

Domestic Violence: Cultural and Contextual View

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## Abstract

This paper discusses domestic violence, also referred to as battering, from a cultural and existential approach. I will first examine the existential philosophy and explain why it is best applied to the area and domestic violence. Various issues of domestic violence then will be discussed from review of the literature including the impact of media and universal view of domestic violence, cultural concerns, socioeconomic concerns, the social impact of domestic violence, need for social awareness about this subject, need for professional training and understanding of both perpetrators and the victims and other issues pertinent to this subject. This paper is written in an effort to gain a two-sided approach to the understanding and treatment of domestic violence. From review of the literature, it would seem that most reports are written from one side, e.g. that of the perpetrator and/or against said perpetrator, or, that of the victim or against the victim. This paper seeks to focus, and not be biased to or about either the perpetrator or the victim with the recognition that domestic violence is serious and affects all parties, including many others indirectly. "We can no longer point fingers at the perpetrator, lock them up and throw them out of programs. We can no longer make it difficult or impossible for the victims to get help or escape the abuser, or even admit their very reluctance to address the issue enables the abuse. We must find ways that work in stopping the violence". (Rayl, 2011).

## DOMESTIC VIOLENCE: Cultural and Contextual View

### Background

The paper is written in response to the subject of domestic violence. According to research, domestic violence is a severe social problem which has been growing increasingly worse over the past several decades. Some of the research, however, indicates an uncertainty of whether the problem is worsening, or whether it is becoming more well-known and understood as attention has been focused on domestic violence.

The research on domestic violence has previously been focused on violence toward women. However, according to Bograd (1999), domestic violence affects all groups including race, class, sexual orientation and gender. Bograd describes how family therapy practice on domestic violence can be strengthened by explicit inclusions of dimensions such as race, class, sexual orientation and gendering asymmetry of domestic violence.

### *Purpose*

This paper is written to further explore domestic violence from a variety of contexts including prevalence, etiology, assessment of the problem / diagnosis, treatment goals and interventions, prevention, and prognosis. It will answer the questions of whether the present prevention-intervention methods are working or useful and what might be a more effective approach in working with families of domestic violence.

## ***THEORY OF CHANGE***

Change is constantly happening. It is an ongoing process of growth and development as a living being. Change may occur rapidly or slowly, barely noticeable or highly obvious.

The role of the professional therapist or counselor is to "assist the client to alter their perceptions, revise their representation and expand their openness to new possibilities; help the client make a shift in the way in which they view themselves, the world and others" (Presbury, Echterling & McKee, 2008).

It would follow, then, that if a professional is going to do this, and regardless of which therapeutic approach will be used, e.g., brief solution-focused therapy (BSFT) (de Shaver, 1980's), cognitive-behavior therapy (CBT) (Beck et al.), or even other training modules which are out there such as life coaching or those used in the national Domestic Violence intervention and prevention Programs, the professional must be willing to embrace change in oneself as a part of her / his own growth and development as a person and a professional.

After approximately 25 years of work and/or study in the field of mental health, it is my assertion that human health and development of pathology, either mental or physical, is a combination of various factors and cannot simply be defined as one specific cause. Factors including genetics, environment, learned behavior, behavioral choices, communication styles, cultural influences, uncontrollable circumstances—

all play a part of who we are and who we may or may not become. Because the mind and body are connected, one cannot have a healthy mind and an unhealthy body or vice versa. And perhaps, one cannot be healthy in all areas of life at one point in time although that may be the ultimate goal.

## ***Post-modernism (existential)***

The existentialist's philosophy suggests that there is no one reality, no one truth and no one worldview. "Post-modernism (existentialists) stress the social constructionist lens, strength-based orientation and a collaborative engagement with clients" (Sexton, weeks & Robbins, 2003).

The existential constructivist(Kelly, 1955, et al) understands that what we know or think we might know is linguistically constructed and can be changed or learned through new addition of words and knowledge. The development of knowledge is a communal process and as we relate and interact with each other in any way, we gain knowledge as we share it with one another. "Communication is the way we make sense of our worlds and ourselves" (Anderson & Gollishian, 1988).

According to Rorty (1979), "Language does not mirror what is. It is an outside description of an internal process and does not describe accurately what actually happened; rather, language allows a description of what happened and an attribution of meaning to it." Therefore, what is created can be re-created as often as need be.

