0%	353	3	93	39	218
		Estimated total	100.0%	356	3	94	39	220
	Nonmetropolitan counties		277,317					
		Area actually reporting	95.8%	151	6	39	19	87
		Estimated total	100.0%	158	6	41	20	91
	State Total		**1,321,505**	**1,483**	**19**	**326**	**323**	**815**
		Rate per 100,000 inhabitants		112.2	1.4	24.7	24.4	61.7

(Continued)

Table 4 Crime in the United States, by State, 2005 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Maryland	Metropolitan Statistical Area		5,307,587					
		Area actually reporting	100.0%	37,983	544	1,183	14,171	22,085
	Cities outside metropolitan areas		74,501					
		Area actually reporting	100.0%	681	3	44	146	488
	Nonmetropolitan counties		218,300					
		Area actually reporting	100.0%	705	5	39	61	600
	State Total		**5,600,388**	**39,369**	**552**	**1,266**	**14,378**	**23,173**
		Rate per 100,000 inhabitants		703.0	9.9	22.6	256.7	413.8
Massachusetts	Metropolitan Statistical Area		6,365,624					
		Area actually reporting	97.4%	28,676	174	1,691	7,515	19,296
		Estimated total	100.0%	29,142	175	1,724	7,613	19,630
	Cities outside metropolitan areas		32,100					
		Area actually reporting	92.0%	87	0	7	2	78
		Estimated total	100.0%	95	0	8	2	85
	Nonmetropolitan counties		1,019					
		Area actually reporting	100.0%	0	0	0	0	0
	State Total		**6,398,743**	**29,237**	**175**	**1,732**	**7,615**	**19,715**
		Rate per 100,000 inhabitants		456.9	2.7	27.1	119.0	308.1
Michigan	Metropolitan Statistical Area		8,240,515					
		Area actually reporting	99.2%	51,662	589	3,970	13,128	33,975
		Estimated total	100.0%	51,860	590	3,995	13,175	34,100
	Cities outside metropolitan areas		645,965					
		Area actually reporting	91.5%	1,443	7	379	85	972
		Estimated total	100.0%	1,544	8	403	91	1,042
	Nonmetropolitan counties		1,234,380					
		Area actually reporting	98.4%	2,434	18	782	75	1,559
		Estimated total	100.0%	2,473	18	795	76	1,584
	State Total		**10,120,860**	**55,877**	**616**	**5,193**	**13,342**	**36,726**
		Rate per 100,000 inhabitants		552.1	6.1	51.3	131.8	362.9
Minnesota	Metropolitan Statistical Area		3,716,276					
		Area actually reporting	99.3%	13,059	100	1,602	4,581	6,776
		Estimated total	100.0%	13,103	100	1,611	4,592	6,800
	Cities outside metropolitan areas		560,554					
		Area actually reporting	99.5%	1,171	3	332	96	740
		Estimated total	100.0%	1,178	3	334	97	744
	Nonmetropolitan counties		855,969					
		Area actually reporting	100.0%	962	12	313	35	602
	State Total		**5,132,799**	**15,243**	**115**	**2,258**	**4,724**	**8,146**
		Rate per 100,000 inhabitants		297.0	2.2	44.0	92.0	158.7
Mississippi	Metropolitan Statistical Area		1,266,425					
		Area actually reporting	87.6%	3,439	94	517	1,269	1,559
		Estimated total	100.0%	3,730	102	568	1,331	1,729
	Cities outside metropolitan areas		599,896					
		Area actually reporting	79.7%	2,028	40	268	635	1,085
		Estimated total	100.0%	2,545	50	336	797	1,362
	Nonmetropolitan counties		1,054,767					
		Area actually reporting	46.9%	871	29	114	130	598
		Estimated total	100.0%	1,856	62	243	277	1,274
	State Total		**2,921,088**	**8,131**	**214**	**1,147**	**2,405**	**4,365**
		Rate per 100,000 inhabitants		278.4	7.3	39.3	82.3	149.4

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Missouri	Metropolitan Statistical Area		4,233,869					
		Area actually reporting	99.9%	25,633	353	1,276	6,853	17,151
		Estimated total	100.0%	25,644	353	1,276	6,856	17,159
	Cities outside metropolitan areas		679,565					
		Area actually reporting	98.9%	2,653	22	198	279	2,154
		Estimated total	100.0%	2,682	22	200	282	2,178
	Nonmetropolitan counties		886,876					
		Area actually reporting	100.0%	2,151	27	149	58	1,917
	State Total		**5,800,310**	**30,477**	**402**	**1,625**	**7,196**	**21,254**
		Rate per 100,000 inhabitants		525.4	6.9	28.0	124.1	366.4
Montana	Metropolitan Statistical Area		326,409					
		Area actually reporting	99.8%	845	10	118	119	598
		Estimated total	100.0%	847	10	118	119	600
	Cities outside metropolitan areas		195,669					
		Area actually reporting	89.4%	651	3	80	32	536
		Estimated total	100.0%	727	3	89	36	599
	Nonmetropolitan counties		413,592					
		Area actually reporting	95.8%	1,016	5	90	21	900
		Estimated total	100.0%	1,060	5	94	22	939
	State Total		**935,670**	**2,634**	**18**	**301**	**177**	**2,138**
		Rate per 100,000 inhabitants		281.5	1.9	32.2	18.9	228.5
Nebraska	Metropolitan Statistical Area		995,173					
		Area actually reporting	98.0%	4,078	36	374	964	2,704
		Estimated total	100.0%	4,101	36	377	967	2,721
	Cities outside metropolitan areas		395,904					
		Area actually reporting	91.7%	621	4	134	59	424
		Estimated total	100.0%	676	4	146	64	462
	Nonmetropolitan counties		367,710					
		Area actually reporting	89.7%	243	4	50	8	181
		Estimated total	100.0%	271	4	56	9	202
	State Total		**1,758,787**	**5,048**	**44**	**579**	**1,040**	**3,385**
		Rate per 100,000 inhabitants		287.0	2.5	32.9	59.1	192.5
Nevada	Metropolitan Statistical Area		2,162,821					
		Area actually reporting	100.0%	13,934	191	902	4,639	8,202
	Cities outside metropolitan areas		45,470					
		Area actually reporting	100.0%	155	5	30	20	100
	Nonmetropolitan counties		206,516					
		Area actually reporting	100.0%	565	10	84	43	428
	State Total		**2,414,807**	**14,654**	**206**	**1,016**	**4,702**	**8,730**
		Rate per 100,000 inhabitants		606.8	8.5	42.1	194.7	361.5
New Hampshire	Metropolitan Statistical Area		815,819					
		Area actually reporting	87.3%	1,016	11	237	264	504
		Estimated total	100.0%	1,106	12	261	280	553
	Cities outside metropolitan areas		438,230					
		Area actually reporting	85.5%	494	5	107	68	314
		Estimated total	100.0%	577	6	125	79	367

(Continued)

Table 4 Crime in the United States, by State, 2005 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
	Nonmetropolitan counties		55,891					
		Area actually reporting	2.7%	17	0	10	0	7
		Estimated total	100.0%	46	0	19	0	27
	State Total		**1,309,940**	**1,729**	**18**	**405**	**359**	**947**
		Rate per 100,000 inhabitants		132.0	1.4	30.9	27.4	72.3
New Jersey	Metropolitan Statistical Area		8,717,925					
		Area actually reporting	100.0%	30,919	417	1,208	13,215	16,079
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		None					
	State Total		**8,717,925**	**30,919**	**417**	**1,208**	**13,215**	**16,079**
		Rate per 100,000 inhabitants		354.7	4.8	13.9	151.6	184.4
New Mexico	Metropolitan Statistical Area		1,246,636					
		Area actually reporting	99.5%	9,595	92	710	1,583	7,210
		Estimated total	100.0%	9,646	92	712	1,587	7,255
	Cities outside metropolitan areas		402,633					
		Area actually reporting	89.2%	2,638	22	173	219	2,224
		Estimated total	100.0%	2,956	25	194	245	2,492
	Nonmetropolitan counties		279,115					
		Area actually reporting	73.9%	693	19	102	53	519
		Estimated total	100.0%	939	26	138	72	703
	State Total		**1,928,384**	**13,541**	**143**	**1,044**	**1,904**	**10,450**
		Rate per 100,000 inhabitants		702.2	7.4	54.1	98.7	541.9
New York	Metropolitan Statistical Area		17,687,934					
		Area actually reporting	99.0%	82,052	839	3,127	34,735	43,351
		Estimated total	100.0%	82,387	841	3,149	34,850	43,547
	Cities outside metropolitan areas		582,615					
		Area actually reporting	95.0%	1,518	11	171	239	1,097
		Estimated total	100.0%	1,599	12	180	252	1,155
	Nonmetropolitan counties		984,081					
		Area actually reporting	95.7%	1,773	20	294	74	1,385
		Estimated total	100.0%	1,853	21	307	77	1,448
	State Total		**19,254,630**	**85,839**	**874**	**3,636**	**35,179**	**46,150**
		Rate per 100,000 inhabitants		445.8	4.5	18.9	182.7	239.7
North Carolina	Metropolitan Statistical Area		5,990,267					
		Area actually reporting	98.2%	30,298	385	1,643	10,403	17,867
		Estimated total	100.0%	30,593	388	1,663	10,459	18,083
	Cities outside metropolitan areas		835,748					
		Area actually reporting	94.9%	5,237	81	286	1,458	3,412
		Estimated total	100.0%	5,510	85	301	1,533	3,591
	Nonmetropolitan counties		1,857,227					
		Area actually reporting	93.9%	4,270	105	317	604	3,244
		Estimated total	100.0%	4,547	112	338	643	3,454
	State Total		**8,683,242**	**40,650**	**585**	**2,302**	**12,635**	**25,128**
		Rate per 100,000 inhabitants		468.1	6.7	26.5	145.5	289.4
North Dakota	Metropolitan Statistical Area		292,524					
		Area actually reporting	99.5%	330	3	78	31	218
		Estimated total	100.0%	332	3	78	31	220

