

Office for Victims of Crime  
Training and Technical Assistance Center

# Intimate Partner Violence

*1 in a series of 8 resource papers:*

- *Child Abuse and Neglect*
- *Elder Abuse*
- *Homicide*
- *Human Trafficking*
- *Identity Theft*
- *Impaired Driving*
- *Intimate Partner Violence*
- *Sexual Assault*

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# Intimate Partner Violence\*

Intimate partner violence (IPV), historically known as domestic violence, is an extremely serious personal and social problem in the United States. The myriad causes and correlates of IPV range from the individual to societal levels, complicating the appropriate responses to this already complex issue.<sup>1</sup> The impact of IPV on its victims can be severe and long-lasting. Various professionals provide services to IPV victims and their children with appropriate advocacy, protection, health care, and shelter, among other supportive services. Many successful efforts to assist IPV victims focus on improved access to community resources and creating a protective mechanism to minimize further abuse and help victims escape violent situations.

## Statistics

The following statistics on IPV come from “Crime Victimization in the United States Statistical Overviews” which the Office for Victims of Crime produced as part of National Crime Victims’ Rights Week, 2012, as well as from other sources as cited.

- In 2010, violent crimes (against both males and females) by intimate partners totaled 509,230, and accounted for 13.4 percent of violent crimes.<sup>2</sup>
- Of female murder victims in 2010, 37.5 percent were killed by a husband or boyfriend.<sup>3</sup>
- In 2008, 14 percent of state and 17 percent of local firearms application rejections were due to a domestic violence misdemeanor conviction or restraining order.<sup>4</sup>
- Domestic violence victims constituted 25 percent of all adult victims compensated by victim compensation programs in 2009. They received compensation for 40 percent of all assault claims.<sup>5</sup>
- For four percent of adults on probation in 2009, domestic violence was the most serious offense of which they had been convicted.<sup>6</sup>
- The percentage of female victims (22%) of intimate partner violence was around four times that of male victims (5%).<sup>7</sup>
- The rate of intimate partner violence for females decreased from 4.2 victimizations per 1,000 in 2009 to 3.1 per 1,000 in 2010. There was no substantial difference in the

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\*This resource paper was originally authored in 2007 by Anne Seymour, Justice Solutions, Inc., Washington, D.C., and reviewed and edited by Mario Gaboury, Ph.D., University of New Haven. Sarah Buel, University of Texas School of Law, reviewed and updated the content in 2009. Dana DeHart, Ph.D., University of South Carolina, reviewed and updated content in 2012.

rates of intimate partner violence for males during the same time period, which were 1.0 per 1,000 in 2009 and 0.8 per 1,000 in 2010.<sup>8</sup>

- In 2010, in incidents of murder for which the relationships of murder victims and offenders were known, 24.8 percent of victims were slain by family members.<sup>9</sup>
- In 2008, lesbians, gays, bisexuals, transgender, or queer people (LGBTQ) reported 3,419 incidents of domestic violence to local anti-violence programs. Nine of these incidents resulted in murder.<sup>10</sup>
- In 2008, 51 percent of LGBTQ domestic violence victims were women, 42 percent were men, and 5 percent were transgender.<sup>11</sup>
- In cases where the age of the victim was known, 64 percent of LGBTQ domestic violence victims were age 30 and over, while 36 percent were under 30.<sup>12</sup>
- Stalking victims identified their stalker as a current or former intimate partner in 30.3 percent of cases.<sup>13</sup>
- When asked why they believed stalking behavior had begun, 16.8 percent of stalking victims said because the person liked or had a crush on the victim, and 16.2 percent said it was to keep the victim in a relationship with the stalker.<sup>14</sup>

The Center for Disease Control publishes state-by-state statistical tables on IPV, stalking, and sexual violence at [www.cdc.gov/violenceprevention/nisvs/state\\_tables.html](http://www.cdc.gov/violenceprevention/nisvs/state_tables.html).

## Definitions

Intimate partner violence can be defined as a pattern of abusive behavior that is used by an intimate partner to assert power and control over his or her partner. Intimate relationships are defined as current or former spouses, boyfriends, or girlfriends, including same-sex relationships. Intimates are distinguished from other relatives (e.g., parent, child, sibling, grandparent, in-law, cousin), friends or acquaintances (e.g., co-worker, neighbor), or strangers.<sup>15</sup> Terms like “domestic violence,” “domestic abuse,” and “family violence” are inclusive of not only intimate partners, but also family members, and these terms are sometimes still used in state IPV statutes as well as in statistics arising from such statutes.