Unlike other commonly supported therapeutic modalities, e.g., cognitive-behavior, or psychodynamic, Constructivist therapists understand that the client is the expert in his / her problems.

The Constructivist therapist is willing to share and is comfortable with sharing experiences and beliefs with clients in an effort to foster relationships and help clients identify their own beliefs and values.

The Constructivist therapist does not formulate goals and objectives for the client and allows the client to do so for themselves.

The Constructivist therapist is comfortable with resistance and understands this as a part of the change process.

The Existential therapist is not concerned with diagnostic labeling to describe clients' symptoms or behaviors. They are concerned with present problems and problem-resolution, e.g., if the client wishes to stop reliving the past, what are possible solutions to not reliving past events including building healthy relationships, healthy areas of focus, and so forth.

## ***Cultural View***

The constructivist therapist embraces multiple worldviews and cultures and understands that the same culture does not, necessarily, share the same worldview. According to Falicov (1990), Sexton, Weeks & Robbins (2003) "We look at the worldviews, values and customs of certain groups and assume these traits to be normative and stable. We talk about how Latinos value family closeness and interdependence, how Anglos are time-conscious and schedule-oriented, how the Irish like to tell stories and drink". As a result, if a Latino client enters who is not close with his / her family, the therapist working from a non-existential philosophy would likely assign a diagnosis whereas the existential therapist could accept that s/he is not close with the family for any number of reasons, and listen to learn if the client so desired to share. The existential therapist would not turn immediately to labels and explanations for behavior or cultural differences in the Irish or Anglos person if different from above and again, would be only interested in Does being time-conscious or not present a problem in that person's life? Does telling stories and drinking or not telling stories and drinking present a problem in that person's life? If so or not, what may be the person's (not therapists) identified problem and what would, then, be possibilities for resolution.

How does this apply to domestic violence and the understanding of it?

It is essential that when professionals work with people, whether in groups, couples or as individuals, they have an understanding of their own cultural beliefs and that of the person with whom they work. For example, what may be perceived as emotional abuse or control in one culture may be, in fact, a culturally accepted norm in another. In some cultures, it is perfectly accepted that the female is submissive to her husband. She is expected to be and she understands this. The western view of individuality or equality may not fit well in such a worldview and may be quite distressful to someone with that cultural concept. It does not constitute emotional abuse when people are within their cultural norms and understanding, however, it may well constitute an ethical violation or abuse from the professional when the professional fails to grasp the cultural importance of norms within a given culture.

## *Prevalence*

According to [Futureswithoutviolence.org](http://Futureswithoutviolence.org), the United States has made progress in addressing the problem of domestic violence; however has much work to do. On average more than three women a day are murdered by a boyfriend or husband in the United States.

In 2005, 1,181 women were murdered by an intimate partner.

In 2008, The Center for Disease Control and Prevention published data which was collected in 2005 indicating that women experience two million injuries from intimate partner violence (IPV) each year. Nearly one in four women in the United States report experiencing violence by a current spouse or boyfriend at some point in her life.

[Futureswithoutviolence.org](http://Futureswithoutviolence.org) reports that women are more likely to be victimized by a current or former intimate partner, e.g., 84% of spousal victims and 86% of victims of abuse at \_the hands of a boyfriend or girlfriend. Three-fourth of the persons who commit family violence are male.

There were 248,300 rapes / assaults in the United States in 2007, up from 190,600 in 2005; again, women were more likely than men to be victimized. In 2007, rates for women 12 and older of rape / assault were 1.8 per 1000, and 0.1 per 1000 for males.

The US Bureau of Justice statistics estimates that \_ million people have reported they are victims of stalking during a 12-month period in 2005-2006. Women experienced 20 stalking intimidations per 1000 and men experienced seven stalking intimidations per 1000. (There are no statistics listed for same sex stalking intimidations, or same sex other violence intimidations on this site).

According to the [Futureswithoutviolence.org](http://Futureswithoutviolence.org) site, women between 18 and 24 are at highest risk for IPV, with Latino and Native American being at highest ethnic risk.