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
	Cities outside metropolitan areas		137,205					
		Area actually reporting	87.6%	201	1	60	12	128
		Estimated total	100.0%	229	1	68	14	146
	Nonmetropolitan counties		206,948					
		Area actually reporting	89.1%	57	3	7	2	45
		Estimated total	100.0%	64	3	8	2	51
	State Total		**636,677**	**625**	**7**	**154**	**47**	**417**
		Rate per 100,000 inhabitants		98.2	1.1	24.2	7.4	65.5
Ohio	Metropolitan Statistical Area		9,227,978					
		Area actually reporting	89.1%	35,480	517	3,679	17,414	13,870
		Estimated total	100.0%	37,086	529	3,946	17,981	14,630
	Cities outside metropolitan areas		864,829					
		Area actually reporting	75.0%	1,464	14	270	418	762
		Estimated total	100.0%	1,951	19	360	557	1,015
	Nonmetropolitan counties		1,371,235					
		Area actually reporting	75.6%	934	28	190	119	597
		Estimated total	100.0%	1,236	37	251	158	790
	State Total		**11,464,042**	**40,273**	**585**	**4,557**	**18,696**	**16,435**
		Rate per 100,000 inhabitants		351.3	5.1	39.8	163.1	143.4
Oklahoma	Metropolitan Statistical Area		2,241,767					
		Area actually reporting	100.0%	13,487	146	1,019	2,825	9,497
	Cities outside metropolitan areas		694,861					
		Area actually reporting	100.0%	3,066	21	316	359	2,370
	Nonmetropolitan counties		611,256					
		Area actually reporting	100.0%	1,491	20	146	46	1,279
	State Total		**3,547,884**	**18,044**	**187**	**1,481**	**3,230**	**13,146**
		Rate per 100,000 inhabitants		508.6	5.3	41.7	91.0	370.5
Oregon	Metropolitan Statistical Area		2,805,013					
		Area actually reporting	99.9%	8,843	69	1,034	2,212	5,528
		Estimated total	100.0%	8,850	69	1,035	2,214	5,532
	Cities outside metropolitan areas		382,878					
		Area actually reporting	96.3%	863	7	119	196	541
		Estimated total	100.0%	897	7	124	204	562
	Nonmetropolitan counties		453,165					
		Area actually reporting	93.7%	653	4	100	56	493
		Estimated total	100.0%	697	4	107	60	526
	State Total		**3,641,056**	**10,444**	**80**	**1,266**	**2,478**	**6,620**
		Rate per 100,000 inhabitants		286.8	2.2	34.8	68.1	181.8
Pennsylvania	Metropolitan Statistical Area		10,440,725					
		Area actually reporting	92.8%	46,753	698	2,868	18,221	24,966
		Estimated total	100.0%	48,602	715	2,992	18,709	26,186
	Cities outside metropolitan areas		880,169					
		Area actually reporting	79.4%	2,016	18	206	280	1,512
		Estimated total	100.0%	2,541	23	260	353	1,905
	Nonmetropolitan counties		1,108,722					
		Area actually reporting	100.0%	1,618	18	334	152	1,114
	State Total		**12,429,616**	**52,761**	**756**	**3,586**	**19,214**	**29,205**
		Rate per 100,000 inhabitants		424.5	6.1	28.9	154.6	235.0

(Continued)

Table 4 Crime in the United States, by State, 2005 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Puerto Rico	Metropolitan Statistical Area		3,715,706					
		Area actually reporting	100.0%	9,202	745	160	5,379	2,918
	Cities outside metropolitan areas		196,348					
		Area actually reporting	100.0%	377	21	9	171	176
	Nonmetropolitan counties		None					
	Total		**3,912,054**	**9,579**	**766**	**169**	**5,550**	**3,094**
		Rate per 100,000 inhabitants		244.9	19.6	4.3	141.9	79.1
Rhode Island	Metropolitan Statistical Area		1,076,189					
		Area actually reporting	100.0%	2,685	32	316	774	1,563
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		None					
		Area actually reporting	100.0%	18	2	5	2	9
	State Total		**1,076,189**	**2,703**	**34**	**321**	**776**	**1,572**
		Rate per 100,000 inhabitants		251.2	3.2	29.8	72.1	146.1
South Carolina	Metropolitan Statistical Area		3,205,817					
		Area actually reporting	99.9%	24,723	240	1,368	4,627	18,488
		Estimated total	100.0%	24,725	240	1,368	4,627	18,490
	Cities outside metropolitan areas		273,133					
		Area actually reporting	99.7%	3,152	17	136	483	2,516
		Estimated total	100.0%	3,160	17	136	484	2,523
	Nonmetropolitan counties		776,133					
		Area actually reporting	100.0%	4,499	58	305	511	3,625
	State Total		**4,255,083**	**32,384**	**315**	**1,809**	**5,622**	**24,638**
		Rate per 100,000 inhabitants		761.1	7.4	42.5	132.1	579.0
South Dakota	Metropolitan Statistical Area		336,356					
		Area actually reporting	96.6%	909	9	267	115	518
		Estimated total	100.0%	920	9	268	116	527
	Cities outside metropolitan areas		210,074					
		Area actually reporting	81.5%	263	1	65	19	178
		Estimated total	100.0%	322	1	80	23	218
	Nonmetropolitan counties		229,503					
		Area actually reporting	77.4%	94	6	11	4	73
		Estimated total	100.0%	121	8	14	5	94
	State Total		**775,933**	**1,363**	**18**	**362**	**144**	**839**
		Rate per 100,000 inhabitants		175.7	2.3	46.7	18.6	108.1
Tennessee	Metropolitan Statistical Area		4,332,089					
		Area actually reporting	100.0%	37,540	367	1,786	9,335	26,052
	Cities outside metropolitan areas		591,225					
		Area actually reporting	100.0%	3,989	21	218	498	3,252
	Nonmetropolitan counties		1,039,645					
		Area actually reporting	100.0%	3,362	44	167	141	3,010
	State Total		**5,962,959**	**44,891**	**432**	**2,171**	**9,974**	**32,314**
		Rate per 100,000 inhabitants		752.8	7.2	36.4	167.3	541.9
Texas	Metropolitan Statistical Area		19,838,854					
		Area actually reporting	99.9%	111,852	1,280	7,617	34,886	68,069
		Estimated total	100.0%	111,867	1,280	7,618	34,889	68,080
	Cities outside metropolitan areas		1,392,423					
		Area actually reporting	98.9%	5,481	50	605	718	4,108
		Estimated total	100.0%	5,526	51	611	723	4,141

State	Area		Population	Violent crime	Murder and nonnegligent manslaughter	Forcible rape	Robbery	Aggravated assault
	Nonmetropolitan counties		1,628,691					
		Area actually reporting	100.0%	3,698	76	282	178	3,162
	State Total		**22,859,968**	**121,091**	**1,407**	**8,511**	**35,790**	**75,383**
		Rate per 100,000 inhabitants		529.7	6.2	37.2	156.6	329.8
Utah	Metropolitan Statistical Area		2,187,374					
		Area actually reporting	99.7%	5,175	53	839	1,067	3,216
		Estimated total	100.0%	5,186	53	841	1,069	3,223
	Cities outside metropolitan areas		132,036					
		Area actually reporting	88.9%	192	1	39	19	133
		Estimated total	100.0%	216	1	44	21	150
	Nonmetropolitan counties		150,175					
		Area actually reporting	94.3%	198	2	33	5	158
		Estimated total	100.0%	210	2	35	5	168
	State Total		**2,469,585**	**5,612**	**56**	**920**	**1,095**	**3,541**
		Rate per 100,000 inhabitants		227.2	2.3	37.3	44.3	143.4
Vermont	Metropolitan Statistical Area		205,030					
		Area actually reporting	100.0%	362	5	71	38	248
	Cities outside metropolitan areas		199,547					
		Area actually reporting	93.6%	222	1	33	27	161
		Estimated total	100.0%	237	1	35	29	172
	Nonmetropolitan counties		218,473					
		Area actually reporting	96.9%	143	2	38	6	97
		Estimated total	100.0%	147	2	39	6	100
	State Total		**623,050**	**746**	**8**	**145**	**73**	**520**
		Rate per 100,000 inhabitants		119.7	1.3	23.3	11.7	83.5
Virginia	Metropolitan Statistical Area		6,460,729					
		Area actually reporting	99.4%	19,234	394	1,475	7,130	10,235
		Estimated total	100.0%	19,413	396	1,490	7,183	10,344
	Cities outside metropolitan areas		269,213					
		Area actually reporting	99.0%	779	16	75	172	516
		Estimated total	100.0%	787	16	76	174	521
	Nonmetropolitan counties		837,523					
		Area actually reporting	99.1%	1,190	49	154	149	838
		Estimated total	100.0%	1,200	49	155	150	846
	State Total		**7,567,465**	**21,400**	**461**	**1,721**	**7,507**	**11,711**
		Rate per 100,000 inhabitants		282.8	6.1	22.7	99.2	154.8
Washington	Metropolitan Statistical Area		5,498,893					
		Area actually reporting	99.9%	19,916	180	2,321	5,565	11,850
		Estimated total	100.0%	19,937	180	2,324	5,571	11,862
	Cities outside metropolitan areas		329,882					
		Area actually reporting	95.3%	995	4	277	137	577
		Estimated total	100.0%	1,045	4	291	144	606
	Nonmetropolitan counties		458,984					
		Area actually reporting	100.0%	763	21	196	73	473
	State Total		**6,287,759**	**21,745**	**205**	**2,811**	**5,788**	**12,941**
		Rate per 100,000 inhabitants		345.8	3.3	44.7	92.1	205.8
West Virginia	Metropolitan Statistical Area		997,999					
		Area actually reporting	94.5%	2,959	49	192	596	2,122
		Estimated total	100.0%	3,075	50	197	609	2,219

