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The continuum of abuse ranges from women being hit once or twice (and ending the relationship) to women who are beaten with increasing frequency over many years (Roberts & Burman, 1998). Research has revealed a strong correlation between women experiencing chronic abuse and onset of bipolar disorder, anxiety disorder, posttraumatic stress disorder (PTSD), panic disorder, and/or depression with suicide ideation (Petretic-Jackson & Jackson, 1996; Walker, 1985). Consequences of sexual assault may include contraction of sexually transmitted diseases, including HIV. Molina and Basina-Smith (1998) discovered that 50% of a sample of battered women residing in shelters had been infected with at least one form of sexually transmitted disease. Economically, battering yielded absenteeism from work in 55% of battered women (Shepard & Pence, 1988). One annual estimate of cost of intimate violence to the health care industry, in 1980 dollars, included 21,000 hospitalizations, 99,800 days of hospitalization, 28,700 emergency room visits, and 39,900 physician visits totaling over \$44 million (McLeer & Anwar, 1987). Other studies suggest that this estimate is low: Rand and Strom (1997) found that 37% of over 550,000 women's emergency room visits resulted from victimization by an intimate.

Violence against women in dating relationships is at least as common as violence against married women. Sugarman and Hotaling (1991) conclude that roughly 28% of both males and females are involved in dating violence during their lifetime.

Tjaden & Thoennes (1998) discovered that physical battering is widespread among all racial and ethnic groups; 52% stated they were physically assaulted as a child by a caretaker and/or an adult by any type of perpetrator; and 18% reported having experienced a completed or attempted rape in their lifetime.

Studies examining racial differences in intimate violence present varied results. Lockhart (1987, 1991) found that roughly 33% of both African American and white women in a community sample were physically abused. Researchers found comparable rates for African American and white women across shelter, urban prenatal clinic, high school, and undergraduate samples (McFarlane, Parker, Soeken, Silva, & Reed, 1999; O'Keefe, 1994; Rouse, Breen, & Howell, 1988; Symons, Croer, Kepler-Youngblood, & Slater, 1994). Researchers using community, clinical, and shelter samples discovered no intimate violence difference rates between Mexican American and Anglo women (Mirande & Perez, 1987; Neff, Holamon, & Schluter, 1995; Torres, 1991). The National Crime Victimization Survey indicated no significant differences between African American, Latino, and Anglo American groups in rates of serious violence committed by intimates (Bachman, 1994). Contrarily, many other studies have found higher rates for minority women than white women. The first National Family Violence Survey reported intimate violence against African American women at four times the rate for white

women and the re-survey indicated twice the rate (Cazenave & Straus, 1979; Hampton & Gelles, 1994; Straus, Gelles, & Steinmetz, 1980). DeMaris (1990) found African American women experiencing more mild and severe dating violence, and Greenfield et al. (1998) report that African American women are three times more likely than white women to be killed by an intimate partner. Often, racial differences in intimate violence rates disappear when variables of age, social class, and husband's occupational and employment status are considered (Straus et al., 1980); people of color may be more likely than whites to be over-represented in demographic categories that are at greater risk for physical violence.

In 1974, there were seven emergency shelters for battered women (Roberts, 1981) and in 1998 there were more than 2000 shelters and crisis intervention programs for battered women and their children (Roberts, 1998). These programs help women regain control of their lives by identifying options and goals and striving to attain them. A woman with a prolonged abuse history experiencing a recent severe attack may be thrust into crisis (Young, 1995) due to intensified tension and distress, failed coping methods, and ensuing unbearable pain and anguish (Caplan, 1964; Janosik, 1984; Roberts, 1996b). This active crisis state can lead to change and growth facilitated by a 24-hour telephone crisis intervention service, police, hospital emergency room, or shelter for battered women.

The five most common precipitating events leading battered women in crisis to seek assistance from domestic violence programs are:

- a. an acute battering incident resulting in serious injury.
- b. major escalation in the degree of violence.
- c. an impairment in hearing, sight, or thought process directly due to battering.
- d. media attention to a brutally murdered woman who remained silent for years.
- e. serious injury to the woman's child.