Intimate partner violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.<sup>16</sup> IPV includes the following:

**Physical abuse:** Hitting, slapping, shoving, grabbing, pinching, biting, or hair-pulling. Physical abuse also includes denying a partner medical care, holding a partner captive against his/her will, or forcing alcohol and/or other drug use on a partner.

**Sexual abuse:** Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes but is not limited to marital rape, attacks on sexual parts of the body, forcing or coercing sexual activity, drug-facilitated or alcohol-enabled sexual assault, or treating one in a sexually demeaning manner.

**Psychological and emotional abuse:** Causing fear by intimidation; threatening physical harm to self, partner, children, or partner's family or friends; destruction of pets and property; forcing isolation from family, friends, or school and/or work; or undermining an individual's sense of self-worth and/or self-esteem. This may include, but is not limited to, constant criticism, belittling, name-calling, or damaging one's relationship with his or her children.

**Economic abuse:** Making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one's access to money, or forbidding one's attendance at school or employment.

IPV can happen to *anyone*, regardless of race, age, sexual orientation, religion or gender, and affects people of all socioeconomic backgrounds and education levels. IPV occurs in both heterosexual and same-sex relationships, and can happen to intimate partners who are married, living together, or dating. Depending on the circumstances surrounding IPV, victims may decide to stay or leave. They should never be criticized for the decisions they make, but rather should be offered support and information about the range of options they have as well as the potential consequences of such options.

## Unique Impact/Effects on Victims

IPV affects victims physically, psychologically, and socially. Victims may also exhibit behaviors (e.g., excessive drinking or eating) that are detrimental to their health and well-being. In addition, research shows that their children are also at risk for physical and psychological injury.

In general, victims of repeated violence over time experience more serious consequences than victims of one-time incidents.<sup>17</sup> The following lists describe just some of the consequences of intimate partner violence.

### Physical Impact

More severe physical consequences of IPV may occur depending on the severity and frequency of abuse. These include—

- Bruises.
- Knife wounds.

- Pelvic pain.
- Headaches.
- Back pain.
- Broken bones.
- Gynecological disorders.
- Pregnancy difficulties like low birth-weight babies and prenatal deaths.
- Sexually transmitted diseases.
- HIV/AIDS.
- Central nervous system disorders.
- Gastrointestinal disorders.
- Symptoms of post-traumatic stress disorder (e.g., emotional detachment, sleep disturbances, flashbacks, replaying assault in mind, heart or circulatory conditions).<sup>18</sup>

## Psychological and Social Impact

Physical violence is typically accompanied by emotional or psychological abuse.<sup>19</sup> IPV, whether sexual, physical or psychological, can lead to various psychological consequences for victims, including—<sup>20</sup>

- Depression.
- Antisocial behavior.
- Suicidal behavior in females.
- Anxiety.
- Low self-esteem.
- Inability to trust men.
- Fear of intimacy.

It is important to remember that emotional or psychological abuse can be difficult to define and document, often preventing victims from seeking the help they need. Victims of IPV sometimes face the following social consequences:

- Restricted routinely in the way they can gain access to information and services.
- Strained relationships with health providers and employers.
- Isolation from social networks.<sup>21</sup>

## Health Behaviors

Women with a history of IPV are more likely to display behaviors that present further health risks, such as substance abuse, alcoholism, and suicide attempts. Studies show that the more severe the violence, the stronger its relationship to negative health behaviors by victims. Negative health behaviors include—<sup>22</sup>

- Engaging in high-risk sexual behavior (e.g., unprotected sex, decreased condom use, early sexual initiation, choosing unhealthy sexual partners, having multiple sex partners, and trading sex for food, money, or other items).
- Using or abusing harmful substances (e.g., smoking cigarettes, drinking alcohol, driving after drinking alcohol, taking drugs).
- Unhealthy diet-related behaviors (e.g., fasting, vomiting, abusing diet pills, overeating).
- Overuse of health services.