(Continued)

Table 4 Crime in the United States, by State, 2005 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
	Cities outside metropolitan areas		225,283					
		Area actually reporting	83.4%	600	8	40	98	454
		Estimated total	100.0%	719	10	48	117	544
	Nonmetropolitan counties		593,574					
		Area actually reporting	95.8%	1,114	19	73	81	941
		Estimated total	100.0%	1,163	20	76	85	982
	State Total		**1,816,856**	**4,957**	**80**	**321**	**811**	**3,745**
		Rate per 100,000 inhabitants		272.8	4.4	17.7	44.6	206.1
Wisconsin	Metropolitan Statistical Area		4,002,856					
		Area actually reporting	98.6%	11,396	174	864	4,435	5,923
		Estimated total	100.0%	11,466	174	874	4,457	5,961
	Cities outside metropolitan areas		619,782					
		Area actually reporting	96.5%	1,045	11	146	69	819
		Estimated total	100.0%	1,083	11	151	72	849
	Nonmetropolitan counties		913,563					
		Area actually reporting	100.0%	822	9	117	21	675
	State Total		**5,536,201**	**13,371**	**194**	**1,142**	**4,550**	**7,485**
		Rate per 100,000 inhabitants		241.5	3.5	20.6	82.2	135.2
Wyoming	Metropolitan Statistical Area		155,151					
		Area actually reporting	100.0%	316	7	34	38	237
	Cities outside metropolitan areas		210,170					
		Area actually reporting	97.4%	555	5	61	32	457
		Estimated total	100.0%	570	5	63	33	469
	Nonmetropolitan counties		143,973					
		Area actually reporting	100.0%	286	2	25	7	252
	State Total		**509,294**	**1,172**	**14**	**122**	**78**	**958**
		Rate per 100,000 inhabitants		230.1	2.7	24.0	15.3	188.1

[1] Includes offenses reported by the zoological police and the metro transit police.
[2] Limited data for 2005 were available for illinois.

Source: United States Department of Justice, Federal Bureau of Investigation. (2006). *Crime in the United States,* 2005. Retrieved from http://www.fbi.gov/ucr/cius2005/

Table 5 Crime in the United States, by State, 2006

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Alabama	Metropolitan Statistical Area		3,258,752					
		Area actually reporting	88.0%	14,007	300	1,144	5,824	6,739
		Estimated total	100.0%	15,414	318	1,256	6,313	7,527
	Cities outside metropolitan areas		587,537					
		Area actually reporting	55.8%	1,641	23	141	379	1,098
		Estimated total	100.0%	2,920	41	249	670	1,960
	Nonmetropolitan counties		752,741					
		Area actually reporting	60.6%	741	14	87	46	594
		Estimated total	100.0%	1,223	23	144	76	980
	State Total		**4,599,030**	**19,557**	**382**	**1,649**	**7,059**	**10,467**
		Rate per 100,000 inhabitants		425.2	8.3	35.9	153.5	227.6
Alaska	Metropolitan Statistical Area		328,283					
		Area actually reporting	97.4%	2,949	18	320	526	2,085
		Estimated total	100.0%	3,023	18	324	538	2,143
	Cities outside metropolitan areas		124,198					
		Area actually reporting	89.6%	543	8	90	35	410
		Estimated total	100.0%	606	9	100	39	458
	Nonmetropolitan counties		217,572					
		Area actually reporting	100.0%	981	9	85	28	859
	State Total		**670,053**	**4,610**	**36**	**509**	**605**	**3,460**
		Rate per 100,000 inhabitants		688.0	5.4	76.0	90.3	516.4
Arizona	Metropolitan Statistical Area		5,690,411					
		Area actually reporting	98.4%	28,822	455	1,830	9,016	17,521
		Estimated total	100.0%	29,177	458	1,854	9,099	17,766
	Cities outside metropolitan areas		202,701					
		Area actually reporting	91.4%	839	4	38	70	727
		Estimated total	100.0%	918	4	42	77	795
	Nonmetropolitan counties		273,206					
		Area actually reporting	77.3%	635	2	35	39	559
		Estimated total	100.0%	821	3	45	50	723
	State Total		**6,166,318**	**30,916**	**465**	**1,941**	**9,226**	**19,284**
		Rate per 100,000 inhabitants		501.4	7.5	31.5	149.6	312.7
Arkansas	Metropolitan Statistical Area		1,644,224					
		Area actually reporting	96.8%	11,484	156	933	2,267	8,128
		Estimated total	100.0%	11,683	158	953	2,289	8,283
	Cities outside metropolitan areas		496,029					
		Area actually reporting	97.0%	2,652	27	216	402	2,007
		Estimated total	100.0%	2,733	28	223	414	2,068
	Nonmetropolitan counties		670,619					
		Area actually reporting	92.5%	1,009	18	122	58	811
		Estimated total	100.0%	1,090	19	132	63	876
	State Total		**2,810,872**	**15,506**	**205**	**1,308**	**2,766**	**11,227**
		Rate per 100,000 inhabitants		551.6	7.3	46.5	98.4	399.4
California	Metropolitan Statistical Area		35,608,453					
		Area actually reporting	100.0%	191,037	2,453	8,921	70,670	108,993
	Cities outside metropolitan areas		271,190					
		Area actually reporting	100.0%	1,335	12	133	182	1,008

(Continued)

Table 5 Crime in the United States, by State, 2006 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
	Nonmetropolitan counties		577,906					
		Area actually reporting	100.0%	1,748	20	158	116	1,454
	State Total		**36,457,549**	**194,120**	**2,485**	**9,212**	**70,968**	**111,455**
		Rate per 100,000 inhabitants		532.5	6.8	25.3	194.7	305.7
Colorado	Metropolitan Statistical Area		4,085,808					
		Area actually reporting	97.9%	16,588	147	1,835	3,696	10,910
		Estimated total	100.0%	16,843	149	1,870	3,743	11,081
	Cities outside metropolitan areas		303,195					
		Area actually reporting	94.0%	1,152	6	146	77	923
		Estimated total	100.0%	1,225	6	155	82	982
	Nonmetropolitan counties		364,374					
		Area actually reporting	96.2%	527	3	49	10	465
		Estimated total	100.0%	548	3	51	10	484
	State Total		**4,753,377**	**18,616**	**158**	**2,076**	**3,835**	**12,547**
		Rate per 100,000 inhabitants		391.6	3.3	43.7	80.7	264.0
Connecticut	Metropolitan Statistical Area		2,819,925					
		Area actually reporting	99.3%	9,176	104	538	4,117	4,417
		Estimated total	100.0%	9,203	104	541	4,129	4,429
	Cities outside metropolitan areas		158,762					
		Area actually reporting	100.0%	300	1	27	45	227
	Nonmetropolitan counties		526,122					
		Area actually reporting	100.0%	338	3	68	67	200
	State Total		**3,504,809**	**9,841**	**108**	**636**	**4,241**	**4,856**
		Rate per 100,000 inhabitants		280.8	3.1	18.1	121.0	138.6
Delaware	Metropolitan Statistical Area		674,845					
		Area actually reporting	100.0%	4,795	40	305	1,577	2,873
	Cities outside metropolitan areas		40,072					
		Area actually reporting	100.0%	385	2	33	94	256
	Nonmetropolitan counties		138,559					
		Area actually reporting	100.0%	637	0	62	64	511
	State Total		**853,476**	**5,817**	**42**	**400**	**1,735**	**3,640**
		Rate per 100,000 inhabitants		681.6	4.9	46.9	203.3	426.5
District of Columbia[1]	Metropolitan Statistical Area		581,530					
		Area actually reporting	100.0%	8,772	169	185	3,829	4,589
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		None					
	Total		**581,530**	**8,772**	**169**	**185**	**3,829**	**4,589**
		Rate per 100,000 inhabitants		1,508.4	29.1	31.8	658.4	789.1
Florida	Metropolitan Statistical Area		17,028,925					
		Area actually reporting	99.9%	123,064	1,091	6,135	33,444	82,394
		Estimated total	100.0%	123,126	1,091	6,138	33,462	82,435
	Cities outside metropolitan areas		185,034					
		Area actually reporting	94.2%	1,738	9	89	323	1,317
		Estimated total	100.0%	1,845	10	94	343	1,398
	Nonmetropolitan counties		875,929					
		Area actually reporting	100.0%	3,824	28	243	342	3,211
	State Total		**18,089,888**	**128,795**	**1,129**	**6,475**	**34,147**	**87,044**
		Rate per 100,000 inhabitants		712.0	6.2	35.8	188.8	481.2

