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# Silenced Voices and Structured Survival Battered Women's Help Seeking<sup>1</sup>

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*Despite social and governmental responses to battering, many women continue to feel entrapped in abusive relationships. Using standpoint epistemology, this article examines the various aspects of help seeking, and the social and institutional responses to such efforts, through the narratives of 19 women in a domestic violence shelter. The findings are discussed with reference to Ptacek's social entrapment perspective and Gondolf and Fisher's survivor hypothesis, illustrating the socioeconomic and political context of the control tactics utilized by abusers and the structural impediments to battered women's successful help seeking.*

**Keywords:** battered women; domestic violence; help seeking

## Conceptual Framework

Ptacek's (1999) notion of *social entrapment* provides a contextual framework for understanding the ways in which battered women survive and resist violence. According to Ptacek, the combination of coercive control tactics by abusers, and social and institutional failures to adequately address battering, are largely responsible for the social entrapment of battered women. Abusers, backed by a patriarchal, racist, classist, and homophobic society, effectively stunt women's efforts to safely live. When deserted by community support networks that could help them resist victimization, including friends, family, neighbors, schools, workplaces, and various victim services such as shelters, hotlines, and advocacy centers, women may feel as if there is little they may do to stop their victimization. Failures of social institutions, such as the criminal justice system, social services, and health care, in appropriately responding to women also contribute to their entrapment.

Social entrapment is similar in conceptualization to Gondolf and Fisher's (1988) *survivor hypothesis*, which as a response to earlier theories on learned helplessness (Walker, 1984), held that women continually resist their victimization through help-seeking efforts that are largely unsuccessful because of institutional failures. Gondolf and Fisher argued that if women have sufficient resources and social support, they will leave abusers and live independent lives. This hypothesis has been supported by research by Websdale and Johnson (1997) on the effects of appropriate services and support on women's abilities to end abusive relationships, live productive lives, and avoid reassault.

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It is from this framework that I examine the success and failure of help seeking from the perspectives of battered survivors living in a domestic violence shelter. Through qualitative, semistructured interviews, women in this study described a myriad of help seeking, including calling the police, obtaining orders of protection, asking friends and family for support, utilizing victim and social services, and seeking medical attention. Although some successful and empowering experiences were reported, most efforts were fraught with failure and disappointment. With respect to their standpoints, I argue that women's resistance to intimate partner abuse and success at utilizing avenues of help seeking are shaped by structural inequalities predicated on patriarchy, poverty, and racism or ethnic bias. Indeed, although most battered women are likely to face some amount of disbelief, discreditation, or even outright hostility in their efforts to seek help with their victimization, in the long-run they may fair better or worse within the social welfare, criminal justice, or political-legal system depending on the intersection of various sociostructural inequalities in their lives. To begin, I will review the literature on the social, legal, and institutional outlets from which battered women may seek help.

## **Literature Review**

### **Justice System**

Police have historically neglected battered women's requests for protection. Although there has been widespread implementation of proarrest and mandatory arrest policies during the past two decades, in large part because of Sherman and Berk's (1984) policing experiment, such efforts have been critiqued as to their appropriateness in specific situations and their effectiveness at deterring future violence. Specifically, studies suggest that situational factors, such as the officer's beliefs about the likelihood of future violence, seriousness of the assault, victim's willingness to cooperate with the criminal justice system, suspect's demeanor, and whether the suspect was present at the time the police arrived at the scene, have been correlated with arrest rates (Feder, 1996, 1999; Kane, 1999; McKean & Hendricks, 1997). Further research has found that the race of the perpetrator and victim affects how officers interpret these factors (Robinson & Chandek, 2000) as well as the characteristics and beliefs of responding officers (Feder, 1997; Saunders, 1995; Stith, 1990). Departmental policies and political affiliations have also been correlated with police responses (Belknap & McCall, 1994).

Assuming an arrest is made, further problems abound because of high recidivism (Dunford, 1992; Sherman, 1992), which may also be influenced by court and correctional responses to domestic violence. Several laws have been passed during the past 30 years to help ensure that batterers are criminally processed. However, many of the earliest laws relied on the cooperation of victims, who had to raise criminal complaints against their batterers and testify in court about their experiences. Many victims were unwilling to cooperate with police investigations or prosecutorial efforts out of concern for their safety and economic stability or because they were discouraged by the ways in which the justice system had previously failed to address their victimization (Erez & Belknap, 1998). To make these laws more effective, prosecutors have been given the ability to continue in their efforts with or without victim cooperation. Victims may even be held in contempt of court for failing to appear to testify against their batterers when subpoenaed. These reforms prohibit women from withdrawing criminal complaints against their abusers and strip them of the ability to control the processing of criminal cases regardless of their personal or financial positions (Schechter, 1982). Such practices contradict studies that find that criminal justice practitioners may best protect victims of domestic violence and lessen the risk of batterer recidivism by respecting abused women's wishes with regard to prosecutorial efforts (Fleury, 2002; Ford & Regoli, 1993).

One way that women have been able to seek legal protection aside from criminal prosecution is through a court injunction (i.e., restraining order or protective order). These orders allow women to initiate cost-

effective legal actions against their abusers, which may be processed more quickly and with lower standards of proof than criminal proceedings (Chaudhuri & Daly, 1992). There are also psychological benefits for women who feel a sense of empowerment by initiating legal proceedings over which they have control (Fischer, 1993). However, restraining orders have been criticized because of their ineffectiveness in preventing future violence (Davis & Smith, 1995). This is partly because protective orders are limited in scope with regard to the types of situations to which they apply. They also require an immediate and total separation between abusers and victims, which is difficult for women with few economic and social resources (Horton, Simonidis, & Simonidis, 1987). Moreover, police have been inconsistent in their enforcement of these orders (Erez & Belknap, 1998; Rigakos, 1997).

## **Victim Services**

Battered women may also seek help from various services unrelated to the justice system. The most popular of these has been shelters, which provide temporary housing, food, counseling, and support services. However, shelter practices have been found to be inconsistent and infantilizing, wherein traditional notions of individualism, self-sufficiency, and financial independence are emphasized, without an appreciation for the benefits of social support (Ferraro, 1983). With the continual struggle for scarce resources, a more recent study (Donnelly, Cook, & Wilson, 2004) found that agency administrators and staff often make choices about which women they will serve based on whom they see as most appropriate or legitimate. The study found that such decisions are made using long-standing stereotypes about women of color, lesbians, middle-class women, homeless women, rurally located women, mentally ill women, and elderly women.

Moreover, some shelters seem to be moving toward a more traditional, social service type of agency, adhering to increasingly rigid bureaucratic expectations of self-sufficiency, similar to the philosophy of welfare reform (Chang, 1992; Schillinger, 1988). Such changes lessen the autonomy and control shelter residents have over their lives, slow their development of self-confidence and self-esteem, and impede their creation of supportive networks. Thus, these shelters are, in effect, fostering women's psychological, economic, and legal dependence on the state (Schillinger, 1988).