## The Effects of Intimate Partner Violence on Children and Adolescents

New research on exposure to violence indicates that child witnessing of violence is commonplace. About one-quarter of children have witnessed violence in their homes, schools, or communities in the past year, and about one-third of children have witnessed such violence at some point in their lifetime.<sup>23</sup> Research on adverse childhood experiences indicates that exposure to traumatic stressors may have lifelong effects. Such experiences have been associated not only with risk behaviors such as alcohol and drug abuse, smoking, and early initiation of sexual activity, but also with health outcomes in adulthood such as depression, suicidality, heart disease, chronic obstructive pulmonary disease, and liver disease. Persons exposed to adverse events in childhood are also at heightened risk for experiencing IPV in adulthood.<sup>24</sup>

The American Academy of Experts in Traumatic Stress describes the possible signs and symptoms of exposure to violence in children and adolescents:

Children may exhibit a wide range of reactions to exposure to violence in their home. Younger children (preschool and kindergarten) oftentimes do not understand the meaning of the abuse they observe and tend to believe they “must have done something wrong.” Self-blame can precipitate

feelings of guilt, worry, and anxiety. It is important to consider that children, especially younger children, typically do not have the ability to adequately express their feelings verbally. Consequently, the manifestations of these emotions are often behavioral. Children may become withdrawn, non-verbal, and exhibit regressed behaviors such as clinging and whining. Eating and sleeping difficulty, concentration problems, generalized anxiety, and physical complaints (e.g., headaches) are all common.

Unlike younger children, the pre-adolescent child typically has greater ability to externalize negative emotions (i.e., to verbalize). In addition to symptoms commonly seen with childhood anxiety (e.g., sleep problems, eating disturbances, nightmares), victims within this age group may show a loss of interest in social activities, low self-concept, withdrawal or avoidance of peer relations, and rebelliousness and oppositional-defiant behavior in the school setting...girls are more likely to exhibit withdrawal and unfortunately, run the risk of being “missed” as a child in need of support.

Adolescents are at risk of academic failure, school drop-out, delinquency, and substance abuse. Some investigators have suggested that a history of family violence or abuse is the most significant difference between delinquent and non-delinquent youth.<sup>25</sup>

## **Effective Responses for Victim Support and Advocacy, Medical and Mental Health Treatment, and Advocacy for Justice System Participation**

### **Victim Advocacy**

There are thousands of staff and volunteers in communities across the country who assist and support victims of IPV. Often these professionals provide a lifeline to women and children who desperately need assistance and direction but are confused by the dynamics of their victimization, the thought of leaving a violent environment, and, in some cases, entering into the criminal justice system. There are three key goals for victim advocacy:

1. Empower victims of IPV with the ability to make significant changes and solve problems.
2. Increase a victim’s ability to make a successful transition from a battering/violent environment to self-determination and freedom from violence.

3. Connect the victim both in the short- and long-term with community resources that provide support, encouragement, and assistance.

Multiple responsibilities are associated with assisting victims of IPV. Victim advocates may—

- Respond to crisis calls from victims through 24-hour hotlines.
- Accompany or follow law enforcement officials who respond to IPV incidents.
- Provide safety and shelter to IPV victims and their children.
- Provide followup services to increase the number of victims who file charges or seek protection through the civil or criminal courts.
- Advise victims about their legal rights throughout the criminal justice system.
- Advise victims about information and resources relevant to protection and security, divorce, custody, and visitation.
- Help victims develop safety plans.
- Provide information and assistance to victims who leave battering environments, including temporary and long-term housing, employment training or retraining and job placement, and childcare.
- Assist in financial matters, including child support, restitution, any civil judgments, victim compensation, and financial planning.
- Provide peer counseling.
- Provide and facilitate support groups.
- Provide information and referrals to community resource agencies, including public assistance, child protective agencies, public and mental health agencies, social services and schools.
- Provide training to law enforcement, criminal justice, social services, mental health, public health and other allied professionals about the dynamics of IPV and the specific rights and needs of victims.
- Work to establish or strengthen a coordinated community response to IPV and its victims.
- Generate greatly needed public awareness about IPV and its effects on victims, witnesses, communities, and society in general.

- Work to effect changes through laws, agency policies, protocols, and programs that enhance rights and services for victims.
- Upon request, act as a liaison between the victim and the criminal justice system.

Victim services increasingly involve using new technologies (e.g., Web sites, smart phones, social media) in service delivery as well as in the lives of those served. The National Network To End Domestic Violence has extensive online resources to prepare advocates in using new technologies and discussing safe use of technology with victims. Access these resources at <http://nnedv.org/resources/safetynetdocs.html>.

## Safety Planning

Victims who are in violent relationships or in the process of leaving violent relationships, should have a safety plan to minimize risks and increase the opportunity for a successful, violence-free future. Safety planning is crucial, beginning with a thorough assessment of the risks involved. The role of the advocate is to help the victim consider *all* the options and available resources that can help her; identify and address potential risks, including being killed; and help maintain his or her personal safety and that of the children.