The precipitating event is often perceived by the woman as the "last straw" in a long history of violence (Roberts, 1998).

## NATURE OF INTIMATE VIOLENCE

Weis (1989, p. 126) suggests that definitions of violence should include "actual, attempted, or threatened behavior that is intended to cause physical injury or create the fear of injury (particularly, to force someone to do something), and that actually does or is likely to cause injury or pain." Each assault act, however, may simply represent a temporary physical manifestation of a bigger issue, hence, the ongoing abuse and control of a woman by her intimate partner is examined and termed *battering*.

Battering describes behavior culminating in one individual continually reinforcing a power imbalance over another within an intimate/romantic relationship context.

The batterer generally uses assaultive and non-assaultive methods designed to dominate, control, and induce fear and/or subservience in the relationship partner. This complex pattern of behavior, called *coercive control*, can include physical/sexual violence, violence threats against the woman, children, or other loved ones, psychological/emotional abuse, economic exploitation, confinement and/or control over activity beyond home-life (social life, work), stalking, property destruction, burglary, theft, and homicide. Coercive control is generally manifested in numerous ways at one time (i.e., physical assault combined with verbal abuse within an economically exploitative relationship).

Feminist researchers (Currie, 1998; Johnson, 1995; Stark & Flitcraft, 1996; Yllo, 1993) acknowledge existence of violence by women against men (Straus & Gelles, 1990), however, they stress that such violence does not produce the degree of suffering or entrapment caused by intimate violence against women.

Physical abuse in relationships is defined as experiencing any act of physical aggression, including minor acts as slaps to severe acts as assault with a deadly weapon. Tjaden & Thoennes (1998a) project that 1.3 million women experience any intimate violence every year and 22 million women experience such in their lifetime.

Sexual abuse represents any sexual act that a woman submits to against her will due to force, threat of force, or coercion. Abraham (1999) offers a definition commonly found in research literature: "It includes sex without consent, sexual assault, rape, sexual control of reproductive rights, and all forms of sexual manipulation carried out by the perpetrator with the intention or perceived intention to cause emotional, sexual, and physical degradation to another person." (p. 592)

Approximately 10% to 14% of ever-married or cohabited women experience such sexual violence in their lifetime (Finkelhor & Yllo, 1985; Russell, 1990). Tjaden and Thoennes (1998a) estimate that 7.7% of all women have been raped by an intimate partner in their lifetime suggesting 7.7 million American women. Rape by intimate partners accounts for over 25% of all rapes (George, Winfeld, & Blazer, 1992). Victims of sexual abuse often report that this act is an expression of power, domination, and control.

Research into psychological abuse is relatively new as greater focus has been on the immediate concerns of physical violence. Psychological abuse can have severe consequences, even after controlling for physical abuse effects (Arias & Pape, 1999; Marshall, 1996). Many battered women evaluate emotional abuse effects as worse than physical abuse effects (Follingstad, Rutledge, Berg, Hause, & Polek, 1990).

O'Leary (1999) defines psychological abuse as: "acts of recurring criticism and/or verbal aggression toward a partner, and/or acts of isolation and domination of a partner. Generally, such actions cause the partner to be fearful of the other or lead the partner to have very low

self-esteem." (p. 19)

Types of psychological abuse vary across studies, for example, Follingstad et al. (1990) included threats of abuse and divorce, ridicule, jealousy, restriction, and damage to property. Murphy and Hoover (1999) identified hostile withdrawal - acting cold or distant when angry; domination/intimidation - destroying victim possessions; denigration - calling partner names; and restrictive engulfment - isolation from friends.

Psychological abuse is common and chronic in battering relationships. More than 50% of a community sample of physically abused women reported a high frequency (at least once a week) of three types of emotional abuse involving restriction, jealousy, and ridicule (Follingstad et al., 1990).