Thelan, Hamberger, Guse and Edwards (2005) state that research has focused largely on the identification and care of women of domestic violence (Eisenstat, 1999; Hamberger, Ambuel, Marbella, & Doone, 1998; Johnson & Elliott, 1997; Kyriacou et al., 1999). "Although controversial, the idea that women commit acts of intimate partner violence against their male partners has been studied in various ways since Straus, Celles, and Steinmetz published the first national study of partner violence prevalence (1980). In a recent meta-analysis of over 80 studies, Archer (2000) summarized the research by reporting that women were slightly more likely than men to report using physical aggression against their intimate partners.

According to Thelan, Hamberger, Guse and Edwards (2005), this trend is echoed in clinical research that has also begun investigating men's and women's use of IPV (Cantos, \_Neidig, and O'Leary, 1993, 1994; Hamberger & Guse, 2002; Vivian & Langhinrichsen-Rohling, 1994.) Other research has also begun to investigate men who have been injured in domestic disputes and who sought emergency medical care, according to Menchem, Shofer, Reinhard, Hornig, & Datner, 1999).

Similar to results observed in national studies, research with clinical samples that have investigated prevalence of bi-directional partner violence has found that violence perpetrated exclusively by a single partner is the most uncommon pattern. "About 80% of men and women in clinical samples with partner

violence report a bi-directional pattern” (Cantos, Neidig & O’Leary, 1993 1994; Cascardi, Langhinrichsen & Vivian, 1992; Langhinrichsen-Rohling, Neidig & Thorn, 1995).

Other studies indicate that very little is known about domestic violence against men in relationships in which they are abused or treated violently by women. In 100 domestic violence situations, approximately 40 cases involve violence by women against men —wwwdddvm.org.

## ***The Media***

Research indicates that popular press discovered wife abuse in the 1970’s when it began reporting on domestic violence incidents which occurred outside of society’s accepted realm of violence, according to Maxwell, Husford, Borun and Hornig (2000). At that time, women’s magazines typically published an individual perspective that placed blame on the victim and held her responsible for solving the problem. Newspaper articles tended to combine myths and stereotypes to blame the victim for her own death as the media tactly accepted the abuser’s crime as individual aberrant behavior which permitted a further shift to blame the victim. "This pattern is reinforced when journalists employ writing styles that reduce culpability assigned to the perpetrator" (Maxwell, Husford, Borun and Hornig, 2007).

Reality television programs reinforce the idea that domestic violence is a problem confined to those with low incomes and little education, and that the victim is often responsible by not pressing charges against her abuser. "This lends further levitation to the existing stereotypes which persist even today" (Maxwell, Husford, Borun and Hornig, 2007.)

Studies have concluded that the media continually portray domestic violence through sensationalized or clichéd stories that focus on the individual abuser and victim. The literature also suggests the media have ignored larger structural factors associated with race, class and gender, Maxwell, Husford, Borun and Hornig, (2000); Serrang, (2007). This perpetuates ongoing domestic violence by reinforcing patriarchal ideals.

Serrang (2007) conducted a study from Utah newspapers to explore the framing of domestic violence fatalities in newspaper coverage over a one year period. Utah is a strong patriarchal culture. The purpose was to determine whether coverage included views that challenged patriarch. "It may help point to ways to frame coverage of domestic violence fatalities that do not portray them in ways that support the patriarchic institution" (Serrang, 2007).

## ***Etiology***

Although research seems to be controversial as to who experiences more violence, it is clear that both genders do experience violence. Research indicates that both men and women experience physical and psychological problems as a result of the violence. "A superficial analysis of research on men’s and women’s use of intimate partner violence would suggest that the violence is mutual, and that both men and women who report experiencing violence from their partners are equally victimized, and should be treated as such" (Thelan, Hamberger, Guse and Edwards, 2005.)

Other research from clinical samples is beginning to demonstrate important gender differences with respect to contextual issues and outcome of the violence.

In the area of motivation and committing partner violence, men more frequently intend abusive behaviors to control or frighten

Their partners (Barnett, Lee, & Thelan, 1997), or to dominate or punish a partner (Hamberger, Lohr, Bonge, & Collins, 1997).

Women report assaulting their partners to protect themselves, escape their perpetrators or in retaliation for prior violence (Barnett et al.; Hamberger et al.; Thelan, Hamberger, Guse & Edwards, 2005).