In contrast, shelter programs and victim services that are flexible in providing women assistance specific to their needs, along with continuous social support, report higher success rates in terms of recipient satisfaction and long-term independence (R. Campbell, Sullivan, & Davidson, 1995; Chang, 1992; Sullivan & Rumptz, 1994; Websdale & Johnson, 1997). Within such programs, victim advocates can provide a helpful link to resources. For the most part, advocates work within the legal arena, assisting women with obtaining legal documents, filing petitions, and negotiating the court system. Although little research has been conducted on advocacy, one study (Weisz, 1999) found that legal advocates provided an empathic presence during court proceedings and were instrumental in disseminating valuable information to women. As a result, many who had received legal assistance from an advocate felt empowered to seek further legal action against their abusers. Other studies (McDermott & Garofalo, 2004; Moe Wan, 2000) have confirmed these findings, while also pointing out the ways in which such intervention may be undesirable and contrary to the goal of empowering women, depending on how services are provided. In a more recent study, Allen, Bybee, and Sullivan (2004) called attention to the need for advocacy in a more comprehensive manner. Based on the needs of a sample of 278 past shelter residents, approximately half of whom were selected to receive advocacy services, the researchers found support for community-based advocacy that would address a myriad of women's needs, including housing, education, employment, and legal issues.

## **Social Services**

Child protection services (CPS) and welfare agencies are also very likely to have contact with battered women and are well positioned to offer victims assistance with safety planning and referrals to appropriate victim-based agencies. CPS often becomes involved with battered women after being alerted to allegations of child maltreatment within their families, as the co-occurrence of woman battering and child abuse or neglect is common (Appel & Holden, 1998; Jones, Gross, & Becker, 2002). The involvement of CPS places battered women in precarious positions as they struggle to survive their own victimization and comply with state interventions on behalf of their children. Court hearings, mediations, mandated counseling, and home visits can be risky for women whose abuse has not yet been publicly disclosed. The risk that a batterer will retaliate against a woman or manipulate her into lying to authorities is heightened in this context, forcing many to negotiate their own and their children's safety. Subsequently, women may appear uncooperative, subversive, and resistant to intervention during court appearances and communications with CPS caseworkers. Moreover, battered women are increasingly being charged with neglect for failing to protect their children from the abuse of their partners (Jacobs, 1998; Jones et al., 2002).

For women who flee abuse, homelessness and poverty are often inevitable consequences (Zorza, 1991). According to Browne and Bassuk's (1997) longitudinal study of low-income and homeless women, more than 83% suffered intimate partner battering. Baker, Cook, and Norris (2003) found similar results among a sample of 110 battered women, 38% of whom had experienced homelessness after separation. A myriad of problems plagued the women who were able to eventually find housing, including being late in paying rent (40%), skipping meals (32%), or neglecting other bills to save for rent (50%), and leaving their homes because of financial problems or continued harassment by their abusers (25%). This study, in particular, illustrated the interconnectedness of various institutions in their responses to domestic violence, finding that women's homelessness was mitigated through positive contact with social service and law enforcement agencies.

Under such circumstances, welfare subsidies often become necessary for economic survival. However, the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) substantially eroded welfare benefits for the poor (Brandwein, 1999). The law encourages marriage, mandates the establishment of paternity in exchange for assistance, and makes it increasingly difficult for women to receive assistance for any length of time (Brush, 2000; Raphael, 1996). Although PRWORA provides a stipulation for domestic violence victims whereby they may be exempted from the time limits placed on recipients for receiving benefits, these exemptions are rarely made available to abused women, and many do not seem to know that they may request such exemptions (Brush, 2000; Busch & Wolfer, 2002). State-by-state policies for implementing the Family Violence Option widely vary as welfare case workers are not always required or encouraged to offer the exemption and have been found to question the legitimacy of women's claims of abuse and require documentation through police or medical records (Brandwein & Filiano, 2000; Levin, 2001). Thus, asking for help through social service agencies, for many women, is inviting heightened scrutiny over their personal lives.

### **Other Means of Help Seeking**

Battered women may also seek medical services or the support of friends, relatives, or clergy as means of dealing with their victimization. Unfortunately, medical and mental health care professionals, as well as religious leaders, too often have no training on domestic violence. The predominant thinking that the family unit ought to be preserved at whatever cost (Goolkasian, 1986) has infiltrated the teachings of various religious institutions (Fortune, 1993). Inconsistent responses to domestic violence, if not outright support for patriarchy and violence against women, has been documented in studies of Christian (Cooper-White, 1996; Dixon, 1995), Muslim (Ayyub, 2000), and Judaic (Cwik, 1997; Graetz, 1998) traditions. Such was evidenced in Fowler and Hill's (2004) study of battered African American women's coping

mechanisms, wherein depression and posttraumatic stress disorder (PTSD) remained significantly related to abuse despite the women's reliance on spirituality.

Of specific concern are health care professionals because they are well positioned to intervene in domestic violence situations when women come to emergency rooms or family practitioners for treatment of injuries or routine checkups (Kernic, Wolf, & Holt, 2000). However, this intervention, let alone recognition of the obvious cause of the injuries, has been slow and intermittent (Gerbert, Johnston, Caspers, & Bleecker, 1996; Warshaw, 1993). Women report concealing their abuse out of fear of retaliation from their partners because they encountered health care providers who were not interested in or sympathetic toward their needs and/or because they felt that the health care system was not structured in a way that allowed doctors and nurses sufficient time to deal with issues beyond the treatment of immediate injuries (Gerbert et al., 1996; Hathaway, Willis, & Zimmer, 2002).

Fortunately, progress has been made in recent years (Sheridan, 1998). In particular, administrators of emergency rooms have developed protocols for recognizing, documenting, and intervening in domestic violence. Specific attention is paid to assessing the dangerousness of relationships for battered women through these protocols (J. C. Campbell, 1995). Women who have sought medical care by such providers report feelings of validation, relief, and comfort (Gerbert, Abercrombie, Caspers, Love, & Bronstone, 1999; Hathaway et al., 2002).

With regard to relatives, studies have found that reaching out to family members is one of the most common, and often one of the first, ways in which women seek help (Goodkind, Gillum, Bybee, & Sullivan, 2003; Gordon, 1997; Lockhart & White, 1989). Unfortunately, it has also been ranked as among the least helpful, as women have too often felt that their disclosures were met with judgment and a lack of empathy. Specifically, Goodkind et al. (2003) found that the responses of family and friends depended on several factors, such as the nature of the woman's relationship with her abuser, the number of times she had tried to leave her partner, how many children were involved, and whether friends and family had also been threatened. Such responses affected women's well-being when they were negative in nature or when they included offers of tangible support. Lempert's (1997) findings shed further light on the way in which women's well-being may be affected by the negative responses of friends and family. In this study, women who told their stories felt that the complexity of their situations were ignored; the focus instead turned to the violence without attention to other aspects of the relationship. As a result, the women felt that they were placed in a subordinate position, similar to the one they occupied with their abusers, in that they needed to accept someone else's definition of the situation to receive support and assistance. The mental health consequences of such responses can be devastating. Kocot and Goodman (2003) found that women's coping mechanisms were worsened and statistically associated with PTSD and depression when they received mixed advice or advice to stay with their partners from their closest friends and relatives.

## **Method**

In the present study, qualitative, semistructured interviews were conducted under the auspices of epistemic privilege and standpoint feminist theory with the goal of understanding the help-seeking efforts of a sample of shelter residents. Epistemic privilege holds that members of marginalized groups are better positioned than members of socially dominant groups to describe the ways in which the world is organized according to the oppressions they experience (Collins, 1989; Hartsock, 1987; Smith, 1987). Thus, I approached this research with the assumption that battered women serve as experts of their own lives. This view coincides with standpoint feminism, a central tenet of which supports privileging the experiences and voices of women who participate in our projects over other available discourses (Harding, 1987; Hartsock, 1983, 1985; Smith, 1974, 1989).