Domestic violence stalking behavior includes surveillance activities (i.e., monitoring phone calls, reading mail, and following victim outside the home), vandalism (i.e., breaking into the home, stealing belongings), and harassment (i.e., calling repeatedly at home or work). Most stalking definitions require that behaviors are repeated and produce a high level of fear in the victim (Tjaden & Thoennes, 1998b). One study estimated that over one million women are stalked annually; 59% of cases revealed the stalker as a former or current intimate partner; surprisingly, stalking behavior was more likely to begin during the relationship rather than after it ended (Tjaden & Thoennes, 1998b).

The perpetrator in cases of homicide of women (called *femicide*) is often a current or former intimate partner. Statistics indicate a range of 30% to 64% of femicide cases result from intimate violence (Campbell, 1992; Greenfield et al., 1998) and at least 1217 American women were victims in 1997 (Fox & Zawitz, 2000).

Some women report experiencing intimate violence as a relatively isolated event. Kurz's (1996) study of divorced women indicated 16% reported only one violent act; violence was minor and did not affect the woman's life in a major way. Stark and Flitcraft (1988) estimate that less than 33% of women are in this category. Johnson (1995) terms this type of intimate violence "common couple violence" which occurs when daily conflicts get "out of hand" leading to minor forms of violence equally initiated by men and women; escalation of the level of violence over time is unlikely.

In contrast, Plichta (1992) reviewed intimate violence studies and found 25% to 30% of physically abused wives experienced physical violence regularly. Bowker and Maurer (1987, cited in Plichta, 1992) discovered 46% of 1000 battered women reported 20 or more beatings throughout their relationship. From 69% to 83% of wife rape survivors reported being raped more than once, and from 33% to 50% reported 20 or more rapes during the relationship (Bergen, 1996; Finkelhor & Yllo, 1985).

The magnitude of intimate violence may be measured by chronicity, as indicated above, and by overlap of abuse types. A review of studies (Mahoney & Williams, 1998;

Hanneke, Shields, & McCall, 1986) reveals that approximately 50% to 70% of battered women experienced both physical and sexual abuse by their partner. One study of women stalked by an intimate partner revealed 81% reported physical assaults, and 31% reported sexual assaults by the same partner (Tjaden, 1997). Homicide by an intimate partner is infrequently an isolated act of violence (Stout, 1993). Life-threatening intimate violence is commonly associated with a high frequency of violence, injury-producing violence, sexual violence, threats to kill partner, the killing or abuse of pets, and controlling and psychological maltreatment. Browne (1987) noted that more than 75% of battered women who killed their partners were raped by their partner and 40% reported having been raped “often.”

### THEORIES EXPLAINING WOMEN REMAINING IN DOMESTIC VIOLENCE SITUATIONS

Walker (1979) noted a pattern of relationship abuse which she termed the “cycle of violence:” a period of tension building (may include verbal abuse, minor physical battering, and woman attempts to “placate” her partner, though rarely successfully) leads to a battering incident followed by perpetrator attempts to “make up” (expresses remorse, convinces her of his love, promises no further harm, gift-buying, and attends to her needs). The woman believes this is the man she loves, typically stays in the relationship, and convinces herself the honeymoon will last. The honeymoon period ultimately ends and leads to another tension building phase which starts the cycle once again. Over time, honeymoon periods get shorter and may become non-existent and violence increases in severity and frequency. This is but one possible pattern of violence, for example, as noted earlier, some women will experience intimate violence only once or twice.

The theory of learned helplessness offers rationale for women staying in abusive relationships. Parallels exist between dogs reactions in Seligman’s learned helplessness study and battered women. As in domestic violence, the shocks administered to the dogs were not based on their behavior, attempted escape from the shocks failed, and they stopped trying to escape - even when it was possible, due to the onset of learned helplessness. Just as the dogs perceived that nothing they did would end the shocks, so battered women may perceive a lack of self-control over the situation as attempts to end abuse (threatening to leave, contacting police, securing a restraining order) are fruitless. Walker (1989) stresses that the woman will not leave the batterer, even if possible, if she believes she cannot leave or cannot survive independently.