According to [www.batteredmen.com](http://www.batteredmen.com), 40% to 50% of men are abused physically or mentally by their intimate partners. They frequently do not talk about it. Even when they do, most people do not believe them. They are often made fun of, disbelieved, told they should be able to do something about it to prevent it, or stop the abuse from the female. They find themselves not supported by friends, family and by professionals alike. So “men don't tell” which is also the name of a movie about abused men.

"Even if you have been hurt much worse on an athletic playing field, it is not the same thing as being attacked by your intimate partner which hurts emotionally as well as physically. Allowing this pattern to continue can result in depression, substance of consciousness, substance abuse, even suicide. (At its worst, it has resulted in death at the hands of a partner or someone induced to kill you by the partner"  
[wwwdbatteredmen.org](http://wwwdbatteredmen.org))

Umberson, Anderson, Glick and Shapiro (1998) assert that most of the literature is written either from the perpetrator standpoint or from the victim standpoint. The literature tends to ignore any overlap between these two groups. The victim literature of etiology tends to focus on social and psychological factors that lead individuals (typically women) to remain involved in abusive relationships (Bower, 1983; Walker, 1984). The perpetrator literature focuses on social and psychological factors that attempt to explain why individuals (typically men) abuse their domestic partners (Dutton, 1988; Hamberger & Hastings, 1986; Stets, 1988).

A central theme in both literatures is that personal control plays an important role in domestic violence: why people abuse and why people remain in abusive relationships. From review of the literature on victims using this view, "the victims of domestic violence experience an increasingly diminished sense of control that leads to powerlessness and helplessness" Umberson, Anderson, Glick & Shapiro (2008). The perpetrator view, from the literature, suggests that abusers are characterized by a reduced sense of personal control or a high need for control that plays a role in triggering violent episodes.

Weissman (2007) asserts that domestic violence has been strongly impacted by the political unrest and economic uncertainty of unemployment, underemployment, declining wages, etc. over the past decade have contributed to violence against women and must be understood. "The reliance on the criminal justice system to ameliorate violence against women is no longer tenable" (Weissman, 2008).

## ***Assessment / Diagnosis***

To adequately assess for domestic violence, professionals must be trained to recognize the symptoms of physical, emotional and sexual abuse. They must understand that abuse happens from both partners, in all cultures and in all socio-economic levels.

When assessing the impact of violence, it is essential to understand the impact of violence on men and women. According to research from Thelan, Hamberger, Guse and Edwards (2005), the physical impact appears to differ.

Women are more likely than men to be injured by an assault from an intimate partner (Cantos et al., 1993 1994; Cascardi et al., 1992; Cascardi & Vivian, 1995; Langhinrichsen-Lohr et al., 1995). Women appear to be more severely injured than men, and to seek medical care more often for injuries resulting from domestic assault. Additionally, women who are victims are more likely to be subjected to more severe violence (Hamberger and Guse, 2002). However, men are also injured. They, too, claim these injuries happen in other ways (e.g. from sports accidents, at work). Anyone who seems to have frequent injuries or bruises should be assessed for the possibility of abuse from a partner.

Psychological impacts are different as well. Men seem to use violence for dominance and control while women use it for retaliation and escape. Women scored significantly higher on measures of fearfulness of their partners in studies by Jacobson and colleagues (1994). Jacobson (1994) found that during arguments "women were significantly more fearful during intense arguments than men, and that during these arguments, men were not fearful at all. However, men who are being abused tend to work longer hours,

sleep at friend's houses, the garages or their cars—to avoid their partners. (Men will tend to use avoidance tactics rather than endure or confront unpleasant situations).

Thelan and Barnett (1995) found that men were significantly more likely than women to report frightening their partners as an emotional outcome of physical aggression. In some of the reports, men seemed to be amused by their partner's feelings of fear and aggression.

### ***Why people stay in abusive relationships***

There are many reasons why men and women remain in abusive relationships. Whether the relationships of a heterosexual type or same-sex type, abuse happens. The reasons are, primarily, universal. It is essential to understand that remaining in these abusive relationships perpetuates the cycle of abuse, endangers lives, and promotes the idea that violence is okay.

