

Preface

In this new millennium, the pendulum has finally swung in the direction of full federal and state funding for victims and survivors of domestic violence. Public attitudes of attorneys, judges, legislators, mental health counselors, nurses, physicians, psychologists, and social workers recognize the pervasive nature of domestic violence. Although professionals continue to search for solutions to the horrendous problem of domestic violence, and there are no easy answers, this handbook documents the latest and most promising intervention strategies.

There are two primary goals of this volume. The first is to offer the reader the latest and most advanced legal and criminal justice practices, risk assessment and advocacy practices, program developments, social services, and mental health treatment responses to domestic violence survivors and their children. The second is to offer the reader case illustrations and case applications and detailed information on how to advocate for and intervene on behalf of battered women.

This handbook offers an examination of the most promising and effective policies, programs, intervention strategies, and legal remedies for dealing with domestic violence. Several important policy reforms, risk assessment protocols, and program developments have taken place during the 1990s and 2000. At the beginning of the 21st century in October 2000, President Bill Clinton signed the second Violence Against Women legislation into law.

This was a major boon to the growing domestic violence and victim assistance industry with \$3.3 billion allocated for the years 2000-2005 for domestic violence services and advocacy activities, and police and court training and program enhancements. Thus, we have witnessed increased federal funding for research, criminal justice training, social services, and demonstration projects through the Violence Against Women Act I (VAWA, 1994) and VAWA II (2000). A number of recent research studies have identified risk factors, protective factors, early warning signs for domestic violence, and programs to reach the most vulnerable and hidden victims of domestic violence.

This handbook highlights the most promising innovations, policy and legislative changes, and expansion in the delivery of social services and health care, as well as technologically advanced 24-hour criminal justice responses, including:

1. Increased training seminars and workshops for judges, prosecutors, police, domestic violence advocates, crisis counselors, and health care advocates;
2. A five-level typology of the duration and severity of woman battering among 501 battered women. This includes the identification of psycho-social diagnostic indicators necessary to prevent an escalation of life-threatening battering injuries;
3. An analysis of the characteristics of battered women who have killed their abusive partners, compared with those battered women who did not kill their ex-partners;
4. The emergence of integrated domestic violence courts and how they work;
5. Specialized educational and mental health programs for children who witness domestic violence and are at risk of acute crisis episodes or traumatization;
6. The use of electronic technology to protect battered women, and to better monitor the batterers' compliance with restraining orders;
7. Adult abuse protocols and brief treatment at outpatient mental health clinics, community health clinics, hospital emergency rooms and trauma centers, and other departments in hospitals;
8. Findings of the first state-by-state national survey of domestic violence coalitions;
9. Research throughout Canada documenting the effectiveness of support groups in helping battered women to permanently leave their abusive partners;
10. The differential impact and effectiveness of batterers' treatment programs;
11. Overcoming the special needs and problems of Asian, Latina, lesbian, or elderly battered women.

Domestic violence, also known as intimate partner violence, family violence, women abuse, and spouse abuse, is prevalent throughout the United

States and Canada. The National Family Violence Survey (NFVS) of 1985 and the National Violence against Women Survey of 1995-96 both documented the high prevalence estimates of intimate partner perpetrated violence. American estimates of the prevalence of women battering range from 6 to 8.7 million annually. The epidemiological, sociological, health care, and criminal justice utilization research provide compelling evidence of the medical, mental health, and occupational (i.e., lost productivity and absenteeism), and criminal justice system costs emanating from domestic violence incidents. It has also been clear that the consequences of domestic assaults and abusive acts range from cuts and bruises to life-threatening beatings to homicides. On October 12, 2001, the Division of Violence Prevention and the National Center for Injury Prevention and Control of the Centers for Disease Control (CDC) released its report entitled *Surveillance of Homicide among Intimate Partners-United States, 1981-1998*. This report provided summary statistics on intimate partner homicides, specifically with regard to women in the United States who were homicide victims. According to this report, approximately one in three murders (300,522) were intimate partner homicides.