Related to learned helplessness and the cycle of violence is the battered woman syndrome (BWS). Walker (1979) believed that some women remain in abusive relationships due to extreme fear, and beliefs that escape is not possible (leading to no choice but to remain with the abusive partner). The syndrome develops over time as the cycle of

violence results in feelings of lost hope and inability to manage the situation. BWS describes a pattern of psychological components, including symptoms of PTSD (i.e., intrusive memories, flashbacks, fear, anxiety, sleep disturbances, avoidance, and hyper-vigilance) and learned helplessness. This syndrome affects women differently “depending upon a particular woman’s previous exposure to other oppressors, mental health status, available support systems, frequency and severity of the abuse, and a quality best described as ‘hardiness’ of the individual woman” (Walker, 1993, p. 134).

The Stockholm syndrome or hostage syndrome suggests women stay in abusive relationships by developing a bond with their captor as a hostage might do given a situation of isolation from outsiders, occasional kindness, and dependency of survival upon the captor (Graham & Rawlings, 1991). The syndrome is named after an event in Stockholm, Sweden, in which four bank employees were held hostage in the bank vault for 131 hours by two escaped prisoners. Ultimately, the hostages feared the police more than their captors as they eventually identified with the offenders and their cause (Strentz, 1979). Some women may feel that there is no escape from the situation in which their intimate partner is in complete control.

Traumatic bonding theory proposes that strong emotional ties coupled with intermittent abuse lead women to remain in abusive relationships. Specifically, physical assault leads to victim needing affection and an ensuing openness to perpetrator remorse; intermittent abuse results in victim vulnerability and need for positive treatment; ultimately, perpetrator kindness reinforces victim’s emotional bond to him (Dutton & Painter, 1993). Bowlby (1988) believes that some partners may have strong but unhealthy attachments to one another based on anxiousness and fear of abandonment, in turn, they may use violence to control the other or to avoid abandonment. In support, Holtzworth-Munroe, Stuart, and Hutchinson (1997) discovered that physically abusive male partners revealed unhealthy attachment styles more than non-violent men.

Psychological entrapment theory suggests the woman is unable to leave a domestic violence relationship because she has too much time, energy, and emotion invested toward attainment of a non-violent intimate relationship to give up.

The tendency for battered women to return to their abusers numerous times before permanently leaving may be due to weakness or contrarily, willingness to resolve relationship issues which takes persistence and strength. Campbell, Rose, Kub, and Nedd (1998) term this relationship phase the “in/out” period and indicate that most battered women move through this period en route to permanent separation. Stark and Flitcraft (1996) express that “linking the decision to stay in an abusive relationship with characterological dependency blames victims for problems they are desperately trying to resolve” (p. 164). Research indicates that most battered women leave their partner permanently (Campbell et al., 1998; Strube &

Barbour, 1984). Unfortunately, leaving the relationship and ending the abuse may be two different processes (Campbell et al., 1998). Tan, Basta, Sullivan, and Davidson (1995) found that of women no longer with their partner, 28% were physically harmed and 35% sustained psychological abuse six months after leaving.

#### CHARACTERISTICS of BATTERERS

Holtzworth-Munroe and Stuart (1994) present three types of batterers. The *family-only batterer* is hypothesized to have poor communication and social skills, a history of exposure to family-of-origin aggression, and high levels of dependency on partner(s). The *dysphoric/borderline batterer* is thought to have a history of parental rejection, child abuse, high dependency on partner, poor communication and social skills, hostility toward women, and low levels of remorse for perpetrated violence. The generally violent *antisocial batterer* is viewed as having experienced family-of-origin violence, a history of delinquency, communication and social skill deficits, and believes violence is an appropriate response to provocation.

Jacobson and Gottman (1998) examined emotions of severely violent batterers during non-violent arguments and discovered two emotional types: “pit bulls” and “cobras.” Pit bulls are men whose emotions quickly reach boiling point, and they have deep insecurities and dependence on their partners. Cobras are cool and methodical, systematic, controlling, sadistic toward their partners and display severe antisocial and criminal-like traits.