In this research, the focus was on battered women's perspectives about their help-seeking efforts. My purpose was to emphasize their accounts over other, more commonly accepted explanations for their victimization offered, for example, by medical professionals, therapists, police officers, politicians, and even batterers themselves. Thus, the *survivor speech* (Alcoff & Gray, 1993) included here challenges hegemonic discourses on women's victimization. Although I do not mean to suggest that all of the women in this study were completely cognizant or critical of the ways in which various social structures affected their life experiences or world views, I do argue that their voices are at least as, or perhaps more, legitimate sources on the realities that battered women in our culture face.

The interview process was facilitated through my position as a fill-in staff member at Tami's Place (pseudonym), an emergency shelter for victims of domestic violence in the Phoenix metropolitan area of Arizona. After obtaining permission from the administrators of the shelter and human subjects approval from my university, I discussed this project with the shelter residents and conducted 19 confidential interviews in the summer and fall of 2000. With each participant's permission, the interviews were audiotaped and transcribed. The interviews were conducted at the discretion of the women in private rooms of the shelter and lasted an average of 55 min. Each woman was given the opportunity to provide her own pseudonym for identification purposes, a remuneration of \$10 cash, and access to her transcript. The transcripts were then coded for emergent and recurring themes and analyzed using a grounded approach (Glaser & Strauss, 1967). As many narratives as possible were included in this article to illustrate these themes. However, in the interest of brevity, for areas where multiple narratives spoke to a similar theme, the most succinct were chosen.

Although working in the shelter may have hindered the level of trust the women had with me, they actually exhibited a great deal of comfort through their honesty and candor. I asked my interviewees to describe what had brought them to the shelter, the ways in which they had sought help, and responses by social entities to their efforts. All of my questions were intentionally open ended and semistructured so as to provide the women with opportunities to shape the flow and content of their contributions (Reinharz, 1992). This approach yielded a wealth of information on various aspects of the women's lives while simultaneously allowing them to stay within their personal boundaries of comfort and safety. Though this method may be criticized because of its lack of reliability and generalizability, it may also be credited for producing a richly detailed and descriptive set of narratives that would not have been possible through alternative means of data collection (Kvale, 1996).

### **Profile of Participants**

The women were diverse in terms of race, ethnicity, age, educational attainment, and socioeconomic class. Of the women, 9 (47%) identified themselves as White, 4 (21%) as African American, 2 (11%) as American Indian, 2 (11%) as Latina, and 2 (11%) as biracial (American Indian and White, African American and White). Five (26%) women were between the ages of 18 and 25, 10 (53%) were between 26 and 35, and 4 (21%) were between 36 and 45. Eight (42%) women had obtained less than a high school education, 5 (26%) had either graduated from high school or obtained a GED, and 6 (32%) had completed at least some college. Of the women, 5 (26%) reported being consistently poor and/or homeless prior to their stay at the shelter, 10 (53%) reported being lower or working class, and 4 (21%) described themselves as middle class.

The women were quite homogenous in terms of motherhood and their experiences of abuse. Sixteen (84%) had children, and all but one of these children were minors. The majority of the children were living at the shelter. Four (21%) women were also pregnant at the time of the interviews. All had suffered severe and multiple forms of battery: 18 (95%) stated that they had been physically assaulted, 7 (37%) reported having been sexually assaulted, 16 (84%) described instances of emotional or psychological

abuse, and 13 (68%) recounted experiences of financial and/or property abuse.

## **Findings**

### **Attempting to Leave**

Most of the women's help-seeking efforts occurred during their abusive relationships as they attempted to prevent further assaults and salvage their relationships. However, such efforts were not divorced from their attempts to leave and terminate their relationships. Indeed, at the time of the interviews, all of the women were separated from their abusers by virtue of residing in the shelter. Prior to this, 6 (32%) women had moved within the state to escape their abusive partners and 4 (21%) had moved out of state. All of them returned to their abusers for reasons such as having no money; being threatened, stalked, sabotaged, or harassed by their abusers; being encouraged by their families to reconcile; feeling guilty; being lonely; and still loving their partners. Thus, the women's help-seeking efforts occurred amid the realization that ending their abusive relationships was not as simple as leaving a physical residence. Despite this realization, however, few exemplified learned helplessness, as suggested by early research (Walker, 1984). On the contrary, they were very active help seekers who felt entrapped in their relationships, largely because of the failures of various agencies to adequately assist them. Indeed, they expressed more of a learned hopelessness than helplessness (LaViolette & Barnett, 2000), which the following sections illustrate.

### **Relying on Friends and Relatives**

Seeking help or support from friends and relatives was among the most common and initial help-seeking strategies employed by the women, which substantiates previous findings on the use of relatives and friends along with or in lieu of formal sources of help (Gordon, 1997; Lempert, 1997; Lockhart & White, 1989) and the importance of social support for women in domestic violence situations (Tan, Basta, Sullivan, & Davidson, 1995). Of the women, 13 (68%) reported that they had told at least one friend or family member about their abuse and, in many cases, had asked for emotional or financial support from them. Responses by friends and relatives varied greatly with some women reporting that they had received much assistance, whereas others reported being abandoned by those close to them. Unfortunately, the latter appeared to be the most common. As Michelle recalled, "My mom calls me and says, 'Well what did you do? What did you do to deserve that?' " After such reactions by family members, feelings of guilt and self-blame emerged. As Terri explained,

My older sister goes, "I don't understand you not leaving him before." It makes you feel bad when your sister says that. You kind of question who you are and what you're about . . . what really happened. It makes you want to say, "It was really my responsibility. How did I cause him to do that to me?"

Although some women had little or no support from their families or friends, others were too ashamed to tell their relatives about the abuse. Anna Marie, an undocumented immigrant, was particularly concerned about her parents' reaction:

Now that I went through all this abuse, I'll try to do the best I can to go forward and not go back to Mexico defeated. They don't know what happened between my husband and me. I don't want to tell them anything.

Similar concerns have been noted by immigrant Mexican women in other research (Acevedo, 2000) and by Vietnamese American women (Bui, 2003). In this way, cultural and ethnic norms seem to play into the ways in which women view and approach sources of help.



For those who did have family or friends on whom they could rely, help sometimes came with an ultimatum. Women described instances in which friends or relatives agreed to help them on the condition that they were never to have contact with their partners again. Such scenarios did little to help the women, as Michelle described: “My dad flew out. . . . He told me I needed to leave this man before he killed me. And he said if I ever go back to this man he would disown me, and I did go back to him.”

Fortunately, some women did receive unconditional support from their friends and relatives. In these cases, such assistance helped women escape abuse. As Michelle stated, “I went to a friend’s house who was a domestic violence counselor and she gave me the list for the hotline and all of the domestic violence shelters.” Mothers, fathers, aunts, uncles, grandparents, siblings, best friends, and small cliques of friends all were named as people who offered this type of support. Even women who left their abusers a number of times reported going to these people for assistance over and over again. It was very important to them to know that someone they trusted would unconditionally help them, without blame or judgment.

### **Involving the Legal or Justice System**

Another popular means of help seeking were efforts to involve the legal and justice system. Of the women, 13 (68%) reported taking such actions as calling the police, requesting that their partner be arrested, and cooperating with investigators and district attorneys to bring criminal charges against their abusers, and 11 women (58%) reported filing for restraining orders, seeking divorces, and attempting to maintain full custody of their children on separation. These rates are comparable to previous studies (Gondolf, 1998; Gondolf, Fisher, & McFerron, 1990) and to the National Crime Victimization Survey, which found that 58% of women called the police after being assaulted by their partners (Rennison & Welchans, 2000).