To anyone trained in the fields of law, criminal justice, counseling, psychology, and social work, the study of domestic violence is certainly a challenging and most worthy endeavor. Each year in the United States and Canada, several million women are physically injured, sustain permanent injuries and losses to one of their senses, or are killed by their abusive partners. We receive almost daily reminders in the media of the magnitude of intimate partner violence throughout North America. This is the first multidisciplinary handbook to view domestic violence as a criminal justice, public health, and social work problem. The framework of this handbook calls for a coordinated and systematic approach to finding solutions on all levels-individual, group, family, community, and society-by legal and criminal justice, public health and mental health, and social work professionals working together to implement the latest policies and practices. The crime of domestic violence, and strategies to lessen and eventually eliminate it from the United States and Canada, are the focus of this handbook.

Much has been accomplished in the past 30 years since the point of departure-when the first shelter for battered women and their children was opened in London, England. Within a few years of 1975 emergency shelters for battered women were opened in different parts of the United States such as the one in New York City; St. Paul, Minnesota; and Fresno, California. In 1978-79, the editor conducted the first national survey of the organizational structure and functions of 89 shelters for battered women throughout the United States.

By 1984-85, major initiatives were begun toward improving the police and courts responses to battered women. Researchers and legislators became

aware of the effectiveness of arresting the batterer in order to deter an escalation of the battering episodes. Landmark victim assistance and victim services legislation passed both houses of the U.S. Congress in 1984, and the Victims of Crime Act (VOCA) was signed into law by President Ronald Reagan. During fiscal year 1985, the amount of \$68.3 million was made available to support state victim compensation programs as well as grants for victim service and witness assistance programs. In applying for these new federal funds, each state was required to certify that it was giving priority to providing funding for local victim assistance programs that focused on aiding victims of sexual assault, spouse abuse, or child abuse. In 1990, the editor's national organizational survey of 184 victim service and witness assistance programs was published in book form, and titled *Helping Crime Victims*.

Emergency shelters expanded considerably in the late 1980s and 1990s, and by the year 2000 there were over 2,000 shelters nationwide. The most recent emerging and incremental developments are job training programs, and transitional and long-term congregate housing opportunities for battered women leaving emergency shelters in large and small cities. As a direct result of the Violence Against Women Act II (VAWA, 2000) programs were expanded nationwide with emphasis on enhancing the role of the courts in combating violence against women through training, education, and technical assistance for judges and court personnel, and technological improvements in the courts; reauthorization and enhancement of services; and Training for Officers and Prosecutors (STOP) grants. These grants increase funds to police and prosecutors for victim service collaborations, to state domestic violence and sexual assault coalitions; and for dating violence prevention programs. Other grant programs under Title II of VAWA II strengthen services to victims of violence and include legal assistance to victims of domestic violence and sexual assault, expanded shelter for battered women and their children, transitional housing assistance for victims of domestic violence, continuation funding for the National Domestic Violence Hotline, federal victims counselors grants programs, as well as enhancing protections for older and disabled women from domestic violence and sexual assault. Finally, Title III of VAWA II focuses on limiting the impact of domestic violence on children. This includes supervised visitation and safe visitation exchange of children of battered women, child abuse victims, or child sexual assault victims; reauthorization of the victims of child abuse programs, which includes the funding of special advocate programs, and the judicial personnel training program, and prosecutor grants for closed circuit televised testimony of children; and the study of parental kidnapping laws.

The leading experts in the United States and Canada present their comprehensive intervention models and legal remedies and as with any newly developed model program they continue to evolve and improve. It is my earnest

anticipation that the readers of this handbook will benefit from our experiences (case studies and research findings), risk assessment and intervention guidelines, and program development blueprints as we all strive to ultimately eliminate the tragedy and pervasiveness of domestic violence assaults and domestic violence homicides.

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