State	Area		Population	Violent crime	Murder and nonnegligent manslaughter	Forcible rape	Robbery	Aggravated assault
Georgia	Metropolitan Statistical Area		7,562,594					
		Area actually reporting	97.6%	36,773	505	1,785	14,073	20,410
		Estimated total	100.0%	37,540	514	1,824	14,354	20,848
	Cities outside metropolitan areas		665,603					
		Area actually reporting	76.8%	3,066	36	164	697	2,169
		Estimated total	100.0%	3,991	47	214	907	2,823
	Nonmetropolitan counties		1,135,744					
		Area actually reporting	81.4%	2,096	32	110	202	1,752
		Estimated total	100.0%	2,575	39	135	248	2,153
	State Total		**9,363,941**	**44,106**	**600**	**2,173**	**15,509**	**25,824**
		Rate per 100,000 inhabitants		471.0	6.4	23.2	165.6	275.8
Hawaii	Metropolitan Statistical Area		912,693					
		Area actually reporting	100.0%	2,745	17	229	956	1,543
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		372,805					
		Area actually reporting	100.0%	870	4	126	187	553
	State Total		**1,285,498**	**3,615**	**21**	**355**	**1,143**	**2,096**
		Rate per 100,000 inhabitants		281.2	1.6	27.6	88.9	163.0
Idaho	Metropolitan Statistical Area		945,612					
		Area actually reporting	99.7%	2,678	21	455	252	1,950
		Estimated total	100.0%	2,687	21	456	253	1,957
	Cities outside metropolitan areas		230,284					
		Area actually reporting	98.9%	455	4	60	39	352
		Estimated total	100.0%	460	4	61	39	356
	Nonmetropolitan counties		290,569					
		Area actually reporting	98.9%	473	11	69	9	384
		Estimated total	100.0%	478	11	70	9	388
	State Total		**1,466,465**	**3,625**	**36**	**587**	**301**	**2,701**
		Rate per 100,000 inhabitants		247.2	2.5	40.0	20.5	184.2
Illinois[2,3]	**State Total**		**12,831,970**	**69,498**	**780**	**4,078**	**23,782**	**40,858**
		Rate per 100,000 inhabitants		541.6	6.1	31.8	185.3	318.4
Indiana	Metropolitan Statistical Area		4,903,644					
		Area actually reporting	85.1%	17,075	316	1,478	6,658	8,623
		Estimated total	100.0%	18,120	328	1,578	6,877	9,337
	Cities outside metropolitan areas		507,489					
		Area actually reporting	81.9%	885	6	102	239	538
		Estimated total	100.0%	1,080	7	124	292	657
	Nonmetropolitan counties		902,387					
		Area actually reporting	52.9%	357	18	70	39	230
		Estimated total	100.0%	676	34	133	74	435
	State Total		**6,313,520**	**19,876**	**369**	**1,835**	**7,243**	**10,429**
		Rate per 100,000 inhabitants		314.8	5.8	29.1	114.7	165.2
Iowa	Metropolitan Statistical Area		1,634,007					
		Area actually reporting	98.8%	5,996	30	572	1,155	4,239
		Estimated total	100.0%	6,036	30	577	1,160	4,269
	Cities outside metropolitan areas		595,689					

(Continued)

Table 5 Crime in the United States, by State, 2006 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
		Area actually reporting	92.8%	1,720	10	174	115	1,421
		Estimated total	100.0%	1,854	11	188	124	1,531
	Nonmetropolitan counties		752,389					
		Area actually reporting	98.6%	557	14	62	14	467
		Estimated total	100.0%	565	14	63	14	474
	State Total		**2,982,085**	**8,455**	**55**	**828**	**1,298**	**6,274**
		Rate per 100,000 inhabitants		283.5	1.8	27.8	43.5	210.4
Kansas	Metropolitan Statistical Area		1,741,155					
		Area actually reporting	99.6%	8,446	99	785	1,634	5,928
		Estimated total	100.0%	8,465	99	787	1,636	5,943
	Cities outside metropolitan areas		603,197					
		Area actually reporting	96.5%	2,234	18	322	189	1,705
		Estimated total	100.0%	2,315	19	334	196	1,766
	Nonmetropolitan counties		419,723					
		Area actually reporting	98.8%	957	9	116	44	788
		Estimated total	100.0%	968	9	117	45	797
	State Total		**2,764,075**	**11,748**	**127**	**1,238**	**1,877**	**8,506**
		Rate per 100,000 inhabitants		425.0	4.6	44.8	67.9	307.7
Kentucky	Metropolitan Statistical Area		2,385,538					
		Area actually reporting	94.2%	7,878	85	629	3,000	4,164
		Estimated total	100.0%	8,165	87	668	3,106	4,304
	Cities outside metropolitan areas		522,702					
		Area actually reporting	79.7%	1,040	10	146	262	622
		Estimated total	100.0%	1,305	13	183	329	780
	Nonmetropolitan counties		1,297,834					
		Area actually reporting	87.0%	1,386	59	388	166	773
		Estimated total	100.0%	1,593	68	446	191	888
	State Total		**4,206,074**	**11,063**	**168**	**1,297**	**3,626**	**5,972**
		Rate per 100,000 inhabitants		263.0	4.0	30.8	86.2	142.0
Louisiana	Metropolitan Statistical Area		3,220,811					
		Area actually reporting	93.4%	22,291	456	1,154	4,860	15,821
		Estimated total	100.0%	23,381	468	1,202	5,045	16,666
	Cities outside metropolitan areas		362,920					
		Area actually reporting	57.9%	1,960	18	97	289	1,556
		Estimated total	100.0%	3,248	30	160	468	2,590
	Nonmetropolitan counties		704,037					
		Area actually reporting	85.5%	2,814	27	171	185	2,431
		Estimated total	100.0%	3,290	32	200	216	2,842
	State Total		**4,287,768**	**29,919**	**530**	**1,562**	**5,729**	**22,098**
		Rate per 100,000 inhabitants		697.8	12.4	36.4	133.6	515.4
Maine	Metropolitan Statistical Area		769,373					
		Area actually reporting	100.0%	971	9	193	332	437
	Cities outside metropolitan areas		276,904					
		Area actually reporting	100.0%	400	3	106	39	252
	Nonmetropolitan counties		275,297					
		Area actually reporting	100.0%	155	11	40	13	91
	State Total		**1,321,574**	**1,526**	**23**	**339**	**384**	**780**
		Rate per 100,000 inhabitants		115.5	1.7	25.7	29.1	59.0

State	Area		Population	Violent crime	Murder and nonnegligent manslaughter	Forcible rape	Robbery	Aggravated assault
Maryland	Metropolitan Statistical Area		5,320,939					
		Area actually reporting	100.0%	36,857	536	1,111	14,173	21,037
	Cities outside metropolitan areas		75,606					
		Area actually reporting	100.0%	553	2	27	118	406
	Nonmetropolitan counties		219,182					
		Area actually reporting	100.0%	700	8	40	84	568
	State Total		**5,615,727**	**38,110**	**546**	**1,178**	**14,375**	**22,011**
		Rate per 100,000 inhabitants		678.6	9.7	21.0	256.0	392.0
Massachusetts	Metropolitan Statistical Area		6,411,278					
		Area actually reporting	97.7%	28,293	185	1,708	7,953	18,447
		Estimated total	100.0%	28,701	186	1,738	8,047	18,730
	Cities outside metropolitan areas		24,878					
		Area actually reporting	98.6%	73	0	4	0	69
		Estimated total	100.0%	74	0	4	0	70
	Nonmetropolitan counties		1,037					
		Area actually reporting	100.0%	0	0	0	0	0
	State Total		**6,437,193**	**28,775**	**186**	**1,742**	**8,047**	**18,800**
		Rate per 100,000 inhabitants		447.0	2.9	27.1	125.0	292.1
Michigan	Metropolitan Statistical Area		8,219,091					
		Area actually reporting	99.3%	52,561	687	3,990	13,959	33,925
		Estimated total	100.0%	52,753	688	4,014	14,005	34,046
	Cities outside metropolitan areas		644,856					
		Area actually reporting	91.3%	1,529	2	389	127	1,011
		Estimated total	100.0%	1,639	2	415	136	1,086
	Nonmetropolitan counties		1,231,696					
		Area actually reporting	98.8%	2,358	23	830	66	1,439
		Estimated total	100.0%	2,386	23	840	67	1,456
	State Total		**10,095,643**	**56,778**	**713**	**5,269**	**14,208**	**36,588**
		Rate per 100,000 inhabitants		562.4	7.1	52.2	140.7	362.4
Minnesota[3]	Metropolitan Statistical Area		3,745,658					
		Area actually reporting	98.3%		111		5,239	7,295
		Estimated total	100.0%		112		5,273	7,362
	Cities outside metropolitan areas		564,999					
		Area actually reporting	98.7%		4		125	827
		Estimated total	100.0%		4		127	840
	Nonmetropolitan counties		856,444					
		Area actually reporting	98.7%		9		33	709
		Estimated total	100.0%		9		33	718
	State Total		**5,167,101**	**16,123**	**125**	**1,645**	**5,433**	**8,920**
		Rate per 100,000 inhabitants		312.0	2.4	31.8	105.1	172.6
Mississippi	Metropolitan Statistical Area		1,271,958					
		Area actually reporting	80.5%	3,984	107	453	1,845	1,579
		Estimated total	100.0%	4,387	118	514	1,965	1,790
	Cities outside metropolitan areas		594,750					
		Area actually reporting	80.3%	2,009	43	226	674	1,066
		Estimated total	100.0%	2,501	54	281	839	1,327
	Nonmetropolitan counties		1,043,832					
		Area actually reporting	45.8%	834	24	93	146	571
		Estimated total	100.0%	1,803	51	205	314	1,233
	State Total		**2,910,540**	**8,691**	**223**	**1,000**	**3,118**	**4,350**
		Rate per 100,000 inhabitants		298.6	7.7	34.4	107.1	149.5