It was clear from the women’s narratives that more would have called the police had they been able to. This type of help seeking was extremely dangerous:

I tried the last time to call the police and he ripped both the phones out of the walls. . . . That time he sat on my upper body and had his thumbs in my eyes and he was just squeezing. He was going, “I’ll gouge your eyes out. I’ll break every bone in your body. Even if they do find you alive, you won’t know to tell them who did it to you because you’ll be in intensive care for so long you’ll forget.” (Terri)

In a few situations, taking the risk proved somewhat worthwhile when batterers were arrested. Women reported that abuse sometimes ceased for some time after an arrest; however, no women reported that their abuse completely stopped after their partners were arrested. None of them stated that their abusers had spent substantial time incarcerated either. In one of the most brutal assaults described, the sentence levied was just more than 1 month in jail and 3 years on house arrest. Rachel described the incident that nearly killed her:

I don’t remember a lot of it. I remember being hit in the head with a can opener, a couple of slashes, a fist to my left side, and a dragging feeling out of my hair. Then 3 days later I woke up in the hospital. He broke four bones in my face, broke my nose, broke a rib so bad that it cut my lung and my kidney, bruised my collarbone, and he stabbed me 47 times. Four or five times I went to court trying to keep him in jail. They sentenced him to 37 days in jail and 3 years house arrest.

Although this attack occurred more than one year before her interview, Rachel was back in the shelter because she had come home one evening to find this man sitting on her porch. This case suggests that the

historical complacency toward violence against women and violence within our homes continues to affect the processing of domestic violence cases.

Despite the failure to deter further assaults, arrest did serve other purposes. Having their partners arrested gave some women time to move out of a shared residence. Nina described an incident during which police intervention enabled her to flee the state with her children: “We drove right into a police station and he followed, cut us off right in front of the police department. They said to get as far from Arizona as we could and just held him for 3 or 4 hours.” Although her boyfriend did eventually find her, arrest did at least provide Nina with a temporary respite from abuse.

In the majority of cases, batterers were not arrested, and many women reported that calling the police did nothing to improve their situation. Cynthia’s experience typified many others: “He’d be gone and they’d say, ‘Well he’s not here now.’ They didn’t show up for 2 hours. I called the police all the time at first . . . and then I just said, ‘Forget it. They’re not helping me.’”

Although many women complained that the police did nothing, others complained of being arrested right along with their abusers. As Amanda explained,

He assaulted me and my mom at the front office of the apartment complex where we were at. Called the police and the police took us both to jail. He said that I hit him, but there was no marks but there were marks on me, so they took us both to jail for 24 hours. They then let me go and let him go without any charges. After that I told my mom, “I’m never going to call the cops again. If I’m gonna get arrested, I might as well just stay here.”

The more women called for police protection to no avail, and the longer the court system failed to respond, the more batterers seemed to learn that they could continue doing what they were doing without repercussions. As Patsy explained,

I called the police. My manager at the apartments where we were moving out of called the police. The manager of the apartments that we moved into, she called the police. He’s went to jail. He’s got out. I was scared to press charges on him because he used to tell me some crazy stuff . . . like telling me he would chop me up. He told me I was never going to leave him. They would let him out, and he would be like pounding on the door. I had an order of protection on him. He just kept on coming around. He ripped up the paper.

Such experiences with protective orders were common for the women who obtained them, as were complications with obtaining orders of protection in different states. Markeelie explained how the court system responded to her when she tried to obtain an injunction prior to fleeing the state in which her abuser resided: “I tried to get an order of protection but they won’t do it because we’re in two different states.” In Markeelie’s case, it appeared as if she had been given inaccurate information because at the time she filed for the injunction, the Full Faith and Credit provision of the Violence Against Women Act would have required that the order be enforced out of state (National Coalition Against Domestic Violence, 2000). For those who were able to obtain restraining orders *and* whose abusers had not violated the injunctions, the experience of going to court was incredibly empowering. As Terri described, “When the judge gave me the order of protection for me and my kids it was so validating . . . he didn’t even question it.” Unfortunately, such stories were few and far between.

In addition, diversion is amply available for first-time domestic violence offenders in Arizona. According to the state’s domestic violence statute (Arizona Revised Statutes, 1980), first-time offenders may complete a treatment program in exchange for a suspended sentence. A guilty plea is not always required of offenders before entering treatment, and, under certain circumstances, all criminal charges may be

dropped on successful completion of the program. The success of batterer intervention seems to be contingent on various factors, including the curriculum and the theoretical underpinnings, format, and duration of a program (Gondolf, 1999; Tolman & Edleson, 1995). Debate has ensued as to the appropriateness of the anger-management curriculum, which has been generally discredited as misdirected and short sighted (Hollenhorst, 1998; Orme, Dominelli, & Mullender, 2000). Despite these findings, women reported that the intervention programs their batterers attended were indeed called “anger management.” Moreover, these classes were sometimes not even pertinent to domestic violence. In some cases, alcohol and drug abuse counseling was the focus of the program. Follow-up for noncompliance seemed to be lacking as well:

He said it seemed like it was an alcohol and drug treatment program rather than anger management. He refused to go. The deal was if he didn’t go to that he was going to get arrested. Like 5 years later they caught him and arrested him. Because we’re not together anymore, the judge just threw it out. (Nina)

Given such experiences with the legal and justice system, many of the women increasingly turned toward services specifically tailored to victims of domestic violence.

### **Utilizing Victim Services**

Prior to their current shelter stay, 15 (79%) of the women had relied on victim-based services such as shelters, hotlines, support groups, and advocacy centers. This percentage is higher than in an earlier study, which found that, of a sample of 6,612 shelter residents, 63% had previously contacted a shelter or obtained legal advice and that 14% had previously resided in a shelter (Gondolf et al., 1990). This discrepancy is perhaps indicative of the increased number of victim-based services available today and the heightened recognition of domestic violence. However, the women still encountered problems.

For some, finding shelter space had been problematic, either because of their recent drug or alcohol use (many shelters have policies against admitting substance users) or because of a lack of space. During fiscal year 1999-2000, 16,600 women and children requested bed space from the eight domestic violence shelters in Maricopa County (Phoenix metropolitan area). At the time of request, 14,164 women and children were denied shelter, primarily because of a lack of availability (Arizona Department of Economic Security and Department of Health Services, 2001).

Finding bed space was even more problematic for women with children. The shelters in Maricopa County are consistently filled to capacity and usually do not have several beds available at one time to accommodate large families. Moreover, many shelters will not accept children, particularly boys, older than a certain age; only one of the eight shelters in the Phoenix area accepts boys older than 13. As Nina recalled, “My kids are 9, 11, 13, and 14. Most of the shelters don’t take kids over 13 and most of the ones that do separate them overnight.”

Finding and being admitted to shelter were just the first obstacles women faced; remaining at the facility was another challenge. A woman’s stay at the shelter was usually contingent on her (and her children’s) compliance with numerous policies. Many of the women found these rules to be restrictive and counterproductive, particularly with regard to the time limits placed on their stay. Tazia’s comments were indicative:

They give you 30 days to do what you have to do. . . . Not many women that have kids and don’t have a car are able to hurry up and get a job within 30 days. Hurry up and get a place in 30 days. It’s a lot of pressure and deadlines living here. I’m thinking that a shelter is a place to gain self-esteem, to get out of that

controlling situation, and get the will power to be self-sufficient and independent, and really there's more stress here with all the rules and extensions and groups and time limits.

The pressure women faced in trying to reestablish their lives in less than a month was enormous. Although the shelter did provide extensions, looming deadlines were always imminent. The most feasible option for most women under these circumstances was to enter a transitional housing program, which provided counseling and subsidized apartments for up to two years. Like shelters, a woman's stay in such a program was contingent on her compliance with numerous policies.