Characteristics of the aggressor rather than the victim predict a potentially violent relationship (Hotaling & Sugarman, 1986), however, batterers are not a homogeneous group and different types of batterers may display different characteristics and risk factors. Research has illuminated several risk factors associated with partner violence. Alcohol abuse and binge drinking have revealed consistent association with partner violence incidents (Kantor & Jasinski, 1998). Suggested is that alcohol is a disinhibitor and drunkenness serves as an excuse for violence against female partners (Kantor & Straus, 1989). Witnessing parental violence and experiencing child abuse are associated with intimate partner violence (Hotaling & Sugarman, 1986); hypothesized is that such experiences may result in issues with attachment and forming relationships. Hamberger and Hastings (1986) found three major personality profiles of batterers: narcissistic/antisocial, schizoid/borderline, and dependent/compulsive. O’Leary (1993) and O’Leary, Malone, and Tyree (1994) report that personality disorders characterize men in severely abusive relationships and aggressive and defensive personality style predicted later aggression. There is not a single personality profile which characterizes physical abusers, however, and many batterers are indistinguishable from non-batterers on a

number of life history and personality measures.

In addition to the above-mentioned characteristics, Hotaling and Sugarman (1986) found that working-class occupational status, and low income/assertiveness/educational level were associated with battering behaviors. Unemployment and job dissatisfaction are risk factors (Gelles & Cornell, 1985; Straus et al., 1980) as is cohabitation relative to marriage (Hotaling & Sugarman, 1986); no religious affiliation (Straus et al., 1980); social isolation (Pagelow, 1981); and having a greater number of children at home (Straus et al., 1980). Marital violence is highest among those aged 18 to 29 years (Bachman & Pillemer, 1992). More than 20% of men between 18 and 25 years and 16.9% between ages 26 and 35 committed at least one domestic violence act in the past year (National Research Council Institute of Medicine, 1998). Values promoting sexual inequality and male-domination enable domestic violence (Koss & Gaines, 1993; Straus, 1980).

#### RELATIONSHIP RISK FACTORS

Reports of violence or aggression were the strongest predictors of divorce within the first four years of marriage, and quality of communication was the best predictor of marital satisfaction in a study by Rogge and Bradbury (1999); “psychological” aggression resulted in increased ability to predict divorce suggesting factors such as psychological abuse may be precursors to more serious violence. Longitudinal studies reveal that destructive marital conflict and negative communication are the leading risk factors for future marital distress (Gottman, 1994; Markman & Hahlweg, 1993). Destructive communication patterns include the demand-withdraw pattern (“demander” pressures partner through criticism or complaints and “withdrawer” retreats through defensiveness or avoidance (Christensen & Heavy, 1990)), escalation, invalidation, withdrawal, and negative interpretations (Markman, Stanley, & Blumberg, 2001).

Marital aggression may be caused by couples’ failure to resolve marital conflict by utilizing proactive coping mechanisms (Markman & Kraft, 1989); supportive is that violent individuals often lack problem-solving and conflict resolution skills (Holtzworth-Munroe & Anglin, 1991). This deficiency in marital conflict resolution, due to one or both partners, can lead to negative escalation resulting in violence (Holtzworth-Munroe, Smutzler, Bates, & Sandin, 1997).

Resource theory (presented in next section) suggests that men who lack power (i.e., income, education, job status) relative to their mate may resort to violence to regain or compensate for a lack of power. Risk of marital violence increases in relationships in which husband has relatively less power than wife (Babcock, Waltz, Jacobson, & Gottman, 1993). These researchers also found that husbands’ and wives’ poor communication skills, husbands’ low decision-making power, and high levels of the husband demand-wife withdraw communication

pattern all associated with increased violence against the wife.

Observational methods have shown that physically aggressive husbands show more negativity than maritally distressed but non-violent husbands, and women in violent relationships are more likely to reciprocate negative behavior than women in non-violent relationships (Burman, John & Margolin, 1992).

These studies suggest the importance of interpersonal and communication patterns within the dynamics of intimate violence. Ending negative interaction, emotional abuse, unresolved conflict, and male domination of the relationship is considered essential for change.