(Continued)

Table 5 Crime in the United States, by State, 2006 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Missouri	Metropolitan Statistical Area		4,268,725					
		Area actually reporting	99.9%	26,738	316	1,479	7,261	17,682
		Estimated total	100.0%	26,747	316	1,480	7,263	17,688
	Cities outside metropolitan areas		686,656					
		Area actually reporting	100.0%	2,934	29	155	272	2,478
	Nonmetropolitan counties		887,332					
		Area actually reporting	100.0%	2,199	23	129	52	1,995
	State Total		**5,842,713**	**31,880**	**368**	**1,764**	**7,587**	**22,161**
		Rate per 100,000 inhabitants		545.6	6.3	30.2	129.9	379.3
Montana	Metropolitan Statistical Area		329,373					
		Area actually reporting	99.6%	753	5	98	109	541
		Estimated total	100.0%	757	5	99	109	544
	Cities outside metropolitan areas		199,268					
		Area actually reporting	92.5%	592	5	74	32	481
		Estimated total	100.0%	640	5	80	35	520
	Nonmetropolitan counties		415,991					
		Area actually reporting	95.8%	958	7	86	19	846
		Estimated total	100.0%	1,000	7	90	20	883
	State Total		**944,632**	**2,397**	**17**	**269**	**164**	**1,947**
		Rate per 100,000 inhabitants		253.7	1.8	28.5	17.4	206.1
Nebraska	Metropolitan Statistical Area		1,005,748					
		Area actually reporting	99.8%	4,081	40	340	1,056	2,645
		Estimated total	100.0%	4,083	40	341	1,056	2,646
	Cities outside metropolitan areas		399,057					
		Area actually reporting	92.3%	634	3	150	58	423
		Estimated total	100.0%	687	3	163	63	458
	Nonmetropolitan counties		363,526					
		Area actually reporting	81.1%	173	6	36	8	123
		Estimated total	100.0%	213	7	44	10	152
	State Total		**1,768,331**	**4,983**	**50**	**548**	**1,129**	**3,256**
		Rate per 100,000 inhabitants		281.8	2.8	31.0	63.8	184.1
Nevada	Metropolitan Statistical Area		2,232,781					
		Area actually reporting	100.0%	17,776	213	988	6,986	9,589
	Cities outside metropolitan areas		46,430					
		Area actually reporting	100.0%	139	2	11	19	107
	Nonmetropolitan counties		216,318					
		Area actually reporting	100.0%	593	9	80	22	482
	State Total		**2,495,529**	**18,508**	**224**	**1,079**	**7,027**	**10,178**
		Rate per 100,000 inhabitants		741.6	9.0	43.2	281.6	407.8
New Hampshire	Metropolitan Statistical Area		818,467					
		Area actually reporting	87.7%	1,124	7	187	315	615
		Estimated total	100.0%	1,219	7	206	333	673
	Cities outside metropolitan areas		443,220					
		Area actually reporting	85.3%	481	5	105	76	295
		Estimated total	100.0%	564	6	123	89	346
	Nonmetropolitan counties		53,208					
		Area actually reporting	2.8%	13	0	7	1	5
		Estimated total	100.0%	41	0	15	1	25
	State Total		**1,314,895**	**1,824**	**13**	**344**	**423**	**1,044**
		Rate per 100,000 inhabitants		138.7	1.0	26.2	32.2	79.4

State	Area		Population	Violent crime	Murder and nonnegligent manslaughter	Forcible rape	Robbery	Aggravated assault
New Jersey	Metropolitan Statistical Area		8,724,560					
		Area actually reporting	100.0%	30,672	428	1,237	13,357	15,650
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		None					
	State Total		**8,724,560**	**30,672**	**428**	**1,237**	**13,357**	**15,650**
		Rate per 100,000 inhabitants		351.6	4.9	14.2	153.1	179.4
New Mexico	Metropolitan Statistical Area		1,271,503					
		Area actually reporting	99.5%	8,541	90	717	1,682	6,052
		Estimated total	100.0%	8,583	90	721	1,687	6,085
	Cities outside metropolitan areas		403,133					
		Area actually reporting	85.7%	2,521	19	192	303	2,007
		Estimated total	100.0%	2,942	22	224	354	2,342
	Nonmetropolitan counties		279,963					
		Area actually reporting	84.3%	884	17	126	54	687
		Estimated total	100.0%	1,047	20	149	64	814
	State Total		**1,954,599**	**12,572**	**132**	**1,094**	**2,105**	**9,241**
		Rate per 100,000 inhabitants		643.2	6.8	56.0	107.7	472.8
New York	Metropolitan Statistical Area		17,735,074					
		Area actually reporting	99.5%	80,396	896	2,667	34,105	42,728
		Estimated total	100.0%	80,557	896	2,675	34,166	42,820
	Cities outside metropolitan areas		578,364					
		Area actually reporting	96.8%	1,581	12	171	236	1,162
		Estimated total	100.0%	1,633	12	177	244	1,200
	Nonmetropolitan counties		992,745					
		Area actually reporting	100.0%	1,776	13	317	79	1,367
	State Total		**19,306,183**	**83,966**	**921**	**3,169**	**34,489**	**45,387**
		Rate per 100,000 inhabitants		434.9	4.8	16.4	178.6	235.1
North Carolina	Metropolitan Statistical Area		6,127,860					
		Area actually reporting	99.1%	31,796	370	1,796	11,070	18,560
		Estimated total	100.0%	32,072	371	1,816	11,147	18,738
	Cities outside metropolitan areas		845,280					
		Area actually reporting	95.8%	5,314	69	296	1,602	3,347
		Estimated total	100.0%	5,536	72	308	1,668	3,488
	Nonmetropolitan counties		1,883,365					
		Area actually reporting	96.1%	4,338	93	356	643	3,246
		Estimated total	100.0%	4,516	97	371	669	3,379
	State Total		**8,856,505**	**42,124**	**540**	**2,495**	**13,484**	**25,605**
		Rate per 100,000 inhabitants		475.6	6.1	28.2	152.2	289.1
North Dakota	Metropolitan Statistical Area		295,930					
		Area actually reporting	99.6%	566	6	130	46	384
		Estimated total	100.0%	567	6	130	46	385
	Cities outside metropolitan areas		135,705					
		Area actually reporting	88.6%	155	1	39	18	97
		Estimated total	100.0%	174	1	44	20	109
	Nonmetropolitan counties		204,232					
		Area actually reporting	89.5%	64	1	17	5	41
		Estimated total	100.0%	72	1	19	6	46
	State Total		**635,867**	**813**	**8**	**193**	**72**	**540**
		Rate per 100,000 inhabitants		127.9	1.3	30.4	11.3	84.9

(Continued)

Table 5 Crime in the United States, by State, 2006 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Ohio	Metropolitan Statistical Area		9,241,305					
		Area actually reporting	85.5%	35,300	495	3,530	17,694	13,581
		Estimated total	100.0%	37,246	509	3,872	18,412	14,453
	Cities outside metropolitan areas		895,757					
		Area actually reporting	77.0%	1,383	9	324	432	618
		Estimated total	100.0%	1,797	12	421	561	803
	Nonmetropolitan counties		1,340,944					
		Area actually reporting	72.7%	847	13	185	128	521
		Estimated total	100.0%	1,166	18	255	176	717
	State Total		**11,478,006**	**40,209**	**539**	**4,548**	**19,149**	**15,973**
		Rate per 100,000 inhabitants		350.3	4.7	39.6	166.8	139.2
Oklahoma	Metropolitan Statistical Area		2,267,196					
		Area actually reporting	100.0%	13,484	158	1,073	2,756	9,497
	Cities outside metropolitan areas		697,754					
		Area actually reporting	100.0%	3,045	15	286	333	2,411
	Nonmetropolitan counties		614,262					
		Area actually reporting	100.0%	1,274	34	129	44	1,067
	State Total		**3,579,212**	**17,803**	**207**	**1,488**	**3,133**	**12,975**
		Rate per 100,000 inhabitants		497.4	5.8	41.6	87.5	362.5
Oregon	Metropolitan Statistical Area		2,853,550					
		Area actually reporting	99.2%	8,838	70	957	2,455	5,356
		Estimated total	100.0%	8,873	70	962	2,462	5,379
	Cities outside metropolitan areas		390,157					
		Area actually reporting	98.0%	986	7	146	178	655
		Estimated total	100.0%	1,006	7	149	182	668
	Nonmetropolitan counties		457,051					
		Area actually reporting	93.6%	462	8	79	42	333
		Estimated total	100.0%	494	9	84	45	356
	State Total		**3,700,758**	**10,373**	**86**	**1,195**	**2,689**	**6,403**
		Rate per 100,000 inhabitants		280.3	2.3	32.3	72.7	173.0
Pennsylvania	Metropolitan Statistical Area		10,449,475					
		Area actually reporting	94.3%	49,071	686	2,748	19,995	25,642
		Estimated total	100.0%	50,510	697	2,839	20,400	26,574
	Cities outside metropolitan areas		880,121					
		Area actually reporting	84.9%	2,240	16	231	345	1,648
		Estimated total	100.0%	2,637	19	272	406	1,940
	Nonmetropolitan counties		1,111,025					
		Area actually reporting	100.0%	1,518	20	290	168	1,040
	State Total		**12,440,621**	**54,665**	**736**	**3,401**	**20,974**	**29,554**
		Rate per 100,000 inhabitants		439.4	5.9	27.3	168.6	237.6
Puerto Rico	Metropolitan Statistical Area		3,730,638					
		Area actually reporting	100.0%	8,648	720	113	5,129	2,686
	Cities outside metropolitan areas		197,138					
		Area actually reporting	100.0%	281	19	5	116	141
	Total		**3,927,776**	**8,929**	**739**	**118**	**5,245**	**2,827**
		Rate per 100,000 inhabitants		227.3	18.8	3.0	133.5	72.0