In helping victims create a safety plan, it is essential to advise them to keep it in a safe place or commit its core components to memory to prevent inadvertent discovery of the plan by a batterer who may retaliate against the victim's planning. The Web site [www.dangerassessment.org](http://www.dangerassessment.org) provides a Danger Assessment Tool that can be used to identify victims at particularly high risk and in need of careful safety planning. Victim assistance providers should collaborate with local shelters or IPV programs in providing safety planning with *every* victim of IPV. Free copies of a sample safety plan can be obtained from the American Bar Association Commission on Domestic Violence ([www.abanet.org/domviol](http://www.abanet.org/domviol)). Further information can also be obtained from the National Coalition Against Domestic Violence ([www.ncadv.org](http://www.ncadv.org)).

## Victim Support

One of the most crucial skills a victim advocate must possess is the ability to validate the feelings, experiences, concerns and fears of IPV victims. Many victims do not view themselves as "victims" and fail to realize that IPV is a crime perpetrated against many other women and some men. Guidelines for the victim advocate in providing support to the IPV victim include the following:

- Learn and practice effective communication skills, including verbal and nonverbal techniques.
- When interviewing the IPV victim, do not ask for verification of his/her story from second parties. Simply ask if others were present or might have heard, including children. This may be especially important for custody, divorce, or criminal cases.

The National Network To End Domestic Violence and the National Council of Juvenile and Family Court Judges have established a resource center to provide information and tangible assistance in IPV cases involving Child Protection and Custody (1–800–527–3223).

- Assess the complete history of violence, including the current violent incident as well as the first and worst incidents. Emerging research indicates that the coercive control characteristic of battering is often most evident as a *pattern* including psychological as well as physical abuse, thus demonstrating a batterer’s course of conduct is important.<sup>26</sup>
- When conducting this assessment, ask the IPV victim directly to describe the violent acts and how the victim felt when and after they occurred, as well as how he/she feels now. Do not avoid speaking directly about the violence unless the survivor indicates it is too difficult to discuss at that time. The victim can be given a small notebook to record prior incidents as able. Provide encouragement and support to the victim for sharing his or her feelings and experiences.
- Empathize with the victim and validate his or her feelings, stressing the criminal nature of the violence and that the victim is not to blame. It can be helpful to say, “I’m sorry you have gone through this horrible abuse, and I want to be clear that it is not your fault.”
- Universalize the crime of IPV, pointing out the scope and prevalence of such crimes that cut across socioeconomic, gender, racial, cultural, religious, and geographic lines.
- Provide information and referrals for continued support and assistance, including local, state, and national resources available to the victim and any children.
- Develop a plan for followup contact, support, and assistance from you, your agency, or allied community service or criminal justice agencies.

## Medical and Mental Health Responses

Victim service providers may collaborate with physicians and mental health or other health professionals who assess and address the victim’s physical and psychological injuries. The role of physicians and other health care responders is essential to identify victims of IPV, conduct a thorough assessment, provide medical treatment, document any findings as potential evidence in a criminal case, and make appropriate referrals to victims for additional services.

In documenting IPV, health care providers must recognize that their records need to be thorough enough to be admissible as evidence in the criminal justice system. An NIJ *Research in Brief* offers these suggestions for health care professionals:

- Create a “body map” that clearly charts the location of any physical injuries to the victim.
- Take photographs of injuries.
- Write legibly.
- Set off the patient’s own words in quotation marks.
- Avoid such phrases as “patient claims” or “patient alleges,” which imply doubt about the patient’s credibility.
- Use medical terms and avoid legal jargon.
- Describe the person who hurt the patient by using quotation marks to set off the statement.
- Avoid summarizing a patient’s report of abuse in conclusive terms.
- Do not place terms like IPV or domestic violence in the diagnosis section of the medical record, as such terms do not convey factual information and are not medical terminology.
- Describe the patient’s demeanor and record observations.
- Record the time of day the patient is examined and, if possible, how much time has elapsed since the abuse occurred.<sup>27</sup>

The New York State Office on Prevention of Domestic Violence has developed a Physician’s Reference Card to help medical professionals recognize and treat victims of IPV through a thorough assessment process. The reference card is available at [www.opdv.ny.gov/professionals/health/deskref.html](http://www.opdv.ny.gov/professionals/health/deskref.html).

The Family Violence Prevention Fund has developed an evidence-based training tool, “Making the Connection: Domestic Violence and Public Health,” by Linda Chamberlain, Ph.D., M.P.H. The extensive guidebook and accompanying PowerPoint presentation make a strong connection between IPV and leading public health concerns (including physical and mental health), and present effective strategies for a collaborative response. Access “Making the Connection” at [www.futureswithoutviolence.org/section/our\\_work/health/\\_making\\_connection](http://www.futureswithoutviolence.org/section/our_work/health/_making_connection).