Despite their concerns, those who were able to abide by shelter policies found the experience to be generally positive. Many were grateful to have a safe place to sleep, food for their children, and access to clothing and personal supplies. As Cynthia stated,

It's a place to stay, they give you food, they give you clothes, they give you the counseling you need, they try to make available to you services that you can get . . . assistance with housing, and everything. They go out of their way to try to make it a good experience and try to make it as much like home as possible.

For a few women, shelter stays played a pivotal role in their efforts to escape abusive men, and many women who resided at a shelter were able to secure subsidized transitional housing. However, others were not as fortunate, particularly those with criminal records. As Lee, who had a felony on her record for drug possession, described,

There's supposed to be all this help out there. You get in here, you get safe and that's wonderful, but now I find out that they can't help me. I have all this ambition. I was going to be able to go to college. I was going to be able to go to a decent job . . . now to be just slapped in the face. "I'm sorry there's nowhere for you to go." Nobody has an answer. It seems like the system is working more against me than for me.

Beyond shelter, women utilized numerous other victim services, including crisis hotlines and legal advocacy services. As has been documented in previous research (Gondolf et al., 1990), residing in the shelter seemed to open doors to a myriad of other services. Although the women had been quite active help seekers prior to their shelter stay, they became even more active during their stay.

Few complaints were issued with regard to nonshelter victim services. However, Anna Marie, who was a monolingual Spanish-speaking woman, reported that she had difficulty reaching any of the agencies that offered services in Spanish to which she had been initially referred: "A lot of those times I would get someone in Spanish but it was an answering machine so I didn't get the immediate help that I needed." Fortunately, Anna Marie eventually found a bilingual legal advocate who helped her file for a divorce and an order of protection. She also found transitional housing with bilingual support services. Again, all of these services were only made available after she had been admitted to the shelter. Her experiences were consistent with other research, which has found that preference or necessity for services in Spanish are a significant cultural barrier to help seeking for Latinas (West, Kantor, & Jasinski, 1998).

### **Resorting to Social Services**

Women also turned to social service agencies for assistance, including the welfare system, CPS, the mental health care system, and child support enforcement. Eleven (58%) women reported such help-seeking efforts, which was a much higher figure than that reported in an earlier study (Gondolf et al., 1990), which found that only 11% of shelter residents had contact with social service agencies. Social service agencies were seen as powerful extensions of the state's social control mechanisms yet also potentially helpful outlets for those with relatively few alternative resources. The women relied on such

help-seeking outlets with hopeful ambivalence, knowing that cooperation could yield many benefits (e.g., counseling, financial support) but that revictimization was also possible (e.g., having their children removed for failing to protect them from abuse).

The women in this study reported that they received food stamps, subsidized health insurance, and cash assistance through Arizona's Department of Economic Security. The main concern expressed about welfare had to do with the recently revised employment requirements. Some of the women were forced to leave their children to work when they felt their kids were too young to go to day care. The sacrifice hardly seemed worthwhile to those who could only find short-term and low-paying employment with few, if any, fringe benefits. Without resources to improve their education, the women found the employment requirements short-sighted. As Amanda explained,

I asked about schooling cause I don't have a GED. They can't help you. People that are undereducated, the only way that they are going to find good jobs to support themselves and their families is if they have a good education. If they can't help with that then there's no point in going out there and lookin' for a job.

Another concern expressed about the welfare system had to do with transfer of benefits and eligibility renewals. Women who had to move to escape their abusers found that transferring their cases to another office sometimes took months, during which time they did not receive benefits. Moreover, they faced constant challenges to their eligibility, which required continual submission of renewal applications. Given these difficulties, few women used the benefits for extended periods of time or in excess, and several expressed guilt for relying on government subsidies: "I feel like less of a woman sometimes because I can't take care of my son" (Amy). They often opted for the minimal amount of assistance possible.

Although some social service agencies seemed willing to help the women, sometimes these agencies were unable to do so because of a lack of resources. Women were subsequently placed in a double bind in that the agencies on which they depended for assistance harmed them as well. In some cases, these unfulfilled promises of assistance were caused by nonsensical bureaucratic policies. For example, Markeelie looked into applying for child support benefits from her ex-boyfriend, only to find out that doing so would mandate her to disclose her whereabouts. Her ex-boyfriend had previously shown no interest in parenting the child and was actually legally barred from visitation because of his criminal record. Despite this, Markeelie was told that she could not collect child support without disclosing where she was living, thus endangering her safety:

I'm supposed to be receiving child support from my child's father but they won't help me because I don't want to tell him where I'm at. If he pays his child support, he has the right to know where his son is. They're asking me to choose between my life and receiving child support benefits for my son.

Such contradictions have been noted elsewhere (Varcoe & Irwin, 2004) in terms of custody arrangements, whereby women are expected to preserve their children's relationships with their fathers while simultaneously protecting them from their fathers. Given these scenarios, it seemed relying on government-sponsored social service agencies provided marginal assistance to the women, which is disheartening given that such public services are often essential to the livelihood of people in difficult circumstances.

### **Seeking Medical Attention**

According to the Bureau of Justice Statistics (BJS), slightly more than half of women are physically injured after partner assaults, but only 40% of these injured women seek medical treatment (Misra, 2002).

All of the women I interviewed had sustained injuries that merited medical attention; however, comparable to the BJS figure, only 6 (32%) sought medical attention. Of those who did not seek medical help, some lacked health insurance or money to pay for medical bills, some used illicit drugs as self-medication and subsequently chose not to risk being arrested by going to a doctor, and others lacked the means of safe transportation to medical facilities, either because of poverty or their abusers' control tactics (e.g., disabling a car). The most concerted effort to identify and address domestic violence in an emergency room setting involved Patsy, a Sioux woman, who went to the Phoenix Indian Medical Hospital:

I was pregnant and we got into a fight and he punched me hard in the stomach. I had a miscarriage. The doctor was telling me, "How did this happen? You have bruises on you. You're having a miscarriage. Is that your boyfriend out there?" I said, "Yeah." The doctor asked me, "Is he the one who did this?" I told him, "No," that I was just really stressed out, but doctors know, you know? They had pamphlets [for domestic violence] there.

A few women stated that medical personnel in other facilities inquired as to the cause of their injuries, but no referrals or support beyond such recognition were offered. Other women reported that they had not even been questioned about their injuries. They simply went to an emergency room, obtained the necessary medical attention, and returned home to the person who had inflicted the injuries.

### **Further Sociostructural Impediments to Help Seeking**

The experiences of the women in this study lend support to Ptacek's (1999) notion of social entrapment and to Gondolf and Fisher's (1988) survivor hypothesis. Women who received unconditional and empathetic institutional and/or social support in response to their help-seeking efforts felt legitimated in their survivor status. They were empowered to continue resisting the coercive control tactics of their partners and continued to pursue safe, productive, and independent lives. Alternatively, those whose abuse had been ignored or downplayed when they reached out for help felt as if they had been deserted, silenced, and blamed for their victimization. These women seemed more likely to internalize their hurt (often through depression, self-mutilation, or suicide attempts), blame themselves, and return to their batterers.

Examining the ways in which social institutions respond to battered women must involve a critical analysis of gender relations and the maintenance of institutionalized forms of patriarchy. Indeed, some of the women's narratives exemplified the patriarchal underpinnings within and outside the law that disqualify women's voices, concerns, and interests, effectively disempowering many of those who try to use social systems for protection (Smart, 1995). However, it is not as simple as labeling the entire social and legal system misogynist, as the process of gendered exclusion and marginalization is more complex. Of foremost concern are the sociostructural barriers that contribute to battered women's failed help seeking (Zweig, Schlichter, & Burt, 2002).