State	Area		Population	Violent crime	Murder and nonnegligent manslaughter	Forcible rape	Robbery	Aggravated assault
Rhode Island	Metropolitan Statistical Area		1,067,610					
		Area actually reporting	100.0%	2,414	27	283	735	1,369
	Cities outside metropolitan areas		None					
	Nonmetropolitan counties		None					
		Area actually reporting	100.0%	15	1	2	0	12
	State Total		**1,067,610**	**2,429**	**28**	**285**	**735**	**1,381**
		Rate per 100,000 inhabitants		227.5	2.6	26.7	68.8	129.4
South Carolina	Metropolitan Statistical Area		3,265,103					
		Area actually reporting	99.9%	25,185	282	1,351	4,816	18,736
		Estimated total	100.0%	25,190	282	1,351	4,817	18,740
	Cities outside metropolitan areas		274,152					
		Area actually reporting	98.7%	3,374	22	126	556	2,670
		Estimated total	100.0%	3,420	22	128	564	2,706
	Nonmetropolitan counties		781,994					
		Area actually reporting	100.0%	4,468	55	283	518	3,612
	State Total		**4,321,249**	**33,078**	**359**	**1,762**	**5,899**	**25,058**
		Rate per 100,000 inhabitants		765.5	8.3	40.8	136.5	579.9
South Dakota	Metropolitan Statistical Area		342,204					
		Area actually reporting	97.0%	798	7	221	72	498
		Estimated total	100.0%	808	7	223	72	506
	Cities outside metropolitan areas		210,633					
		Area actually reporting	63.9%	230	1	50	24	155
		Estimated total	100.0%	360	2	78	38	242
	Nonmetropolitan counties		229,082					
		Area actually reporting	66.7%	114	0	23	6	85
		Estimated total	100.0%	172	0	35	9	128
	State Total		**781,919**	**1,340**	**9**	**336**	**119**	**876**
		Rate per 100,000 inhabitants		171.4	1.2	43.0	15.2	112.0
Tennessee	Metropolitan Statistical Area		4,391,468					
		Area actually reporting	100.0%	38,655	353	1,741	10,529	26,032
	Cities outside metropolitan areas		598,898					
		Area actually reporting	99.7%	3,904	19	230	458	3197
		Estimated total	100.0%	3,916	19	231	459	3,207
	Nonmetropolitan counties		1,048,437					
		Area actually reporting	100.0%	3,336	37	170	141	2,988
	State Total		**6,038,803**	**45,907**	**409**	**2,142**	**11,129**	**32,227**
		Rate per 100,000 inhabitants		760.2	6.8	35.5	184.3	533.7
Texas	Metropolitan Statistical Area		20,438,199					
		Area actually reporting	99.9%	111,939	1,270	7,454	36,324	66,891
		Estimated total	100.0%	111,966	1,270	7,456	36,330	66,910
	Cities outside metropolitan areas		1,415,994					
		Area actually reporting	98.8%	5,730	41	570	745	4,374
		Estimated total	100.0%	5,786	42	576	751	4,417
	Nonmetropolitan counties		1,653,590					
		Area actually reporting	100.0%	3,626	72	340	173	3,041
	State Total		**23,507,783**	**121,378**	**1,384**	**8,372**	**37,254**	**74,368**
		Rate per 100,000 inhabitants		516.3	5.9	35.6	158.5	316.4

(Continued)

Table 5 Crime in the United States, by State, 2006 (Continued)

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
Utah	Metropolitan Statistical Area		2,262,521					
		Area actually reporting	99.3%	5,263	39	778	1,211	3,235
		Estimated total	100.0%	5,288	39	782	1,215	3,252
	Cities outside metropolitan areas		135,855					
		Area actually reporting	89.6%	199	4	42	19	134
		Estimated total	100.0%	222	4	47	21	150
	Nonmetropolitan counties		151,687					
		Area actually reporting	88.4%	187	3	35	8	141
		Estimated total	100.0%	212	3	40	9	160
	State Total		**2,550,063**	**5,722**	**46**	**869**	**1,245**	**3,562**
		Rate per 100,000 inhabitants		224.4	1.8	34.1	48.8	139.7
Vermont	Metropolitan Statistical Area		205,512					
		Area actually reporting	100.0%	417	4	72	64	277
	Cities outside metropolitan areas		198,565					
		Area actually reporting	100.0%	265	0	47	32	186
	Nonmetropolitan counties		219,831					
		Area actually reporting	97.0%	165	8	30	14	113
		Estimated total	100.0%	170	8	31	14	117
	State Total		**623,908**	**852**	**12**	**150**	**110**	**580**
		Rate per 100,000 inhabitants		136.6	1.9	24.0	17.6	93.0
Virginia	Metropolitan Statistical Area		6,533,826					
		Area actually reporting	99.7%	19,427	346	1,536	7,384	10,161
		Estimated total	100.0%	19,514	347	1,544	7,411	10,212
	Cities outside metropolitan areas		269,141					
		Area actually reporting	99.2%	834	11	90	165	568
		Estimated total	100.0%	840	11	91	166	572
	Nonmetropolitan counties		839,917					
		Area actually reporting	100.0%	1,214	41	157	172	844
	State Total		**7,642,884**	**21,568**	**399**	**1,792**	**7,749**	**11,628**
		Rate per 100,000 inhabitants		282.2	5.2	23.4	101.4	152.1
Washington	Metropolitan Statistical Area		5,594,948					
		Area actually reporting	99.9%	20,529	174	2,393	6,177	11,785
		Estimated total	100.0%	20,530	174	2,393	6,177	11,786
	Cities outside metropolitan areas		333,641					
		Area actually reporting	93.5%	880	8	197	142	533
		Estimated total	100.0%	942	9	211	152	570
	Nonmetropolitan counties		467,209					
		Area actually reporting	100.0%	648	7	142	76	423
	State Total		**6,395,798**	**22,120**	**190**	**2,746**	**6,405**	**12,779**
		Rate per 100,000 inhabitants		345.9	3.0	42.9	100.1	199.8
West Virginia	Metropolitan Statistical Area		1,001,255					
		Area actually reporting	94.9%	2,992	38	257	621	2,076
		Estimated total	100.0%	3,112	39	266	640	2,167
	Cities outside metropolitan areas		224,905					
		Area actually reporting	84.1%	650	8	30	112	500
		Estimated total	100.0%	772	9	36	133	594

State	*Area*		*Population*	*Violent crime*	*Murder and nonnegligent manslaughter*	*Forcible rape*	*Robbery*	*Aggravated assault*
	Nonmetropolitan counties		592,310					
		Area actually reporting	93.3%	1,123	25	81	75	942
		Estimated total	100.0%	1,203	27	87	80	1,009
	State Total		**1,818,470**	**5,087**	**75**	**389**	**853**	**3,770**
		Rate per 100,000 inhabitants		279.7	4.1	21.4	46.9	207.3
Wisconsin	Metropolitan Statistical Area		4,016,819					
		Area actually reporting	100.0%	13,947	151	838	5,460	7,498
	Cities outside metropolitan areas		626,116					
		Area actually reporting	100.0%	1,112	4	171	72	865
	Nonmetropolitan counties		913,571					
		Area actually reporting	100.0%	724	9	122	35	558
	State Total		**5,556,506**	**15,783**	**164**	**1,131**	**5,567**	**8,921**
		Rate per 100,000 inhabitants		284.0	3.0	20.4	100.2	160.6
Wyoming	Metropolitan Statistical Area		156,699					
		Area actually reporting	100.0%	337	4	59	45	229
	Cities outside metropolitan areas		212,064					
		Area actually reporting	97.4%	633	3	62	21	547
		Estimated total	100.0%	651	3	64	22	562
	Nonmetropolitan counties		146,241					
		Area actually reporting	95.8%	236	2	16	5	213
		Estimated total	100.0%	246	2	17	5	222
	State Total		**515,004**	**1,234**	**9**	**140**	**72**	**1,013**
		Rate per 100,000 inhabitants		239.6	1.7	27.2	14.0	196.7

[1] Includes offenses reported by the Zoological Police and the Metro Transit Police.
[2] Limited data for 2006 were available for Illinois.
[3] The data collection methodology for the offense of forcible rape used by the Illinois (with the exception of Rockford, Illinois) and the Minnesota state UCR Programs do not comply with national UCR guidelines. Consequently, their figures for forcible rape (with the exception of Rockford, Illinois) have been estimated for inclusion in this table.