## **Justice System Response**

Community-based victim service providers have important roles in the justice system advocating for IPV victims who report crime or for those who serve as witnesses in the

prosecution of IPV crimes. This section examines the key activities of victim service providers, which are specific to IPV cases.

**Law Enforcement.** Victims should be instructed to—

- Report IPV crimes, including dialing “911” if they are in imminent danger. If victims are undocumented or have warrants, they may be reluctant to contact authorities and should call their local shelter or legal aid office to obtain accurate information about their rights and risks.
- Document the offense for police. This includes documenting any injuries, violation of any restraining order, any threats made or weapons used, any other instances of threats or violence, and whether there are any witnesses.
- Obtain the name, badge number, and contact information for the responding officer.
- Obtain a copy of the police report and document any costs associated with this.
- Understand the role and responsibilities of any detective assigned to investigate the case.
- Obtain a “civil standby” so police can accompany the victim to his or her home to safely retrieve any belongings.
- Be notified if and when the alleged batterer is arrested.
- Be notified if and when there is a bail hearing, and if and when the alleged batterer is released on bail.

The U.S. Department of Justice has published a guidebook with evidence-based recommendations for law enforcement practice.<sup>28</sup> Major suggestions include establishing a protocol for written reports for *all* IPV calls, being vigilant to sexual violence as a component in IPV cases, and understanding red flags to lethality risk in IPV cases such as threats to kill, stalking, strangulation, sexual assault, and substance abuse history by the perpetrator.

**Pretrial Services.** Many jurisdictions have an Office of Pretrial Services or designated staff that gathers information to help the judge make decisions about setting bail and any possible release of the defendant. Victim service providers should ensure that victims provide information about the offense, any past threats or violence to the victim or the children, any safety concerns, and any specific conditions of release they would like requested if the perpetrator is released on bail (such as a protective order, payment of legal/financial obligations, etc.).

**Orders of Protection.** Orders of protection, also called “restraining orders” in some states, are court orders that forbid the abuser from having contact with victims, and/or

compelling abusers to comply with certain requirements. Be cautious about using the terms interchangeably. In some states, restraining orders are the only mechanism to obtain specific relief from IPV. However, in many other states, the distinction is crucial: protective orders are only for IPV cases and restraining orders are used primarily to secure property. Although orders of protection can be issued at any time, it is helpful for victims to seek restraining orders as soon as possible after an IPV crime has occurred.

Each jurisdiction has different procedures for issuing and monitoring orders of protection. Victim service providers should be aware of the following considerations to enhance the information and guidance they provide to victims:

- The definition of a domestic/intimate partner violence victim that precedes the issuance of a protective order. Some states, for instance, do not have protections for dating relationships. The Break the Cycle Web site ([www.breakthecycle.org](http://www.breakthecycle.org)) has community tools including state-by-state “report cards” detailing laws and needs regarding civil protection orders for minors and for dating relationships.
- The entity that issues orders of protection — family court, municipal court, police department, or a combination of these. Under the federal Violence Against Women Act (VAWA), there should be no cost associated with obtaining a protective order.
- IPV complaints filed in conjunction with requests for protection are considered to be sworn testimony from the victim that can be used in court.
- Whether the victim can receive a copy of either the complaint or the order of protection.
- Whether the victim will be notified when the order of protection is served to the alleged or convicted offender.
- The difference between temporary restraining orders (TROs) or temporary protective orders (TPOs) and final restraining orders (FROs) in a jurisdiction.
- What victims should do if the defendant violates an order of protection.
- What evidence victims should bring (e.g., photographs documenting injuries, documentation of medical records and/or other treatment and associated costs, etc.).
- What happens at the hearing (e.g., victim testimony, defendant testimony, presentation of the evidence, request for relief by the victim).
- Any “catch-all” provisions that allow the judge to tailor the order to a victim’s specific needs, such as ordering the batterer to return a child’s wheelchair, pay for reconnection of the utilities he wrongfully terminated, etc.

- Consent orders (whereby both parties agree that IPV has occurred and agree to abide by all terms of a restraining order), which are strictly voluntary on the part of the victim and cannot be coerced.
- What information victims receive about what to do if any order of protection is violated.

Victim service providers should be able to explain the federal “full faith and credit law” to victims, which requires jurisdictions to honor orders of protection issued by any other jurisdiction (see “Federal Laws” below).