### SAME-GENDER ABUSE DYNAMICS

Small sample surveys of same-sex relationship violence suggest partner violence in gay and lesbian couples is as prevalent as in heterosexual couples (Tjaden & Thoennes, 2000). Lesbian battering information did not emerge until the late 1980's and literature is based on small non-representative samples. A representative lesbian sample is difficult to obtain given existing cultural homophobia and discrimination reinforcing lesbian anonymity.

Renzetti (1992) suggests that lesbian relationships were idealized as egalitarian, non-competitive, and without power struggles common to heterosexual relationships. Historically, lesbian subculture has not recognized domestic violence within its community. The concept of intimate violence being related to dynamics of power and control is in early stages of recognition within lesbian communities (Leventhal & Lundy, 1999). The resulting false sense of safety has lessened perceived need to develop helping resources, in turn, lesbians have lacked knowledge and support to respond effectively to battered women in their communities (Van Wormer, 2001).

Same-sex relationships experience many of the same dynamics as heterosexual relationships. Lesbians have been raised in a heterosexual culture, hence, some couples repeat patterns of inequality, dominance, and submission that are common to heterosexual couples (Laird, 1998). Intimate violence within the gay community can be directly linked to the heterosexual concepts of power and control, simply without gender role conflict. Heterosexual and homosexual battering are driven by need for power and control, and both are motivated by abuser's need to dominate and disempower the victim (Domestic Violence in Lesbian Relationships, 2000). Other commonalities include the frequency, severity, and following the "cycle of violence" identified in heterosexual abuse in which tension precipitates violence followed by a honeymoon phase involving abuser apology, behavior minimization, and promises of future safety (McClennen & Gunther, 1999). Lesbian victims also minimize and take responsibility for the abuse as heterosexuals do while abuser maintains control and is possessive and isolating (Shomer, 1997).

Overlap of abuse types appears similar to heterosexuals as half of battered lesbians report both physical and sexual abuse, and almost 90% report both physical and psychological abuse (Renzetti, 1992). The same study also revealed lesbian battering is generally chronic with roughly 50% of one sample reporting more than 10 abusive incidents over the relationship.

Alcohol abuse is thought to facilitate but not cause intimate violence within the gay community such that battering is "explained away" due to partner's substance abuse (Renzetti, 1992). Gays and lesbians are three times more likely than heterosexuals to develop alcoholism (Niolon, 2000). The increased risk results from socialization centered around gay bars (DiNitto & McNeece, 1990), and using alcohol/drugs to deal with alienation and isolation caused by homophobia and oppression. Also, women are more impaired by alcohol than men due to differences in metabolizing alcohol (McClennen & Gunther, 1999).

Apart from these similarities, differences exist between heterosexual and lesbian partner abuse. First, the batterer may threaten to expose her partner's lesbianism to significant others which keeps the victim isolated and afraid (Domestic Violence in Lesbian Relationships, 2000). Same-sex batterers may use the conditions generated by homophobia and heterosexism as weapons against their partners (Leventhal, 1999). Hart (1986) defines homophobic control as: "threatening to tell family, friends, employer, police, church, community, etc. that the victim is a lesbian...; telling the victim she deserves all that she gets because she is a lesbian; assuring her that no one would believe she has been violated because lesbians are not violent; reminding her that she has no options because the homophobic world will not help her." (p. 189) Renzetti (1992) found that 21% of one sample of battered lesbians reported their partner "threatened to bring her out" or to reveal her sexual orientation without permission. Second, lesbians experience difficulty in getting needed help from mainstream agencies which may be ill-equipped to offer same-sex services or whose providers may be homophobic (Griffin, 2000). Often, lesbians do not feel welcome or understood in mainstream agencies which are heterosexually oriented (Davidson, 1997). Additionally, the victim can check into a facility where her abuser is (Friess, 1997). Third, lesbians may be hesitant to reveal domestic violence in their relationships fearing this might create more negative impressions of same-sex relationships in the eyes of heterosexual society (Shomer, 1997). Given concerns of poor resources, homophobia, and invisibility, gays and lesbians do not have similar protection and services as heterosexuals (O'camb, 2000).