For example, 5 (26%) of the women in this study had some sort of criminal record that excluded them from many of the services from which they could benefit. Decent paying jobs and transitional housing were largely unavailable to these women. Even the decision to call for police protection was a risky one for women with outstanding warrants. Although such exclusion may be a matter of agency policy and prioritization processes (e.g., selecting candidates for sparse transitional housing), legal barriers may also affect women's help-seeking efforts. As Hirsch (2001) found in a study of abused women with drug convictions, those with felony drug records face lifetime bans on public subsidies such as cash assistance and food stamps. Given that women's use of drugs has been correlated with battering and that the majority of women in the criminal justice system have experienced intimate partner battering, it may be

particularly damaging to be excluded from public assistance because of such criminalization (Hirsch, 2001; Moe, 2004).

Another structural barrier was homelessness. Four (21%) of the women reported having been homeless intermittently throughout their adulthood, often as a consequence of fleeing abuse. These women were told by police officers, social service providers, and victim service providers to obtain orders of protection against their abusers. However, to obtain these injunctions, petitions usually require a street address for both parties. In this way, homeless women, and women whose abusers are homeless, are blocked from obtaining a form of legal protection. Even for those with homes, financial difficulties prevent other means of legal intervention, such as divorce, that could provide some protection. So although the legal system may not always be helpful to women, it is not even available to others.

A third structural barrier to help seeking relates to race and ethnicity. Services geared toward specific populations, such as the Phoenix Indian Hospital, proved extremely helpful for women of color, such as Patsy. However, being monolingual in Spanish and undocumented produced obstacles for Anna Marie. Although she eventually found the help she wanted, many other women who are either undocumented or under the auspices of immigration law are not as fortunate (Acevedo, 2000; Bui & Morash, 1999; Dasgupta, 2000; Davis & Erez, 1998). It is likely that race and ethnicity influenced the women's interactions with criminal justice and social service personnel as well, based on prior literature on such responses to women of color (McGillivray & Comaskey, 1999; Rasche, 1995; Razack, 1998). However, subtle and institutionalized forms of racism are not easily detectable, particularly by persons in the middle of a crisis, as were the women in this study. Hence, it is likely that their help-seeking efforts were affected in ways beyond those explicitly identified.

## **Discussion and Conclusion**

The women in this study reported horrific abuses at the hands of their partners. Their experiences signify the way in which our most intimate of spaces may be infused with violence. Given the extent of their victimization, the women's strength and perseverance in resisting the abuse was compelling. They sought help multiple times from various outlets and, in some cases, continued to do so despite compounding failures. Constructive critiques of the ways in which our societal structures and institutions are responding to battered women are an important first step toward eradicating violence against women.

Indeed, being socially marginalized in ways beyond gender plays an important role in one's accessibility to institutional assistance. As Gondolf and Fisher (1988) argued, women are active help seekers. Given the psychological consequences of battering, combined with the social isolation and emotional degradation caused by batterers, it is quite remarkable that abused women are such active help seekers. Of course, selection bias affected the findings of my research, as the women in this sample were active and, to some extent, successful help seekers because of their ability to secure temporary housing in the shelter in which I conducted interviews. Women who have never told anyone or reached out to social service, victim-based, or criminal justice agencies for help are certainly a much more difficult population to study. In addition, it would be hard to discuss help seeking with a woman who either does not label herself *battered* or who is so deeply controlled and isolated that nobody can gain access to her. Thus, my conclusions are necessarily limited to the population of battered women who do identify their experiences as abuse, have reached out for help, and have to some extent been successful at obtaining it.

Among these women and, more specifically, the sample of women in my study, diligence was an overriding theme in their narratives. Beyond the success of obtaining shelter, the women remained diligent in their efforts to stay safe and removed from their partners, obtain legal protection and intervention, maintain custody of their children, be good mothers, and build a support system of family

and friends. In instances in which one or several help-seeking mechanisms came through for them, the women's stories illustrated positive outcomes. Unfortunately, such stories were too few and far between, confirming Ptacek's (1999) social entrapment thesis. Most of the women interviewed for this study seemed to be cumulatively affected by their partners' abuse tactics and the failed or inadequate responses by social and institutional outlets. The main conclusion to be drawn from this is that every little bit matters. One helpful response may spur further help-seeking efforts. It may also legitimize a woman's claims to other agencies. Just as failed help seeking may be cumulative in effect, so too might successful help seeking.

In terms of pragmatic policy change and advocacy, many of the problems women face during the course of seeking help could be addressed without a complete overhaul of the social structure and, in some cases, without substantial increases in funding. Such changes are a matter of increased integrity and empathy and perhaps a bit of ingenuity and legal reform. However, such changes are not the obligation solely of those working in programs that have contact with battered women. As Gondolf and Fisher (1988) acknowledge, service providers often feel overwhelmed in workload and limited in the resources they may direct toward any particular individual, despite sincere feelings of empathy and compassion. The fallout of working in such environments has been deemed a kind of learned helplessness in itself, in that as service providers are faced with restricted resources and indefinite need, less effort may be devoted to any particular case. Thus, coordinated community-response protocols that provide support and collaboration within and between various social service, victim, and criminal justice agencies could go a long way toward efficient use of resources (Uekert, 2003).

### References

- Acevedo, M. J. (2000). Battered immigrant Mexican women's perspectives regarding abuse and helpseeking. *Journal of Multicultural Social Work, 8*, 243-282.
- Alcoff, L., & Gray, L. (1993). Survivor discourse: Transgression or recuperation? *Signs, 18*, 260-290.
- Allen, N. E., Bybee, D. I., & Sullivan, C. M. (2004). Battered women's multitude of needs: Evidence supporting the need for comprehensive advocacy. *Violence Against Women, 10*, 1015-1035.
- Appel, A. E., & Holden, G. W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology, 12*, 578-599.
- Arizona Department of Economic Security and Department of Health Services. (2001). *Domestic violence shelter services in Maricopa County*. Phoenix: Author.
- Arizona Revised Statutes. (1980). *Domestic violence (13-3601)*. Retrieved March 1, 2004, from <http://www.azleg.state.az.us>
- Ayyub, R. (2000). Domestic violence in the South Asian Muslim immigrant population in the United States. *Journal of Social Distress and the Homeless, 9*, 237-248.
- Baker, C. K., Cook, S. L., & Norris, F. H. (2003). Domestic violence and housing problems: A contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women, 9*, 754-783.
- Belknap, J., & McCall, K. D. (1994). Woman battering and police referrals. *Journal of Criminal Justice, 22*, 223-236.