Types of relief available to the victim as a result of the hearing may include:

- No contact from the defendant.
- Prohibition of future acts of violence, intimidation, or harassment by the defendant or anyone acting at his direction.
- ‘Kick-out’ or batterer removal from the home.
- Temporary custody.
- Temporary child support.

The defendant may be required to physically leave the home and to pay child support or other financial/legal obligations; may be required to carry insurance for the victim and any children to cover all medical expenses; and may be required to pay a fine to the state victim compensation fund. The defendant cannot possess a weapon. In addition, the defendant must receive counseling, including batterers intervention treatment, refrain from using alcohol or other drugs, and agree to visitation restrictions and/or supervised visits (when applicable).

The National Council of Family and Juvenile Court Judges (NCFJCJ) has an excellent national guide for advocates, judges, police, and others on the effective issuance of protective orders. The “Burgundy Book” offers a step-by-step protocol for civil protection orders, and describes each profession’s recommended responsibilities. Access the Burgundy Book at the NCFJCJ Resource Library ([www.ncjfcj.org](http://www.ncjfcj.org)). The Resource Library also includes state-by-state legislative updates.

**Prosecution and Courts.** Victims should be advised that the decision to prosecute a case lies *solely* with the prosecutor based upon the facts and evidence contained in the police report (plus subsequent investigations, photographs, witness statements, etc.). It should be emphasized that although their cooperation is important and appreciated, any lack of cooperation may *not* prevent a prosecution. The role of the prosecutor is to ensure public safety and that means bringing forward cases in order to stop the violence being committed against the victim.

Victims should be provided with information about:

- The difference between “misdemeanor” and “felony” charges, including the courts to which different cases are assigned, and the differences in the range of sentences upon conviction.
- Whether a jurisdiction has a specialized “domestic violence court,” and the components and processes involved in specialized courts (see “Collaborative Responses and Resources” below).
- What an arraignment hearing involves, including pleas of guilt, “no contest,” or “not guilty;” and the date, time, and location of the hearing.
- Any preliminary hearings and the victims’ right to be present, testify, and have a support person present in the courtroom.
- The fact that most cases do not go to trial, but rather result in plea agreements. Victims should receive information about their right to have input into plea agreements, including any specific conditions of supervision. Victims should also be advised whether they have a right to submit a victim impact statement or provide input into any pre-sentence investigation report prepared by the court or probation agency.
- When victims are contacted about the case, they should always ask who the caller represents (e.g., prosecution, defense). IPV victims do not have to speak to defense counsel or investigators for the defense.

In cases that go to trial, victims should be advised of the following:

- The trial process and key players involved.
- The victim’s role as a witness. The victim may be subpoenaed to testify, which means being required to appear in court. If a victim fails to appear, he or she may be taken into custody to ensure presence to testify. The prosecutor or an investigator may interview the victim prior to any court hearing.
- The option to have a support person present in the courtroom at all times.

In cases that result in a conviction, victim service providers should:

- Advocate for the victim’s interests through documentation of financial losses for restitution; complete any court presentence investigation reports; and prepare a victim impact statement.
- Make sure the victim is notified about the disposition of the case and help the victim obtain documentation of the sentence and explain any of its contents.

- Provide information about and linkages to victims' rights and services in probation, institutional corrections, and/or parole.

**Legal Support for Victims.** In many jurisdictions, there are legal services and attorneys who can provide pro bono support to victims of IPV. Victim service providers can develop a roster of attorneys who provide counsel to IPV victims for free or on a sliding scale basis. The National Clearinghouse for the Defense of Battered Women does not provide direct legal representation to victims but rather provides information and resources to defense teams at any stage of the legal process in cases in which the battered woman has been charged with a serious crime. The Clearinghouse's Web site is [www.ncdbw.org](http://www.ncdbw.org). The Battered Women's Justice Project offers training, technical assistance, and consultation on the most promising practices of the criminal and civil justice systems in addressing IPV. Its Web site is [www.bwjp.org](http://www.bwjp.org). Both of these resources offer technical assistance to attorneys and advocates but not directly to victims. Resources for victims include NCADV or the National Domestic Violence Hotline (1-800-799-SAFE) to obtain contact information for legal aid and shelter nearest them.