Source: United States Department of Justice, Federal Bureau of Investigation. (2007). *Crime in the United States, 2006*. Retrieved from http://www.fbi.gov/ucr/cius2006/

National Crime Victimization Survey

Table 6 Victimization by Race, Gender, Age, and Type of Crime; 2001

Number of victimizations and victimization rates for persons age 12 and over, by race, gender, and age of victims and type of crime

Rate per 1,000 persons in each age group

Race, Gender, and Age	Total Population	Crimes of Violence[a]		Robbery		Aggravated Assault		Simple Assault	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
White									
Male									
12–15	6,538,830	452,500	69.2	47,490	7.3	72,720	11.1	332,300	50.8
16–19	6,636,090	409,390	61.7	44,590	6.7	101,720	15.3	263,080	39.6
20–24	7,753,400	417,790	53.9	53,310	6.9	127,460	16.4	230,700	29.8
25–34	15,164,660	440,020	29.0	75,020	4.9	106,340	7.0	258,660	17.1
35–49	27,113,010	605,700	22.3	61,300	2.3	148,750	5.5	385,360	14.2
50–64	17,697,360	174,020	9.8	20,250*	1.1*	41,510	2.3	112,260	6.3
65 and over	12,538,650	38,450	3.1	19,440*	1.6*	2,160*	0.2*	16,840*	1.3*
Female									
12–15	6,230,580	250,150	40.1	8,310*	1.3*	47,160	7.6	176,190	28.3
16–19	6,295,620	331,920	52.7	18,790*	3.0*	47,660	7.6	214,130	34.0
20–24	7,580,570	299,320	39.5	14,820*	2.0*	47,340	6.2	213,890	28.2
25–34	15,209,030	438,970	28.9	50,150	3.3	64,780	4.3	292,590	19.2
35–49	27,150,450	623,020	22.9	49,130	1.8	130,780	4.8	392,560	14.5
50–64	18,626,240	142,910	7.7	22,880*	1.2*	18,750*	1.0*	96,740	5.2
65 and over	16,680,770	58,600	3.5	19,020*	1.1*	9,510*	0.6*	26,060*	1.6*
Black									
Male									
12–15	1,437,760	99,540	69.2	22,500*	15.7*	14,740*	10.3*	62,300	43.3
16–19	1,195,420	75,420	63.1	33,030	27.6	21,640*	18.1*	20,750*	17.4*
20–24	1,133,190	38,360	33.9	7,850*	6.9*	13,400*	11.8*	17,110*	15.1*
25–34	2,388,380	56,810	23.8	2,250*	0.9*	22,870*	9.6*	28,660*	12.0*
35–49	3,760,910	100,550	26.7	17,330*	4.6*	30,560	8.1	49,350	13.1
50–64	1,890,350	27,410*	14.5*	0*	0.0*	11,150*	5.9*	16,260*	8.6*
65 and over	1,120,990	0*	0.0*	0*	0.0*	0*	0.0*	0*	0.0*
Female									
12–15	1,335,470	67,500	50.5 0	0*	0.0*	3,390*	2.5*	54,780	41.0
16–19	1,238,370	72,850	58.8 0	3,360*	2.7*	26,530*	21.4*	39,680	32.0
20–24	1,501,690	56,750	37.8 0	3,120*	2.1*	12,340*	8.2*	31,150	20.7
25–34	2,846,600	127,130	44.7 0	6,240*	2.2*	43,780	15.4	73,930	26.0
35–49	4,413,410	124,400	28.2 0	2,180*	0.5*	24,760*	5.6*	97,460	22.1
50–64	2,436,390	32,290	13.3 0	2,170*	0.9*	4,110*	1.7*	26,000*	10.7*
65 and over	1,686,390	7,190*	4.3*	3,200*	1.9*	1,530*	0.9*	2,450*	1.5*

*Estimate is based on about 10 or fewer sample cases.

[a] Includes data on rape and sexual assault, not shown separately.

Source: United States Department of Justice, Bureau of Justice Statistics. National Criminal Victimization Survey, 2001. Retrieved from www.ojp.usdoj.gov/bjs/

Note: Excludes data on persons of "Other" races.

Table 7 Victimization by Race, Gender, Age, and Type of Crime; 2002

Number of Victimizations and Victimization Rates for Persons Age 12 and Over, by Race, Gender, and Age of Victims and Type of Crime

Rate per 1,000 persons in each age group

Race, Gender, and Age	Total Population	Crimes of Violence[a]		Robbery		Aggravated Assault		Simple Assault	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
White									
Male									
12–15	6,649,570	326,980	49.2	25,510*	3.8*	38,090	5.7	263,380	39.6
16–19	6,679,400	413,470	61.9	32,880	4.9	105,200	15.8	268,530	40.2
20–24	7,970,580	449,710	56.4	57,340	7.2	111,560	14.0	276,710	34.7
25–34	15,044,240	458,460	30.5	47,770	3.2	90,200	6.0	317,960	21.1
35–49	27,011,440	509,320	18.9	50,870	1.9	89,110	3.3	365,870	13.5
50–64	18,288,270	197,470	10.8	18,720*	1.0*	33,950	1.9	142,600	7.8
65 and over	12,670,390	38,920	3.1	2,280*	0.2*	17,640*	1.4*	19,000*	1.5
Female									
12–15	6,341,810	290,690	45.8	7,640*	1.2*	31,220	4.9	225,730	35.6
16–19	6,353,200	323,940	51.0	22,130*	3.5*	37,070	5.8	227,850	35.9
20–24	7,705,710	330,510	42.9	17,310*	2.2*	64,690	8.4	204,110	26.5
25–34	15,081,470	335,830	22.3	27,190*	1.8*	54,580	3.6	236,850	15.7
35–49	27,132,780	482,820	17.8	24,400*	0.9*	89,670	3.3	355,490	13.1
50–64	19,322,850	190,340	9.9	24,170*	1.3*	25,060*	1.3*	138,830	7.2
65 and over	16,705,260	44,160	2.6	12,600*	0.8*	0*	0.0*	27,090*	1.6*
Black									
Male									
12–15	1,566,360	63,000	40.2	13,360*	8.5*	8,370*	5.3*	41,270	26.3
16–19	1,174,220	59,410	50.6	7,340*	6.2*	28,950*	24.7*	23,120*	19.7
20–24	1,143,310	57,960	50.7	7,430*	6.5*	15,200*	13.3*	35,320	30.9
25–34	2,357,460	74,770	31.7	11,930*	5.1*	28,980*	12.3*	33,870	14.4
35–49	3,804,770	75,170	19.8	13,910*	3.7*	10,590*	2.8*	45,030	11.8
50–64	1,968,080	37,510	19.1	12,630*	6.4*	5,950*	3.0*	14,970*	7.6*
65 and over	1,150,640	13,960*	12.1*	8,900*	7.7*	0*	0.0*	5,070*	4.4*
Female									
12–15	1,371,190	53,220	38.8	0*	0.0*	5,390*	3.9*	39,090	28.5
16–19	1,231,120	118,290	96.1	3,050*	2.5*	21,880*	17.8*	49,900	40.5
20–24	1,527,560	34,220	22.4	0*	0.0*	3,830*	2.5*	26,490*	17.3*
25–34	2,866,470	91,840	32.0	17,510*	6.1*	19,170*	6.7*	51,310	17.9
35–49	4,457,190	86,310	19.4	3,560*	0.8*	38,220	8.6	42,080	9.4
50–64	2,545,070	27,320*	10.7*	10,460*	4.1*	1,890*	0.7*	14,960*	5.9*
65 and over	1,708,010	12,450*	7.3*	7,970*	4.7*	4,480*	2.6*	0*	0.0*

*Estimate is based on about 10 or fewer sample cases.

[a] Includes data on rape and sexual assault, not shown separately.

Source: United States Department of Justice, Bureau of Justice Statistics. National Criminal Victimization Survey, 2002. Retrieved from www.ojp.usdoj.gov/bjs/

Note: Excludes data on persons of "Other" races.

Table 8 Victimization by Race, Gender, Age, and Type of Crime; 2003

Number of Victimizations and Victimization Rates for Persons Age 12 and Over, by Race, Gender, and Age of Victims and Type of crime

Rate per 1,000 Persons in Each Age Group

Race, Gender, and Age		Total Population	Crimes of Violence[a]		Robbery		Aggravated Assault		Simple Assault	
			Number	Rate	Number	Rate	Number	Rate	Number	Rate
White only										
Male										
	12–15	6,711,700	408,790	60.9	19,830*	3*	76,950	11.5	308,870	46
	16–19	6,490,560	438,670	67.6	41,700	6.4	96,630	14.9	300,340	46.3
	20–24	8,067,830	359,650	44.6	59,360	7.4	95,200	11.8	202,050	25
	25–34	16,007,440	453,860	28.4	38,950	2.4	120,520	7.5	288,570	18
	35–49	27,022,330	529,730	19.6	42,280	1.6	124,490	4.6	360,340	13.3
	50–64	19,479,170	169,910	8.7	10,040*	0.5*	29,530*	1.5*	128,200	6.6
	65 and over	12,847,450	26,220*	2*	6,120*	0.5*	0*	0*	20,100*	1.6*
Female										
	12–15	6,393,990	222,980	34.9	19,330*	3*	49,700	7.8	139,760	21.9
	16–19	6,265,930	257,000	41	13,210*	2.1*	28,070*	4.5*	198,830	31.7
	20–24	7,823,280	304,160	38.9	19,880*	2.5*	35,620	4.6	228,190	29.2
	25–34	15,620,390	383,320	24.5	25,380*	1.6*	79,040	5.1	232,500	14.9
	35–49	27,038,830	460,410	17	35,640	1.3	67,860	2.5	325,950	12.1
	50–64	20,454,180	215,660	10.5	28,690*	1.4*	18,090*	0.9*	154,030	7.5
	65 and over	17,354,310	23,890*	1.4*	12,070*	0.7*	4,340*	0.3*	7,480*	0.4*
Black only										
Male										
	12–15	1,467,720	164,840	112.3	30,590*	20.8*	2,820*	1.9*	131,430	89.5
	16–19	1,182,280	83,070	70.3	12,960*	11*	31,300*	26.5*	38,810	32.8
	20–24	1,165,020	41,260	35.4	14,100*	12.1*	11,850*	10.2*	15,310*	13.1*
	25–34	2,263,630	83,430	36.9	18,000*	8*	17,080*	7.5*	45,440	20.1
	35–49	3,622,750	65,110	18	19,280*	5.3*	11,710*	3.2*	34,120	9.4
	50–64	2,140,630	50,640	23.7	17,920*	8.4*	10,920*	5.1*	21,800*	10.2*
	65 and over	1,094,560	8,420*	7.7*	0*	0*	0*	0*	8,420*	7.7*
Female										
	12–15	1,353,130	28,580*	21.1*	8,900*	6.6*	0*	0*	19,670*	14.5*
	16–19	1,264,770	36,500	28.9	11,650*	9.2*	13,400*	10.6*	7,340*	5.8*
	20–24	1,416,800	101,960	72	14,670*	10.4*	38,080	26.9	42,420	29.9
	25–34	2,796,330	69,880	25	10,600*	3.8*	8,760*	3.1*	45,630	16.3
	35–49	4,383,350	75,740	17.3	7,980*	1.8*	17,940*	4.1*	47,490	10.8
	50–64	2,659,000	16,040*	6*	0*	0*	8,100*	3*	7,940*	3*
	65 and over	1,751,830	5,120*	2.9*	2,140*	1.2*	0*	0*	0*	0*

*Estimate is based on about 10 or fewer sample cases.

