Annotated Bibliography: Domestic Violence

Jessica Carter, Kimberly DuBois, Carole Calhoun, & Jodi Harris

CCMH/510

March 26th, 2015

Dr. Glenn Tanita

Annotated Bibliography: Domestic Violence

Abbott, P., & Williamson, E. (1999, March). Women health and domestic violence. *Journal of*

*Gender Studies, 8*(1), 83-102.

This article pertained to the health care of women who experienced some form of domestic violence, and their treating physicians and other healthcare workers who acknowledged the importance and danger these individuals may experience, e.g. physically as well as mentally. Indicating healthcare workers needed to provide another avenue and advocacy to provide support, information and education to individuals who experienced domestic violence. Physician’s played a enormous role in the diagnosis and legitimization of mental illness that may derive from domestic violence. The Article challenged for additional education on understanding the concept of advocacy, in which victims of domestic violence can be empowered to make their own choices, and help individuals to explore their feelings, and the possible consequences of the individuals’ decisions.

Agazie, M. (2011). Cultural considerations impacting domestic violence among African American women: Implications for social work. *Conflict Resolution & Negotiation, 1*(1), 138-141.

This article discusses the cultural considerations when social workers interact with African American women who have been victims of domestic violence. It compares the statistics between African American and Caucasian women as it relates to experiencing domestic violence. The article discusses norms and belief systems regarding relationships and marriage in the African American culture. The article describes the risk factors that African American women face; including stereotyping, socioeconomic status, and lack of eligible black men. The article concludes with suggestions for social workers to help improve the lives of African American women who experience domestic violence. It calls for social work to work hand-in-hand with other services to eliminate domestic violence or to make the aftermath of violence less detrimental to the women.

Alifanoviene, D., Sapelyte, O., & Patkauskiene, L. (2013). Domestic violence against the man: The structure of emotional experience. *Social Welfare Interdisciplinary Approach, 3*(1), 31-40.

This article reviews the emotional experience of men who have experienced domestic violence. Empirical data is analyzed from semi-standardized interviews with men who have experienced violence. The authors analyze the emotional experiences related to the individual, to the significant other, to the environment, and to various family relationships. The article focuses on one man’s response as an example of the data that was gathered from all respondents. The studies found that two of the strongest emotions men who experience domestic violence feel are shame and worthlessness. These findings are similar to other articles regarding the male experience as victims of domestic violence.

Aujla, W., & Gill, A. K. (2014). Conceptualizing 'honour' killings in Canada: An extreme form of domestic violence?. *International Journal of Criminal Justice Sciences*, *9*(1), 153-166.

In this article, the authors give good information on the cultural significance of family honor, explaining that even a perceived slight to that honor may result in violence. This article also does a good job of demonstrating how females, regardless of the situation (rape, etc.) bear the burden of family shame and through their punishment the family may regain honor. It also gives excellent insight as to how females inadvertently perpetuate violence through the generations, as well as outline the formidable barriers faced in attempting to break that cycle. Feminist theory is discussed to conceptualize the cause of domestic violence. Additionally, the authors draw parallels between the so-called “honor killings” by members of certain Eastern cultures and domestic violence/homicides committed by Western men.

Baladerian, N.J. (2009). Domestic violence and individuals with disabilities: Reflections on research and practice. *Journal of Aggression, Maltreatment, & Trauma, 18*(2), 153-161. doi: 10.1080/10926770802675601

This article addresses the need for further research on the subject of domestic violence (DV) as it relates to individuals with disabilities, a highly vulnerable population. According to available research, adults with developmental disabilities and women with physical disabilities report more incidences of abuse. The nature of abuse toward disabled victims also tends to be more severe and, in the case of sexual assault, prolonged. This may be attributed to the victim’s inability to contact outside support or authorities as well as the inability to physically leave or fight back. In the case of developmentally or intellectually disabled individuals, they may be unable to properly communicate with a partner their comfort level, limits, or wishes. Furthermore, the abuse itself may cause disabilities, such as acquired brain injuries, which further complicates both the victim’s ability to access help and the provider’s ability to provide appropriate intervention, safety, or care throughout the separation process. In fact, the author states the most prevalent concern for those with disabilities attempting to access DV services is the inadequacy of most facilities to accommodate the disability. However, the need for these services is becoming more apparent to disability services and DV programs. In response, many cities are developing coalitions and partnerships between disability services and DV programs to provide greater access to services and meet the needs of this highly vulnerable population.