COGNITION: What will my friends, family, colleagues, coworkers, neighbors religious affiliations think; What will people think if they knew I let a woman beat up on me; (or another man); It is a private matter—belongs in the family; If I say anything, she'll tell everyone I'm the abusive one and shame me in public;

I'm ashamed I'm not strong enough to defend myself; everyone knows its men that are the violent ones.

SELF-WORTH— I probably deserved it; this is the best I deserve; With my looks, age, personality, income, —- this is as good a relationship as I'll ever be able to get;

DENIAL: It's not that bad; All I have to do is leave the house until she cools down (that's what TV star Phil Hartman said before his wife murdered him and killed herself); I can weather this one, just like I did the others;

RELUCTANCE to Give up the GOOD: If people got to know him/her, they with see what a creative or loving or wonderful person he still she really is; he still she is like this only some of the time; the sex is great and I can put up with being battered around a little; I'd be lost without a relationship with her still him; there are the kids; I need the money;

Inertia: It's too hard to do anything; I'm not ready for that much change in my life; I'll do it tomorrow or later when I'm not so busy; sounds like a lot of work—more than I can take care of right now;

FORCE of Habit: I'm used to life the way it is now.

Another reason for staying is to protect the children. However, research indicates that women and men who assault each other are likely to assault their children as well. Witnessing domestic violence for children is traumatic. Partners who think they are protecting children while allowing them to witness violence are, in fact, not protecting them at all. They are exposing them to violence and trauma. And they are doing so knowingly, and are potentially exposing the children to danger.

### ***Treatment Goals / Interventions***

According to Collins and Dressier (2008), one of the reasons victims of domestic violence do not receive the necessary treatment is because social workers and others in the mental health profession hold stereotypes and biases about culture and domestic violence. Understanding cultural models of domestic violence can help facilitate better treatment for these victims.

Not all victims of domestic violence seek shelter or other services from domestic violence agencies, however they become involved with the social welfare system in a number of other ways, e.g., applying for financial assistance (Brandwein, 1999; Raphael, (2001), or must contend with questions about the safety of their children (Edleson, 1999; Kohl, Edleson, English & Barth, 2005; Postmus & Ortega, 2005.)

"Research has found that even when domestic violence victims disclose their abuse status to their caseworkers, (especially men), they often feel uncomfortable doing so" (Busch & Wolfer, 2002; Saunders, Holter, Pahl, Tolman, & Kenna, 2005).

“Improving victim's access to services requires a better understanding of how professionals think about and approach domestic violence cases” Collins and Dressier (2008). It is possible that we begin to deconstruct the concept of culture. Recent research indicates that "culture" (Park, 2005; D'Andrade, 1999) has been used in an all-encompassing term, standing in for racial or ethnic characteristics or characteristic, e.g., Hispanic, disability, gay. "Cognitive anthropologists have come to agree that culture is best defined as shared knowledge among individuals in a group" (Andrade, 1984; Shore, 1996). This definition allows for greater inclusion of all people and a more direct approach to treatment.

According to Hirschel, Buzawak, Pattavina and Faggiani (2007), the use of dual and mandatory arrests have increased over the past decade. The mandatory arrest law states that an officer must make an arrest if s/he finds probable cause to believe that an offense has been committed, a preferred arrest law instructs the responding officer that arrest is the preferred response. Dual arrests are made when both parties suspected of domestic violence are simultaneously arrested. Although it is unclear as to what extent arrests have been successful in reducing domestic violence, the incidence of violence does seem to be decreasing.

"Current research indicates that the passage of mandatory and preferred arrest domestic violence laws has resulted in an increase in arrests for intimate partner violence as well as other relationships included under such statutes" (Hirschel, Buzawak, Pattavina & Faggiani, 2008.)

Other treatment interventions focus on college students. Research by Nabors, Dietz, & Jasinski (2006) indicate that dating couples are significantly more likely to be violent in their relationships than married couples. "Specifically, college students experience extremely high rates of dating violence that range between 20% and 50% was (Bryant & Spencer, 2003; Lloyd, 1991; Makepeace, 1981, 1986; Shook, Gerrity, Jurich, & Segrist, 2000; Straus, 2004). Because dating violence among college students is such a widespread problem, it is important to understand the factors that are behind it. These factors include a belief system supporting the use of violence against intimate partners. Research has found a strong correlation between beliefs supportive of domestic violence and acts of intimate partner violence (Archer & Graham-Kevan, 2003; Archer & Haigh, 1999; Bryant & Spencer, 2003; Riggs & O'Leary, 1996. Treatment interventions, therefore, need to focus on helping students understand that IPV is not an acceptable approach of problem resolution.