- Brandwein, R. A. (1999). *Battered women, children, and welfare reform: The ties that bind*. Thousand Oaks, CA: Sage.
- Brandwein, R. A., & Filiano, D. M. (2000). Toward real welfare reform: The voices of battered women. *Affilia*, 25, 224-243.
- Browne, A., & Bassuk, S. S. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry*, 67, 261-278.
- Brush, L. D. (2000). Battering, traumatic stress, and welfare-to-work transition. *Violence Against Women*, 6, 1039-1065.
- Bui, H. (2003). Help-seeking behavior among abused immigrant women: A case of Vietnamese American women. *Violence Against Women*, 9, 207-239.
- Bui, H., & Morash, M. (1999). Domestic violence in the Vietnamese immigrant community. *Violence Against Women*, 5, 769-795.
- Busch, N. B., & Wolfer, T. A. (2002). Battered women speak out: Welfare reform and their decisions to disclose. *Violence Against Women*, 8, 566-584.
- Campbell, J. C. (Ed.). (1995). *Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers*. Thousand Oaks, CA: Sage.
- Campbell, R., Sullivan, C. M., & Davidson, W. S. (1995). Women who use domestic violence shelters: Changes in depression over time. *Psychology of Women Quarterly*, 19, 237-255.
- Chang, D. B. K. (1992). A domestic violence shelter: A symbolic bureaucracy. *Social Process in Hawaii*, 34, 37-52. Chaudhuri, M., & Daly, K. (1992). Do restraining orders help? Battered women's experiences with male violence and legal process. In E. S. Buzawa & C. G. Buzawa (Eds.), *Domestic violence: The changing criminal justice response* (pp. 227-252). Westport, CT: Auburn House.
- Collins, P. H. (1989). The social construction of Black feminist thought. *Signs*, 14, 745-773.
- Cooper-White, P. (1996). An emperor without clothes: The church's views about treatment of domestic violence. *Pastoral Psychology*, 45, 3-20.
- Cwik, M. S. (1997). Peace in the home? The response of rabbis to wife abuse within American Jewish congregations—Part 2. *Journal of Psychology and Judaism*, 21, 5-81.
- Dasgupta, S. D. (2000). Charting the course: An overview of domestic violence in the South Asian community in the United States. *Journal of Social Distress and the Homeless*, 9, 173-185.
- Davis, R. C., & Erez, E. (1998). *Immigrant populations as victims: Toward a multicultural criminal justice system*. Washington, DC: U.S. Department of Justice.

- Davis, R. C., & Smith, B. (1995). Domestic violence reforms: Empty promises or fulfilled expectations? *Crime & Delinquency*, 41, 541-552.
- Dixon, C. K. (1995). Violence in families: The development of a program to enable clergy to provide support. *Journal of Family Studies*, 1, 14-23.
- Donnelly, D. A., Cook, K. J., & Wilson, L. A. (2004). Provision and exclusion: The dual face of services to battered women in three deep south states. *Violence Against Women*, 10, 1015-1035.
- Dunford, F. W. (1992). The measurement of recidivism in cases of spouse assault. *Journal of Criminal Law and Criminology*, 83, 120-136.
- Erez, E., & Belknap, J. (1998). In their own words: Battered women's assessment of systemic responses. *Violence and Victims*, 13, 3-20.
- Feder, L. (1996). Police handling of domestic calls: The importance of offender's presence in the arrest decision. *Journal of Criminal Justice*, 24, 481-490.
- Feder, L. (1997). Domestic violence and police response in a pro-arrest jurisdiction. *Women and Criminal Justice*, 8, 79-98.
- Feder, L. (1999). Police handling of domestic violence calls: An overview and further investigation. *Women and Criminal Justice*, 10, 49-68.
- Ferraro, K. J. (1983). Negotiating trouble in a battered women's shelter. *Urban Life*, 12, 287-307.
- Fischer, K. (1993). The psychological impact and meaning of court orders of protection for battered women. *Dissertation Abstracts International*, 53, 6612-6613.
- Fleury, R. E. (2002). Missing voices: Patterns of battered women's satisfaction with the criminal justice system. *Violence Against Women*, 8, 181-205.
- Ford, D. A., & Regoli, M. J. (1993). The criminal prosecution of wife assaulters: Process, problems, and effects. In N. Z. Hilton (Ed.), *Legal responses to wife assault: Current trends and evaluation* (pp. 127-164). Newbury Park, CA: Sage.
- Fortune, M. M. (1993). The nature of abuse. *Pastoral Psychology*, 41, 275-288.
- Fowler, D. N., & Hill, H. M. (2004). Social support and spirituality as culturally relevant factors in coping among African American women survivors of partner abuse. *Violence Against Women*, 10, 1267-1282.
- Gerbert, B., Abercrombie, P., Caspers, N., Love, C., & Bronstone, A. (1999). How health care providers help battered women: The survivor's perspective. *Women and Health*, 29, 115-135.
- Gerbert, B., Johnston, K., Caspers, N., & Bleecker, T. (1996). Experiences of battered women in health care settings: A qualitative study. *Women and Health*, 24, 1-18.
- Glaser, B., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.

- Gondolf, E. W. (1998). The victims of court-ordered batterers. *Violence Against Women*, 4, 659-676.
- Gondolf, E. W. (1999). A comparison of four batterer intervention systems: Do court referral, program length, and services matter? *Journal of Interpersonal Violence*, 14, 41-61.
- Gondolf, E. W., & Fisher, E. R. (1988). *Battered women as survivors*. New York: Lexington. Gondolf, E. W., Fisher, E., & McFerron, J. R. (1990). The help-seeking behavior of battered women: An analysis of 6,000 shelter interviews. In E. C. Viano (Ed.), *The victimology handbook: Research findings, treatment, and public policy* (pp. 113-127). New York: Garland.
- Goodkind, J. R., Gillum, T. L., Bybee, D. I., & Sullivan, C. M. (2003). The impact of family and friends' reactions on the well-being of women with abusive partners. *Violence Against Women*, 9, 347-373.
- Goolkasian, G. A. (1986). *Confronting domestic violence: The role of criminal court judges*. Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Gordon, J. S. (1997). Effectiveness of community, medical, and mental health services for abused women. *Dissertation Abstracts International*, 57, 7225.
- Graetz, N. (1998). *Silence is deadly: Judaism confronts wifebeating*. Northvale, NJ: Jason Aronson.
- Harding, S. (1987). Is there a feminist method? In S. Harding (Ed.), *Feminism and methodology: Social science issues* (pp. 1-14). Bloomington: Indiana University.
- Hartsock, N. (1983). The feminist standpoint: Developing the ground for a specifically feminist historical materialism. In S. Harding & M. B. Hintikka (Eds.), *Discovering reality: Feminist perspectives on epistemology, metaphysics, methodology, and philosophy of science* (pp. 283-310). Dordrecht, the Netherlands: D. Reidel.
- Hartsock, N. (1985). *Money, sex and power: Towards a feminist historical materialism*. Boston: Northeastern University Press.
- Hartsock, N. C. M. (1987). The feminist standpoint: Developing a ground for a specifically feminist historical materialism. In S. Harding (Ed.), *Feminism and methodology* (pp. 157-180). Milton Keynes, UK: Open University Press.
- Hathaway, J. E., Willis, G., & Zimmer, B. (2002). Listening to survivors' voices: Addressing partner abuse in the health care setting. *Violence Against Women*, 8, 687-719.
- Hirsch, A. E. (2001). "The world was never a safe place for them." Abuse, welfare reform, and women with drug convictions. *Violence Against Women*, 7, 159-175.
- Hollenhorst, P. S. (1998). What do we know about anger management programs in corrections? *Federal Probation*, 62, 52-64.
- Horton, A. L., Simonidis, K. M., & Simonidis, L. L. (1987). Legal remedies for spousal abuse: Victim characteristics, expectations, and satisfaction. *Journal of Family Violence*, 2, 265-278.