Becker, K.D., Mathis, G., Mueller, C.W., Issari, K., Atta, S.S., Okado, I. (2012). Barriers to treatment in an ethnically diverse sample of families enrolled in a community-based domestic violence intervention. *Journal of Aggression, Maltreatment, and Trauma, 21*(8), 829-850. doi: 10.1080/10926771.2012.708013.

This study was founded on research that indicates “ethnically diverse women exposed to domestic violence (DV) are approximately half as likely to access formal mental health services,” (p.830) and reportedly less than seven percent of Asian women sought help. In an attempt to address this gap in utilization of resources, this study examined barriers to treatment and motivating factors that influence ethnically diverse women from seeking and completing treatment programs. The sample consisted of women from many different Asian heritages (i.e. Hawaiian, Filipino, Pacific Islander, Korean, and Japanese) who participated in weekly psychoeducational group meetings that focused on coping skills specific to DV and exploration of attitudes and beliefs about DV. Their children were also involved in separate groups that mirrored the content of the adult groups with appropriate age-related changes to delivery. Outcomes on the content of the program demonstrated significant improvement in both child and parent coping as well as mothers’ parenting skills, as assessed through self-assessment and by counselors. One previously identified barrier to treatment, cultural competence, was addressed from the beginning of the program as the program was specifically designed to meet the needs of ethnically diverse clientele with an emphasis on Asian cultures. This may be the main factor attributable to both the success and low drop-out rate of the program as compared to other mainstream programs. However, the results of the study did identify other barriers to treatment, including perpetrator interference, everyday stressors or obstacles (i.e. scheduling conflicts, car trouble) and children’s ambivalence about treatment. Fortunately, most participants attended the majority of sessions, gained positive insight and applicable skills from the program, and reported several aspects of the treatment that aided participants in overcoming barriers. Motivating factors for attending treatment and overcoming barriers included positive relationships with therapists and other group members, noticeable improvement in their children, and children’s enthusiasm for treatment.

Callaghan, K. A. (2012, January). Power and control: domestic violence in America. *Teaching Sociology, 40*(1), 80-81.

A summary of events pertaining to a documentary during the 1980’s, and the project would eventually become known as the Duluth Model. The Duluth model was to capture the revolutionary changes in the way domestic violence was understood and handled by service providers, law enforcement, and the court system. The article provided a summary of a family who experienced domestic violence, from a woman’s account of the physical, emotional, and sexually abusive husband. Based on the documentation it communicated the premise men were empowered with privileged over women, and was an acceptable behavior for the majority of society.

The documentary described in the article highlights the rich view of one of the groundbreaking programs in domestic intervention.

Clark, A. (2011, Fall). Domestic violence, past and present. *Journal of Women’s History, 23*(3), 193-203.

This was an article authored by Anna Clark who examined the history of women’s violence from the ancient world to the current juncture of history with processes of domestic violence being acknowledged as a criminal behavior against women. This article focuses on the history of how society and the judicial systems viewed the criminal behavior of perpetrators. Prior to the 1970’s, judges and police officers saw domestic violence as a trivial offense. The majority of the cultures depicted abuse as a joke, and psychiatrists saw the pathology of the underclass or as individual women with the issue of abuse. The past history of the article elaborated on how domestic violence was often seen as a way husbands could legitimately correct their wives. There is a comparison of how elite women may have been viewed versus other women who may have been oppressed or women of color. There was a summation of church affiliations and the feedback they provided to families who experienced violence in their home. There is a solid overview in how feminist were able to organize and fight for justice for those individuals who had no voice in their domestic violence situation.

Cummings, A., Gonzalez-Guarda, R., & Sandoval, M. (2013). Intimate partner violence among Hispanics: A review of the literature. *Journal of Family Violence*. doi:10.1007/s10896-012-9478-5

This literature review discusses the risk and protective factors regarding domestic violence among Hispanics based on current articles and studies. The purpose of the review was to determine what risk/protective factors influenced domestic violence among Hispanics because Hispanics are affected by domestic violence at a rate that is disproportionate to other ethnicities. The four areas of risk/protective factors that were tested include individual, relationship, community, and social. Not all risk factors that were identified were unique to Hispanic culture; unemployment, age, marital status, level of education, and substance abuse. Several studies reviewed found that following traditional Hispanic gender roles (i.e. marianismo and machismo) increased the risk of violence in relationships.