**Community and Institutional Corrections.** Most convicted IPV offenders are sentenced to probation. Victim service providers should explain the risks and benefits of providing a victim impact statement, and/or victim input into the pre-sentence investigation, both of which have a significant impact on the victim's safety and effective offender management in the community. Victim service providers should address IPV victims' issues related to—

- Conditions of supervision that focus on the victim's safety and well-being.
- Personal safety, including any request for no-contact or restraining orders, how to report violations of restraining orders, and safety planning that engages probation officers as key participants.
- The offender's financial and legal obligations, including child support, restitution, payment of mortgages or rent, and payment of health insurance.
- Custody and/or visitation, including supervised visits.
- Any modifications to the batterer's probation status.
- Contact information for the probation office and supervising officer.

These same issues apply to cases that result in a jail or prison sentence. In addition, victims should be provided with information about child visitation protocols at correctional institutions, how to report any unwanted contact from the offender, and the victims' rights to be notified, to attend, and to be heard at any parole hearings.

**Batterer's Intervention Programs (BIP).** BIPs are a criminal justice sanction designed to hold offenders accountable for their crimes, help them understand the impact of their

criminal actions on their victims and family, and help them change their violent behavior. Most states have BIP standards specifying that victim safety is the first priority in working with men who batter, and accountability of men who batter is the second priority. Additionally, protecting the confidentiality of participants, their partners, families, and victims is subject to the primary duty of victim safety. The Battered Women's Justice Project (BWJP) offers technical assistance regarding all facets of BIPs (go to [www.bwjp.org](http://www.bwjp.org)). Research indicates that BIPs alone are unlikely to protect victims from further harm from high-risk batterers, but that they may offer some protection as part of a multi-faceted system of interventions. This includes supplementing BIPs with referrals to alcohol and drug treatment, abstinence testing for substance abuse, court oversight with swift penalties for noncompliance, and incarceration for re-offending.<sup>29</sup> The Batterer Intervention Services Coalition of Michigan Web site ([www.biscmi.org](http://www.biscmi.org)) has a roster with direct links to batterer intervention standards for states and some Indian Nations.

**Federal Laws.** The past two decades have included passage of significant federal laws that define and protect the rights of IPV victims. The passage of the Violence Against Women Act in 1994 and its subsequent reauthorizations provide federal tools to prosecute IPV offenders in certain situations involving firearms or interstate travel and criminal activities. A summary of key federal laws—including VAWA, firearm offenses, full faith and credit to orders of protection, and other relevant statutes—is available at [www.mincava.umn.edu/documents/ffc/chapter5/chapter5.html](http://www.mincava.umn.edu/documents/ffc/chapter5/chapter5.html).

## Cultural Competence and Barriers to Reporting and Accessing Services

Culture has a significant impact on IPV, including prevention, response, education, and awareness. Cultural differences—in social mores, perceptions, and religious belief—can create significant barriers to recognizing IPV as a crime and reporting IPV offenses. Cultural factors also impact victims' help-seeking behaviors as well as offender management and accountability. For example:

- In some patriarchal and male-dominated cultures, IPV may be viewed as “acceptable” behavior that is a man's right as the head of the family. Over generations, this “normalization” of violent abuse against women and children can result in victims believing that interfamilial violence is simply a way of life.
- Some cultures view any justice system with caution, fear, and distrust, due to past experiences or very real perceptions resulting from others' experiences within their culture. In IPV cases, this can affect a victim's willingness to report for fear of what will happen to her, or to her batterer.

- When abuse survivors do initially seek help, cultural barriers may prevent them from following through with leaving an abusive environment or cooperating with law enforcement.
- In some cultures, the strong emphasis on the importance of family can relegate violence against women and children to simply a “family matter” that can be shrouded in secrecy across multiple generations.
- For immigrant IPV victims, the threat or fear of deportation—affecting the victim and his/her children—can prevent them from seeking help or reporting crimes.

There are many excellent resources designed specifically to help immigrant battered women, and battered women of many cultures:

- The *National Network To End Violence Against Immigrant Women* seeks “to challenge and eliminate all forms of oppression and discrimination against immigrant women facing violence by empowering them to build better lives of their choice.” It is a national coalition that provides training, technical assistance, public policy advocacy, and multilingual outreach materials for victims. Its Web site is [www.immigrantwomennetwork.org](http://www.immigrantwomennetwork.org).
- The *Family Violence Prevention Program’s “Culture Handbook”* offers insights into and education about how different cultures perceive and address IPV. It features guidelines for both individual and organizational actions to address IPV and cultural competence. The handbook can be accessed at [www.vaw.umn.edu/documents/culturehandbook/culturehandbook.pdf](http://www.vaw.umn.edu/documents/culturehandbook/culturehandbook.pdf).
- The *Multilingual Access Project (MAP)*, a collaborative of community agencies in Seattle specializing in serving immigrants and refugees, sponsors a Web site to help women and families whose second language is English find safety from IPV. The Web site provides information on IPV and how to get help in nine languages: Chinese, Korean, Amharic, Russian, Cambodian, Vietnamese, Tagalog, Somali, and Spanish. In addition, it provides information about safety planning, immigration, and human trafficking, also issues of concern for immigrants and refugees. The MAP Web site is [www.map-seattle.org](http://www.map-seattle.org).
- The *Asian and Pacific Islander Institute on Domestic Violence* is a national network that provides a forum for and clearinghouse on information about violence against women in Asian and Pacific Islander communities. Its Web site is [www.apiidv.org](http://www.apiidv.org).
- The *Asian Task Force Against Domestic Violence* promotes collaborative initiatives to end IPV and strengthen Asian families and communities. It has brochures for victims that are translated into Hindi, Japanese, Khmer, Korean, and Vietnamese. Its Web site is [www.atask.org](http://www.atask.org).

- The *Institute on Domestic Violence in the African-American Community* focuses on the unique circumstances of African-Americans as they face issues related to IPV. The Institute offers information, resources, and referrals to victims, and has a toll-free telephone number (1-877-643-8222). Its Web site is [www.dvinstitute.org](http://www.dvinstitute.org).
- *Aardvarc* (An Abuse, Rape and Domestic Violence Aid and Resource Collection) offers resources for Hispanic and Latina victims of IPV. Its Web site is [www.aardvarc.org/dv/hispanic.shtml](http://www.aardvarc.org/dv/hispanic.shtml).
- The *National Latino Alliance for the Elimination of Domestic Violence* offers publications and videotapes in both English and Spanish that address IPV prevention and response in Latino and Hispanic communities. Its Web site is [www.dvalianza.org/en/resources.html](http://www.dvalianza.org/en/resources.html).

Advocates should also contact their state coalitions to access information specific to their areas. The Battered Women's Justice Project provides a list of state coalitions, which can be accessed on their Web site at [www.bwjp.org/state\\_coalitions.aspx](http://www.bwjp.org/state_coalitions.aspx).

## Collaborative Responses and Resources

*Domestic/Intimate Partner Violence Courts* handle specialized caseloads that are processed by dedicated staff, including judges, court managers, prosecutors, defense attorneys, probation officers, and victim advocates. The intention of these specialized courts is to promote victim safety, hold offenders accountable for their crimes, and foster collaboration with community-based programs to improve a jurisdiction's overall awareness of and response to IPV. See "Creating a Domestic Violence Court: Guidelines and Best Practices" on the Futures Without Violence Web site at [www.futureswithoutviolence.org/userfiles/file/Judicial/FinalCourt\\_Guidelines.pdf](http://www.futureswithoutviolence.org/userfiles/file/Judicial/FinalCourt_Guidelines.pdf).

*Domestic/Intimate Partner Violence Fatality Review Teams* are collaborative initiatives that review all deaths, including homicide and suicide, which result from IPV. The purpose of the teams is to examine the interventions used in such cases in order to improve the system's response to victims and to coordinate community prevention of and response to IPV. While membership on fatality review teams varies, it usually includes representation from medical personnel (including coroners and medical examiners) and other health professionals, law enforcement, prosecution and courts, and victim-assistance and IPV advocacy programs.

*Reviewing Domestic Violence Fatalities: Summarizing National Developments*, published by the Violence Against Women Online Resources, provides an overview of fatality review teams, their protocols and practices. It also includes sample documents that are adaptable to any jurisdiction's fatality review team. It is available at [www.vaw.umn.edu/documents/fatality/fatality.pdf](http://www.vaw.umn.edu/documents/fatality/fatality.pdf).

*Address Confidentiality Programs (ACPs)* provide victims with a confidential substitute address (often maintained by the Secretary of State) or a post office box in order to protect information about their location. Currently, many states operate ACPs, and some offer confidential voter registration. A list of states and relevant statutes is available from the National Coalition Against Domestic Violence at [www.ncadv.org/files/AddressConfidentialityProgramsintheUnitedStatesforwebsite.doc](http://www.ncadv.org/files/AddressConfidentialityProgramsintheUnitedStatesforwebsite.doc).

*The National Center for Victims of Crime Stalking Resource Center* has a comprehensive Web site with information for service providers, law enforcement and victims. This includes critical safety planning information. Stalking is often the next phase in a violent relationship and is misunderstood by criminal justice and service providers. The Web site for the Stalking Resource Center is [www.ncvc.org](http://www.ncvc.org).

## Endnotes

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