Wies (2008) suggests that professionalizing services to victims of domestic violence would provide better treatment options. "If human services with domestic violence are professionalized, it will not be about women helping women but that of professional advocates helping women." Wies believes this would create a higher respect from authorities for the field of domestic violence as a whole, thereby allowing more availability of funding and services to victims.

Counseling approaches of treatment focus on changing clients' cognition and behavior. Therapeutic modalities including cognitive-behavior therapy, choice-reality therapy, motivational counseling and others are beneficial in the treatment of domestic violence. According to Muldoon and Gary (2006), "once they (the batterer) are vested in the therapeutic process, they might successfully break their pattern of abuse, learn new coping skills, and adopt healthy behaviors to sustain successful, nonviolent intimate partner relationships".

## ***Prognosis***

According to Scott and Wolfe (2002 2003), there are hundreds of programs offering services specifically for the domestic violence population across the United States (National Clearing House on Family Violence, 2002). Most programs operate according to a set of regulatory standards (Austin & Dankwort, 1999). Many are integrated into a wider criminal justice response to domestic violence (Murphy, Musser, & Maton, 1998). "Despite this growth in popularity, the efficacy of batterer treatment remains uncertain" (Scott and Wolfe). However, the best predictor of success is client readiness for change. The batterer must be willing to learn new ways of communication, empathy and stop abusive behaviors.

The dropout rate from batterer program is high: from 30% to 60% (Davy & Peloski, 2000). Among those who complete the program, approximately one-third engage in physically violent behavior following completion (Scott, 2002 2003).

People can change. Abusers can stop abusing. Victims can stop enabling abuse by not allowing themselves to be abused. Its hard work and often people need help. Help is available. The best prognosis is up to the individual; not the therapist, not the program and not the legal systems. Anyone can change. What one cannot do is find peace or be happy while abusing or being abused.

## ***CONCLUSION***

Domestic violence is a major and pervasive problem in the United States. It costs much in terms of financial and emotional losses to families and communities. It is pervasive in the contribution of mental and physical health problems for women, men and children throughout all socioeconomic and cultural walks of life. Most people have been affected in some way by domestic violence, either directly or indirectly.

It is uncertain whether the incidents of domestic violence are actually rising or whether more attention is being given to it, e.g. in the form of higher arrest rates, more people attending counseling and other programs to address violence or victims of violence. The statistics are somewhat confusing from the literature on these reports; nevertheless, it is a significant problem and continued focus must be given to both victims of violence and to the perpetrators of the violence.

Research indicates a bidirectional occurrence of intimate partner violence. Women are as often to report using violence against their partners as men, and almost are being dually arrested for these violent offenses. Although there seems some differences between why men and women abuse, and how men and women respond to being abused, the psychological and physical results remain significant and high and the impact on the children is traumatic and sometimes irreversible. They are life-altering.

Of concern as well is the high incidence of IPV among college students. Perhaps programs to educate young people on conflict management, relationships, personal awareness and responsibility need to be established in the schools and colleges.

Counselors must become culturally competent and accept that the "one size idea" does not work. It is essential to understand and accept each person and "/her worldview, and understanding where clients are coming from while attempting to help them learn new ways of interacting with each other in their marriages and partner relationships. It is also important to carefully assess for the possibility of domestic violence in family and recognize that these issues are difficult to discuss and will not likely not be readily admitted to, understood or acknowledged. Many people do not understand, themselves, what is abuse or healthy ways of interacting.

At this time, the prognosis for the treatment of perpetrators of domestic violence is relatively poor. According to the literature, approximately 2/3 of the perpetrators drop out of treatment, and 1/3 repeat violent behavior. Further research needs to be done to determine better therapeutic treatment for these perpetrators. Although Readiness to Change is the best predictor of success, it may be helpful to gain a better understanding of how counselors could enhance perpetrators' Readiness for that change.

It also may be of value to gain a more complete understanding of whether significant others in their lives play a role in facilitating this change.

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