Das, C. (2012). Barriers and supports to divorce for victimised British-Indian mothers and consequences of divorce: narratives of British-Indian adult children of divorce. *Child Care in Practice*, *18*(2), 147-164. doi:10.1080/13575279.2011.646953

In this article the authors attempt to understand what prohibits British-Indian women from seeking divorce as a solution to domestic violence. This article examines the experiences of British-Indian children raised in homes where the mother was a victim of domestic violence and eventually divorced the perpetrator. Due to a highly patriarchal family and community system that disapproves of divorce, even in situations of abuse, often shunning women after divorce, this article does a good job of explaining how even seeking help can be quite dangerous for women and girls. Though these women face significant barriers, the authors find that the ones with the most support were most likely to seek divorce.

Hines, D., & Douglas, E. (2009). Women's use of intimate partner violence against men: Prevalence, implications, and consequences. *Journal of Aggression, Maltreatment, & Trauma, 18*. doi:10.1080/10926770903103099

This article is a discussion about domestic violence against men. It discusses the extent of violence against men perpetrated from women; citing different surveys (i.e. crime surveys, National Violence Against Women Survey and different studies (i.e. family conflict studies). It discusses the trend of violence between men on women and women on men. This article discusses the social impact of domestic violence against men and the causes. The authors discuss the gendered structure of society as cause for violence against men. The article also discusses the psychological impact on men; citing depression, anxiety, and socioeconomic impacts. In addition, it discusses the types of violence used against men; rarely does it include physical violence rather mental, emotional, and sexual abuse from women. These findings are similar to the discussions in other articles regarding male victims of domestic violence.

Kumar, A. (2012). Domestic violence against men in India: A perspective. *Journal of Human Behavior in the Social Environment*. doi:10.1080/10911359.2012.655988

This article discusses the experiences of men in India who experience DV. It predicts the cause of DV against men as a shift in the power dynamics between men and women in society (i.e. “Women’s position, power, and status are changing.”). The article provides explanations about why it domestic violence against men is not as readily acceptable as violence against women; such as gender roles and societal norms. Social norms and expectations are the reason behind under-reporting of violence against men. The article also discusses the differences between men and women’s reasons and motivations behind violence against their partners. It also describes the different type of abuse that women use against men, similar to other articles that have been reviewed. The article explains there is a severe lack of data and information regarding violence against men.

Nabors, E.L. & Jasinski, J.L. (2009). Intimate partner violence perpetration among college students: The role of gender role and gendered violence attitudes. *Feminist Criminology, 4*(1), 57-82. doi: 10.1177/1557085108325235.

This study sought to examine the relationships between intimate partner violence (IPV), chivalry, and beliefs regarding traditional gender roles in college students. The results of the study supported previous research that indicates a strong correlation between the endorsement of traditional gender roles and acceptance of male violence and a greater likelihood of engaging in IPV. However, the data on chivalry indicated no relationship. An individual’s beliefs regarding chivalry were unrelated to either experiencing or perpetrating IPV. Interestingly, the control variables were more predictive of IPV than any other variable. Those who reported the highest rate of perpetration were black females. Because the instruments used to assess IPV behavior did not consider context, the applicability of these results is limited. The authors theorize the higher rate of violent behavior among females may be indicative or retaliatory or self-defensive behavior. The strongest predictor of IPV was childhood victimization, suggesting early intervention and prevention programs incorporated into school-based curricula may be the most helpful and appropriate means of preventing IPV. The data used in this study was collected in the 1990’s, which indicates a need for current research on the topic of IPV among college students. Additionally, assessment of pre-existing preventative programs at the high school level and during the first year of college (when students are the most vulnerable) should be conducted to determine whether the programs have a significant effect on incidences and severity of college student IPV.

Robertiello, G. (2006, May). Common mental health correlates of domestic violence. *Retrieved from http://web.a.ebscohost.com.contentproxy.phoenix.edu*

The articles requested answers to hard questions such as, “How does common mental health issues correlate to domestic violence”? The article acknowledged there is a substantial amount of information pertaining to domestic violence, however, limited information with the correlation between mental health and domestic violence.