- Jacobs, M. S. (1998). Requiring battered women die: Murder liability for mothers under failure to protect statutes. *Journal of Criminal Law and Criminology*, 88, 579-660.
- Jones, L. P., Gross, E., & Becker, I. (2002). The characteristics of domestic violence victims in a child protective service caseload. *Families in Society*, 83, 405-415.
- Kane, R. J. (1999). Patterns of arrest in domestic violence encounters: Identifying a police decision making model. *Journal of Criminal Justice*, 27, 65-79.
- Kernic, M. A., Wolf, M. E., & Holt, V. L. (2000). Rates and relative risk of hospital admission among women in violent intimate partner relationships. *American Journal of Public Health*, 90, 1416-1420.
- Kocot, T., & Goodman, L. (2003). The roles of coping and social support in battered women's mental health. *Violence Against Women*, 9, 323-346.
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- LaViolette, A. D., & Barnett, O. W. (2000). *It could happen to anyone: Why battered women stay*. Thousand Oaks, CA: Sage.
- Lempert, L. B. (1997). The other side of help: Negative effects in the help-seeking processes of abused women. *Qualitative Sociology*, 20, 289-309.
- Levin, R. (2001). Less than ideal: The reality of implementing a welfare-to-work program for domestic violence victims and survivors in collaboration with the TANF department. *Violence Against Women*, 7, 211-221.
- Lockhart, L., & White, B. W. (1989). Understanding marital violence in the Black community. *Journal of Interpersonal Violence*, 4, 421-436.
- McDermott, M. J., & Garofalo, J. (2004). When advocacy for domestic violence victims backfires: Types and sources of victim disempowerment. *Violence Against Women*, 10, 1245-1266.
- McGillivray, A., & Comaskey, B. (1999). *Black eyes all of the time: Intimate violence, aboriginal women, and the justice system*. Toronto, Canada: University of Toronto Press.
- McKean, J., & Hendricks, J. E. (1997). The role of crisis intervention in the police response to domestic disturbances. *Criminal Justice Policy Review*, 8, 269-294.
- Misra, D. (2002). *The women's health data book: A profile of women's health in the United States*. Menlo Park, CA: Henry J. Kaiser Family Foundation and Jacobs Institute of Women's Health.
- Moe, A. M. (2004). Blurring the boundaries: Women's criminality in the context of abuse. *Women's Studies Quarterly*, 32, 116-138.
- Moe Wan, A. (2000). Battered women in the restraining order process: Observations on a court advocacy program. *Violence Against Women*, 6, 606-632.

- National Coalition Against Domestic Violence. (2000). *Violence Against Women Act of 2000 as passed by the Senate and the House of Representatives*. Available from Alabama Coalition Against Domestic Violence Web site, <http://www.acadv.org/publicpolicy/vawapassed.htm>
- Orme, J., Dominelli, L., & Mullender, A. (2000). Working with violent men from a feminist social work perspective. *International Social Work*, 43, 89-105.
- Ptacek, J. (1999). *Battered women in the courtroom: The power of judicial responses*. Boston: Northeastern University Press.
- Raphael, J. (1996). *Prisoners of abuse: Domestic violence and welfare receipt*. Chicago: Taylor Institute.
- Rasche, C. E. (1995). Minority women and domestic violence: The unique dilemmas of battered women of color. In B. R. Price & N. J. Sokoloff (Eds.), *The criminal justice system and women: Offenders, victims, and workers* (pp. 246-261). New York: McGraw-Hill.
- Razack, S. (1998). What is to be gained by looking White people in the eye? Culture, race, and gender in cases of sexual violence. In K. Daly & L. Maher (Eds.), *Criminology at the crossroads: Feminist readings in crime and justice* (pp. 225-245). New York: Oxford University Press.
- Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.
- Rennison, C. M., & Welchans, S. (2000). *Intimate partner violence*. Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Rigakos, G. S. (1997). Situational determinants of police responses to civil and criminal injunctions for battered women. *Violence Against Women*, 3, 204-216.
- Robinson, A. L., & Chandek, M. S. (2000). Differential police response to Black battered women. *Women and Criminal Justice*, 12, 29-61.
- Saunders, D. G. (1995). The tendency to arrest victims of domestic violence: A preliminary analysis of officer characteristics. *Journal of Interpersonal Violence*, 10, 147-158.
- Schechter, S. (1982). *Women and male violence: The visions and struggles of the battered women's movement*. Boston: South End.
- Schillinger, E. (1988). Dependency, control, and isolation: Battered women and the welfare system. *Journal of Contemporary Ethnography*, 16, 469-490.
- Sheridan, D. J. (1998). Health care-based programs for domestic violence survivors. In J. C. Campbell (Ed.), *Empowering survivors of abuse: Health care for battered women and their children* (pp. 23-31). Thousand Oaks, CA: Sage.
- Sherman, L. W. (1992). *Policing domestic violence: Experiments and dilemmas*. New York: Free Press.
- Sherman, L. W., & Berk, R. A. (1984). The specific deterrent effects of arrest for domestic assault. *American Sociological Review*, 49, 261-272.
- Smart, C. (1995). *Law, crime and sexuality: Essays in feminism*. London: Sage.

- Smith, D. E. (1974). Women's perspective as a radical critique of sociology. *Sociological Inquiry*, 4, 1-13.
- Smith, D. E. (1987). *The everyday world as problematic: A feminist sociology*. Toronto, Canada: University of Toronto Press.
- Smith, D. E. (1989). Sociological theory: Methods of writing patriarchy. In R. A. Wallace (Ed.), *Feminism and sociological theory* (pp. 34-64). Newbury Park, CA: Sage.
- Stith, S. M. (1990). Police response to domestic violence: The influence of individual and familial factors. *Violence and Victims*, 5, 37-49. Sullivan, C. M., & Rumpitz, M. H. (1994). Adjustment and needs of African-American women who utilized a domestic violence shelter. *Violence and Victims*, 9, 275-286.
- Tan, C., Basta, J., Sullivan, C. M., & Davidson, W. S., II. (1995). The role of social support in the lives of women exiting domestic violence shelters: An experimental study. *Journal of Interpersonal Violence*, 10, 437-451.
- Tolman, R. M., & Edleson, J. L. (1995). Intervention for men who batter: A review of research. In S. R. Stith & M. A. Straus (Eds.), *Understanding partner violence: Prevalence, causes, consequences and solutions* (pp. 262-273). Minneapolis: National Council on Family Relations.
- Uekert, B. K. (2003). The value of coordinated community responses. *Criminology and Public Policy*, 3, 133-135.
- Varcoe, C., & Irwin, L. G. (2004). "If I killed you, I'd get the kids": Women's survival and protection work with child custody and access in the context of woman abuse. *Qualitative Sociology*, 27, 77-99.
- Walker, L. E. (1984). *The battered woman syndrome*. New York: Springer.
- Warshaw, C. (1993). Limitations of the medical model in the care of battered women. In P. B. Bart & E. G. Moran (Eds.), *Violence against women: The bloody footprints* (pp. 134-146). Newbury Park, CA: Sage.
- Websdale, N., & Johnson, B. (1997). Reducing woman battering: The role of structural approaches. *Social Justice*, 24, 54-81.
- Weisz, A. N. (1999). Legal advocacy for domestic violence survivors: The power of an informative relationship. *Families in Society*, 80(2), 138-147.
- West, C. M., Kantor, G. K., & Jasinski, J. L. (1998). Sociodemographic predictors and cultural barriers to help-seeking behavior by Latina and Anglo American battered women. *Violence and Victims*, 13, 361-375.
- Zorza, J. (1991). Woman battering: A major cause of homelessness. *Clearinghouse Review*, 25, 421.
- Zweig, J. M., Schlichter, K. A., & Burt, M. R. (2002). Assisting women victims of violence who experience multiple barriers to services. *Violence Against Women*, 8, 162-180.