[a] Includes data on rape and sexual assault, not shown separately.

Source: United States Department of Justice, Bureau of Justice Statistics. National Criminal Victimization Survey, 2003. Retrieved from www.ojp.usdoj.gov/bjs/

Note: Excludes data on persons of "Other" races and persons indicating two or more races.

Table 9 Victimization by Race, Gender, Age, and Type of Crime; 2004

Number of Victimizations and Victimization Rates for Persons Age 12 and Over, by Race, Gender, and Age of Victims and Type of Crime

Rate per 1,000 Persons in Each Age Group

Race, Gender, and Age		Total Population	Crimes of Violence[a]		Robbery		Aggravated Assault		Simple Assault	
			Number	Rate	Number	Rate	Number	Rate	Number	Rate
White only										
Male										
	12–15	6,728,050	441,520	65.6	44,450	6.6	48,790	7.3	348,280	51.8
	16–19	6,514,640	327,200	50.2	37,480	5.8	93,280	14.3	196,450	30.2
	20–24	8,328,050	366,990	44.1	29,830*	3.6*	106,700	12.8	230,460	27.7
	25–34	15,927,140	379,320	23.8	32,640	2	106,050	6.7	240,630	15.1
	35–49	26,884,440	571,620	21.3	70,440	2.6	124,790	4.6	376,400	14
	50–64	20,128,870	262,690	13.1	21,970*	1.1*	48,310	2.4	192,410	9.6
	65 and over	12,966,060	31,630*	2.4*	4,530*	0.3*	8,750*	0.7*	18,360*	1.4*
Female										
	12–15	6,361,220	200,080	31.5	0*	0*	22,970*	3.6*	155,950	24.5
	16–19	6,257,110	224,340	35.9	6,230*	1*	47,890	7.7	129,570	20.7
	20–24	7,918,260	302,970	38.3	15,600*	2*	33,430	4.2	213,200	26.9
	25–34	15,390,270	389,900	25.3	29,070*	1.9*	49,600	3.2	296,090	19.2
	35–49	26,858,440	426,090	15.9	40,400	1.5	79,470	3	275,970	10.3
	50–64	20,992,870	208,150	9.9	19,130*	0.9*	31,250*	1.5*	152,710	7.3
	65 and over	17,418,380	33,400	1.9	4,340*	0.2*	0*	0*	26,340*	1.5*
Black only										
Male										
	12–15	1,389,280	103,600	74.6	12,020*	8.7*	22,590*	16.3*	68,980	49.7
	16–19	1,222,090	96,190	78.7	12,170*	10*	32,380*	26.5*	51,640	42.3
	20–24	1,189,960	65,260	54.8	9,590*	8.1*	14,460*	12.2*	35,010	29.4
	25–34	2,409,860	50,410	20.9	16,350*	6.8*	11,600*	4.8*	22,460*	9.3
	35–49	3,634,820	58,900	16.2	11,850*	3.3*	33,320	9.2	13,730*	3.8
	50–64	2,246,200	21,060*	9.4*	8,680*	3.9*	2,430*	1.1*	9,950*	4.4
	65 and over	1,104,330	3,440*	3.1*	0*	0*	3,440*	3.1*	0*	0
Female										
	12–15	1,379,000	67,460	48.9	3,190*	2.3*	7,750*	5.6*	42,400	30.7
	16–19	1,205,430	51,930	43.1	15,590*	12.9*	4,390*	3.6*	31,960*	26.5
	20–24	1,494,800	99,710	66.7	4,880*	3.3*	22,970*	15.4*	67,840	45.4
	25–34	2,822,900	64,170	22.7	6,470*	2.3*	14,220*	5*	33,680	11.9
	35–49	4,388,680	46,110	10.5	5,990*	1.4*	15,670*	3.6*	18,850*	4.3
	50–64	2,765,370	24,910*	9*	0*	0*	7,810*	2.8*	7,850*	2.8
	65 and over	1,777,940	2,380*	1.3*	0*	0*	2,380*	1.3*	0*	0

*Estimate is based on about 10 or fewer sample cases.

[a] Includes data on rape and sexual assault, not shown separately.

Source: United States Department of Justice, Bureau of Justice Statistics. National Criminal Victimization Survey, 2004. Retrieved from www.ojp.usdoj.gov/bjs/

Note: Excludes data on persons of "Other" races and persons indicating two or more races.

Table 10 Victimization by Race, Gender, Age, and Type of Crime; 2005

Number of Victimizations and Victimization Rates for Persons Age 12 and Over, by Race, Gender, and Age of Victims and Type of Crime

Rate per 1,000 Persons in Each Age Group

Race, Gender, and Age		Total Population	Crimes of Violence[a]		Robbery		Aggravated Assault		Simple Assault	
			Number	Rate	Number	Rate	Number	Rate	Number	Rate
White only										
	Male									
	12–15	6,702,090	335,520	50.1	19,640*	2.9*	84,170	12.6	231,710	34.6
	16–19	6,525,180	355,260	54.4	57,370	8.8	84,210	12.9	206,660	31.7
	20–24	8,316,230	539,540	64.9	73,490	8.8	130,630	15.7	335,420	40.3
	25–34	15,903,200	393,230	24.7	46,590	2.9	64,140	4	282,510	17.8
	35–49	26,845,900	483,400	18	66,290	2.5	87,840	3.3	323,850	12.1
	50–64	20,799,270	270,610	13	43,410	2.1	46,960	2.3	180,240	8.7
	65 and over	13,146,140	42,190	3.2	13,800*	1*	22,420*	1.7*	5,970*	0.5
	Female									
	12–15	6,380,710	186,580	29.2	17,440*	2.7*	22,480*	3.5*	133,980	21
	16–19	6,263,590	185,720	29.7	11,900*	1.9*	20,350*	3.2*	126,220	20.2
	20–24	7,891,320	254,580	32.3	20,920*	2.7*	38,810	4.9	175,130	22.2
	25–34	15,432,730	309,920	20.1	27,400*	1.8*	42,130	2.7	229,470	14.9
	35–49	26,885,550	449,140	16.7	27,760*	1*	66,610	2.5	326,860	12.2
	50–64	21,633,960	179,430	8.3	14,790*	0.7*	42,450	2	108,170	5
	65 and over	17,537,540	30,790*	1.8*	6,230*	0.4*	4,740*	0.3*	19,820*	1.1*
Black only										
	Male									
	12–15	1,423,280	90,900	63.9	17,080*	12*	21,520*	15.1*	52,300	36.7
	16–19	1,279,320	95,320	74.5	37,750	29.5	20,840*	16.3*	36,730	28.7
	20–24	1,199,560	54,800	45.7	9,240*	7.7*	4,900*	4.1*	40,670	33.9
	25–34	2,390,860	55,750	23.3	17,610*	7.4*	26,510*	11.1*	8,930*	3.7*
	35–49	3,658,110	80,430	22	13,030*	3.6*	30,240*	8.3*	37,160	10.2
	50–64	2,334,400	39,960	17.1	3,610*	1.5*	18,220*	7.8*	18,130*	7.8
	65 and over	1,137,310	6,400*	5.6*	0*	0*	0*	0*	6,400*	5.6
	Female									
	12–15	1,320,950	72,300	54.7	6,010*	4.5*	13,750*	10.4*	45,300	34.3
	16–19	1,287,460	65,370	50.8	4,890*	3.8*	22,820*	17.7*	18,380*	14.3*
	20–24	1,478,900	67,920	45.9	8,010*	5.4*	21,400*	14.5*	38,510	26
	25–34	2,859,550	59,080	20.7	2,670*	0.9*	31,750*	11.1*	16,410*	5.7*
	35–49	4,404,500	63,950	14.5	13,160*	3*	7,530*	1.7*	43,260	9.8
	50–64	2,874,400	44,620	15.5	3,250*	1.1*	6,020*	2.1*	20,840*	7.3*
	65 and over	1,829,280	0*	0*	0*	0*	0*	0*	0*	0*

*Estimate is based on about 10 or fewer sample cases

[a] Includes data on rape and sexual assault, not shown separately.

Source: United States Department of Justice, Bureau of Justice Statistics. National Criminal Victimization Survey, 2005. Retrieved from www.ojp.usdoj.gov/bjs/

Note: Excludes data on persons of "Other" races and persons indicating two or more races.

Index

Bolded terms indicate encyclopedia entries; **bolded page references** indicate primary discussion about encyclopedia entries.