The research conducted concludes one of the most harmful correlates of domestic violence is Post Traumatic Stress Syndrome (PSTD) is a more likely mental illness to develop after being involved in a long term abusive relationship. The primary focus of the article is on PSTD among women who have experienced some form of domestic violence, and whether or not professionals can establish if there were pre-existing mental problems prior to the violence. The article discloses some of the most common side effects women experience who have been abused, e.g., the anxiety from the abuse produces PTSD, depression, and low self-esteem. There is some documentation as to cultural differences among women of color versus other cultures. In the event a battered woman uses lethal alternatives to cease her abusive situation, may continue a lifetime with PTSD.

Salter, M. (2014). Multi-perpetrator domestic violence*. Trauma, Violence, & Abuse, 15*(2), 102-112. doi: 10.1177/1524838013511542

This article presents a review of current research and statistical information regarding multi-perpetrator domestic violence (MDV). The information was gathered from a variety of sources including domestic violence programs, research, and government agencies from multiple countries. During his research, Salter identified two populations at a higher risk for MDV. The first group consists of women associated with gangs, organized crime, and cults. In these instances, physical and sexual violence are often used as a means to control, claim ownership of, and intimidate female members to ensure they will not share information with authorities. Women may also be seen as “shared group property,” in which case sexual violence is most common and may take the form of systematic rape. Victims may be reluctant to seek help because they fear prosecution for their involvement with criminal activity within the group. The second at-risk population consists of women in ethnic minority communities, specifically women from Africa and Southern Asia. Multi-perpetrator violence in certain communities may have historical significance and be considered culturally appropriate or normal. Therefore, the victim may not perceive the behavior as abusive. For instance, some cultures have a hierarchical structure wherein older women use physical violence to teach, control, and reprimand younger females. Women in these circumstances who do feel victimized may still refrain from seeking help because they fear dishonoring their family, being shunned or disowned, and stigmatizing their community. With all forms of MDV, authorities and organizations face significant challenges including language barriers, multi-agency coordination of efforts, and the considerable amount of resources required to investigate and prosecute multiple individuals.

Schaffer, B.J. (2010). Male veteran interpersonal partner violence (IPV) and associated problems. *Journal of Aggression, Maltreatment, & Trauma, 19*(4), 414-423. doi: 10.1080/10926771003799539

This study was conducted to assess the effectiveness of the Department of Veteran Affairs (VA) Domestic Relations Clinic (DRC) batterers’ treatment program. Participants were limited to homeless male veterans who were recently incarcerated, have a history of substance dependence, and who recently perpetrated an act of domestic violence within three months. This specific population was chosen to investigate the relationship between veteran perpetrated domestic violence, homelessness, and substance use. Participants were mandated to participate in treatment as a condition of either sentencing or parole. Although the focus of the study was the VA’s batterer group psychotherapy program, participants also received medical care, substance use treatment, and couples or family counseling where clinically indicated. Violent behavior and tendencies were measured by the Domestic Violence/Abuse Screen (DV/AS). Results indicated a significant reduction in 25 of 34 behaviors on the DV/AS checklist, indicating program success. Furthermore, recidivism rates were low and recidivism usually preceded substance abuse relapse. This study supports the use of batterer intervention programs (BIPs) as a condition of rehabilitation for male veterans who also struggle with homelessness and substance use.

Shahidullah, S.M. & Derby, N.C. (2009). Criminalisation, modernization, and globalization: the US and international perspectives on domestic violence*. Global Crime, 10*(3), 196-223. doi: 10.1080/17440570903079923

This article examined the global evolution of the definition, criminalization, and prosecution of domestic violence (DV). The authors propose that the modernization of civilization cannot occur without the acknowledgement and protection of human rights. In the case of DV, there have been several pivotal moments in United States history that demonstrate the evolution of women’s rights. Among the most impactful moments are the Nineteenth Amendment to the constitution, the Kirchberg v. Feenstra court case in 1981, and the enactment of the Violence Against Women Act of 1994. The Act of 1994 was especially significant for DV because it mandated the introduction of a National Domestic Violence Hotline, prevention programs, victim’s assistance, and rape prevention and education. These changes occurred in other modernized countries around the same timeframe. The United States and other countries with a strong global influence convened with the United Nations to create the UN Covenant to Eliminate all forms of Discrimination Against Women (CEDAW). This was the true turning point in regard to global domestic violence. The article discusses the unique challenges several countries encountered in complying with the UN CEDAW. For instance, India has a large population that is spread over a large continent and includes over 22 languages, several different races, and multiple religions. Adapting the regulations to each region and enforcing them became a monumental task. Ghana represents another country overcoming considerable obstacles and longstanding oppression. Ghana has the highest reported rate of violence against women in the world with 72 percent of the population reporting “wife beating” was a common cultural practice. Domestic Violence was only recently criminalized in Ghana in 2007. The article concludes by stating less than half (87 out of 185) countries that are members of the United Nations “have adopted legislation to criminalize domestic violence,” (p. 221). From this one can conclude that domestic violence is still a global problem that requires continued attention and advocacy.