Known factors potentially leading to violence in lesbian relationships include power imbalance (i.e., resource status, decision-making, and division of labor), dependency, jealousy, and witnessing intergenerational violence.

Estimated is that at least 330,000 lesbians are victims of







































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## TEST - DOMESTIC VIOLENCE

7 Continuing Education Hours

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For True/False questions: A = True and B = False.

### TRUE/FALSE

1. **At least one million women in the United States are victims of intimate violence annually.**

A) True B) False

2. **Intimate violence causes more physical injury to women than violence by strangers.**

A) True B) False

3. **Many battered women evaluate emotional abuse effects as worse than physical abuse effects.**

A) True B) False

4. **Psychological abuse rarely occurs in battering relationships.**

A) True B) False

5. **Most researchers agree that the major components of violence against women are emotional, sexual, physical and verbal violence.**

A) True B) False

6. **Men experiencing violence in their family of origin are more likely to perpetrate domestic violence.**

A) True B) False

7. **The Coordinated Community Response is a comprehensive intervention model augmented by police action and court systems.**

A) True B) False

8. **The Violence Against Women Act of 1994 addresses domestic violence, sexual assault, and stalking.**

A) True B) False

9. **Intimate violence victims rarely feel ambivalence toward their relationship with batterer.**

A) True B) False

10. **Evaluation of batterer intervention programs reveals a 40% recidivism rate in the year after the program.**

A) True B) False

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Continuing Psychology Education Inc. is approved by the California Association of Marriage and Family Therapists (CAMFT # 1000067) to sponsor continuing education for LMFTs, LCSWs, LPCCs, and LEPs. Continuing Psychology Education Inc. maintains responsibility for this program/course and its content. This course, Domestic Violence, meets the qualifications for 7 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences.

11. **Risk factors associated with partner violence include \_\_\_\_\_.**

- A) alcohol abuse
- B) witnessing parental violence
- C) experiencing child abuse
- D) all of the above

12. **Marital violence is highest among those aged \_\_\_\_\_.**

- A) 35 to 45 years
- B) 45 to 55 years
- C) 18 to 29 years
- D) 55 to 65 years

13. **The essential goal of therapy for batterers and their families is to \_\_\_\_\_.**

- A) address sexual issues
- B) end the violence
- C) resolve financial difficulties
- D) acknowledge no one is to blame

14. **One of the first treatment goals in working with an abused spouse is to \_\_\_\_\_.**

- A) implement a safety plan
- B) promote self-actualizing tendencies
- C) increase leisure activities
- D) address childhood issues

15. **The typical assessment process may not detect intimate violence because client \_\_\_\_\_.**

- A) may be in denial
- B) may fear partner retaliation through additional violence
- C) may fear partner will end relationship
- D) all of the above

## DOMESTIC VIOLENCE

16. **Relationship symptoms, including male pathological jealousy, history of family abuse, high anxiety, shame and guilt, and alcohol use, may suggest \_\_\_\_\_.**
- A) husband infidelity
  - B) wife infidelity
  - C) need for couple counseling addressing vocational issues
  - D) physical or sexual violence
17. **Given heightened national awareness, improved arrest and prosecution, and civil remedies, domestic violence \_\_\_\_\_.**
- A) has been resolved
  - B) occurs quite infrequently
  - C) remains a significant and unresolved issue
  - D) exists only in isolated geographical areas
18. **The prevalence of intimate violence against women in dating relationships compared to married women reveals \_\_\_\_\_.**
- A) significantly more married violence
  - B) comparable occurrence
  - C) significantly more dating violence
  - D) the absence of any dating violence
19. **Multi-dimensional theories of violence against women \_\_\_\_\_.**
- A) have evolved from singular theoretical models and utilize social, individual, and relationship factors
  - B) are proven to be ineffective
  - C) lack comprehensive orientation
  - D) do not address marital violence
20. **Battering is described as \_\_\_\_\_.**
- A) ongoing abuse of a woman by her intimate partner
  - B) ongoing control of a woman by her intimate partner
  - C) assaultive and non-assaultive methods designed to dominate relationship partner
  - D) all of the above

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