Stutts, J.J. (2014). Domestic violence in later life. *The Judges’ Journal, 53*(2), 20-23. Retrieved from the University of Phoenix Library, ProQuest Database.

This article presents the unique challenges elderly victims face and the ways in which domestic violence in later life differs from other forms of domestic violence. Elder abuse is more commonly perpetrated by family members and the form of abuse may not necessarily be direct physical violence. For instance, elders are more vulnerable to financial exploitation, forced isolation, withheld medical treatment or overmedication, and other forms of negligence. The prevalence of male victims also increases with age. Seniors tend to be more dependent on their abuser than younger victims. They may rely on the abuser for mobility and everyday needs, such as food. The abuser may also have power of attorney or other forms of legal authority that may be used to intimidate, threaten, or control the elderly victim. Fear of abandonment, threats of being institutionalized, and societal ageism are all barriers to obtaining help. The article concludes with additional resources for support and information, including the National Domestic Violence Hotline (www.thehotline.org), local Adult Protective Services (https://www.azdes.gov/daas/aps/), and the National Center on Elder Abuse (http://www.ncea.aoa.gov/).

Sumter, M. (2006). Domestic violence and diversity: A call for multicultural services. *Journal of Health & Human Services Administration*, *29*(2), 173-190.

This article explores how the delivery of services through the lens of the dominant culture creates significant barriers to marginalized minorities seeking help. The article provides many statistics comparing the prevalence of domestic violence between minorities, as well as to outline some cultural differences that create a gap in service delivery. The authors then go on the give excellent recommendations for increasing cultural competency at the institutional and individual level.

Tonsing, J. C. (2010). A study of domestic violence among the South Asian in Hong Kong *International Journal of Interdisciplinary Social Sciences*, *5*(1), 367-376.

While studies exist examining impact of domestic violence among the dominant Chinese race in Hong Cong, there are no studies involving South Asia’s ethnic minorities. In this article the authors attempt to bridge this gap as well as give indications for future studies. They give a brief outline of the domestic violence movement in Hong Kong as well as paint a picture of the religious and community barriers to seeking help or divorcing an abusive spouse. Family honor and individual shame are well explained as is the woman’s lack of perceived rights, religious, social, and economic barriers to seeking help. Feminist, Family Systems, and Ecological theories are applied to help conceptualize the risk factors and potential preventative measures associated with domestic violence.

Warshaw, C., Gugenheim, A. M., Moroney, G., & Barnes, H. (2003, Sep/Oct). Fragment services, unmet needs: building collaboration between the mental health and domestic violence community. *Health Affairs, 22*(5), 230-4.

This article communicated a project that was spear-headed in the inner city of Chicago, placing a need to address the unmet mental health needs of domestic violence survivors, and their children to develop models that integrated clinical and advocacy concerns. The primary concern for the women was the majority of the resources, e.g., meaning individuals who were available to assist with domestic violence, were not fully equipped to respond to persons needs. The article elaborated on the emergence of trauma theory which was instrumental in beginning to bridge the differences between mental health and domestic violence communities. There is information addressing the stigma which is attached to abused women, mental illness, and being placed in the system. Clearly the evolution for homes and shelter for domestic violence, and the support nationwide has created substantial change in public awareness as well as the legal and health care changes. There is the element for mental health clinicians; advocacy concerns which include attention to safety, confidentiality, accountability of perpetrators, documentation, and information about community resources.

Warrier, S. (2008). “It’s in their culture”: Fairness and cultural considerations in domestic violence. *Family Court Review*, *46*(3), 537-542. doi:10.1111/j.1744-1617.2008.00219.x

This article discusses intersectionality and the dangers of viewing cultural competence from solely a race or ethnic point of view. Explaining that even within groups individuals come from different situations and have different experiences, stereotyping by race or ethnicity alone does not equate to cultural competence. The article gives good advice on assessment measure that consider that all cultures are contradictory, survivors as unique individuals, competency must be developed at the institutional and individual level, and that all helping fields receive proper training and education.