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Research and Interventions to Reduce Domestic Violence Revictimization
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Biographical Sketch

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Abstract

Despite decades of research on domestic violence, considerable challenges must be addressed to develop sound, theoretically and empirically-based interventions for reducing domestic violence revictimization. Many basic and applied research issues remain unaddressed by existing studies, and evaluations frequently do not sufficiently highlight their limitations or program or policy implications. Nonetheless, considerable progress has been made, and practitioners and policymakers increasingly have a wide range of promising interventions from which to select. This paper reviews research on domestic violence and focuses particular attention on interventions aimed at reducing revictimization among individuals known to have been abused. It also provides a conceptual framework for practitioners and policymakers to situate existing evaluation research, and highlights the need for better data to understand and assess efforts to reduce domestic violence revictimization. The author concludes by discussing directions for future research and recommendations for practice and policy.

Key Words: domestic violence, interventions, revictimization
1. Introduction

Domestic violence represents a social problem of enormous magnitude in the United States. Among respondents in the National Violence Against Women (NVAW) Survey, close to 1 in 4 women and 1 in 13 men reported being “raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their lifetime” (Tjaden and Thoennes 2000:iii). Such estimates vary depending on the definitions and measures used (Mahoney, Williams, and West 2001), but few studies suggest that domestic violence is rare.

The widespread nature of this social problem suggests that when society learns about acts of domestic violence – whether through law enforcement agencies, social service agencies, hospitals, or victim assistance organizations – effective interventions should be employed to reduce further victimization. Effective intervention is critical because victims of domestic violence typically are involved in relationships in which revictimization is a frequent occurrence eventually leading to injury, long-lasting trauma, disrupted friendships and family relationships, and, in some instances, death (National Research Council 1996).

The goal of this article is to provide practitioners, policymakers, and researchers with a review of critical findings, questions, and issues about effective interventions to reduce domestic violence revictimization. In so doing, the article aims to provide the reader with a sense of the “forest” rather than the many specific “trees.” To this end, I begin by reviewing definitions of and factors associated with domestic violence. This discussion provides a context against which to consider the constraints different definitions impose on our ability to compare different programs, policies, and research findings. It also highlights the need for interventions that take account of causally relevant factors linked to domestic violence.

The article then turns to a review of what we know about reducing domestic violence revictimization. This section highlights the range of interventions available and what a recent and rigorous review of these interventions states about their effectiveness.
discussions as a stepping off point, I present a conceptual framework to help practitioners and researchers organize and guide their efforts to understand and reduce domestic violence revictimization. Data issues and limitations of evaluation research studies constitute one of the central problems in improving our knowledge of what “works. I therefore provide a brief discussion about several of the most used types of data and critical evaluation concerns. The goal of this discussion is to orient practitioners and researchers unfamiliar with domestic violence research to issues they may encounter or should consider in interpreting or undertaking research on domestic violence interventions. I conclude by outlining pragmatic directions for practice, policy, and research.

This article provides an overarching review and critique of research on domestic violence interventions. It does not systematically summarize or critique each of the many critical areas of research within the domestic violence literature. Readers interested in a comprehensive review of these areas should consult the many excellent books, chapters, and articles currently available. Table 1 identifies several recommended sources, and additional references are cited throughout the article. It also should be emphasized that the article does not review prevention initiatives and strategies that target the root causes of domestic violence (Wolfe and Jaffe 1999; Renzetti, Edleson, and Bergen 2001; Roberts 2002). Such efforts are essential for reducing domestic violence. However, a discussion of this research, beyond noting that few prevention initiatives have been demonstrated to reduce rates of domestic violence in communities, is beyond the scope of this article.

Table 1 about here

2. Definitions of Domestic Violence

Despite the current prominence of domestic violence as a national policy concern, historically it was viewed as very much a private matter. Men were expected to be dominant in households, and their use of power, whether through emotional, verbal, financial, or physical means, was frequently viewed as acceptable and normative (Caringella-MacDonald 1997). In
the past few decades, this perception changed, due in part to research that increasingly demonstrated the prevalence and damage resulting from domestic violence.

The changing perceptions of and research on domestic violence can not be easily separated, in part because they are inextricably connected to changes in social and legal definitions of domestic violence (DeKeseredy and Schwartz 2001). For example, during the 1960s, research emphasized the notion that domestic violence stems from unhealthy marital or family relationships. This research flowed from a more general interest in studying families rather than intimate partners. Thus, violence between intimate partners was not per se carefully or systematically addressed as a phenomenon to be understood on its own terms (Pleck 1989). This “family” perspective also motivated many law enforcement policies, which typically avoided treating domestic violence as a crime and instead focused on family mediation and preservation.

Research in the 1980s, coupled with the emergence of battered women shelters, contributed to changing perceptions. Domestic violence increasingly came to be viewed as a function of traditional family structure and gender roles rather than “normal stress and interpersonal conflict” within families (Worden 2000:222). This perspective led to calls for redefining domestic violence as an event for which batterers could and should be held criminally liable. According to this view, domestic violence is not a natural outgrowth of dysfunctional relationships or families. Rather, it results from a variety of factors, including differential power among men and women. This social redefinition was successfully used by the battered women’s movement to promote the criminalization of domestic violence.

Such examples serve to illustrate some of the changes in views towards domestic violence and how these are linked to, and in part result from, research. Although many view these changes as significant improvements in current thinking about domestic violence, the changes suggest many of the problems that plague research. Changing definitions in particular constitute a significant problem for attempts to compare research studies or estimates concerning the prevalence of domestic violence (DeKeseredy and Schwartz 2001).
One problem lies with terminology. In recent years, for example, studies increasingly make reference to “intimate partner violence” rather than “domestic violence” or “battering” (Tjaden and Thoennes 2000). “Domestic violence” itself is often used to refer not only to violence among intimate partners but also to child abuse, elder abuse, and the “violence” can include physical, sexual, psychological, and verbal behaviors (Gondolf 2002).

A more substantive problem centers around the conceptualization and measurement of domestic violence (Chalk and King 1998). If, for example, domestic violence is viewed as “family violence,” the likely result is that the violence will be viewed as a function of family-related factors, as opposed to cultural and social factors or to factors associated with batterers. Similarly, if construed as entirely a matter of unequal gender relations, then domestic violence more likely will be viewed through the prism of heterosexual relationships. The fact that behavioral acts defined as “domestic violence” within heterosexual relationships may also occur within homosexual relationships is therefore obscured. Similarly, use of the terms “wife beating” or “spousal abuse” implies that domestic violence only occurs within marital contexts, even though studies frequently apply these terms to both married and unmarried couples.

The conceptualization of domestic violence can viewed through a social or legal perspective. Socially, domestic violence may be viewed to apply primarily to married couples (and therefore only to heterosexual couples), or to cohabiting or intimate partners. Legally, domestic violence generally must meet explicitly identified criteria for classifying constituent crimes (e.g., rape, aggravated assault, stalking), which, as with all crimes, may be subject to interpretation by law enforcement officials and prosecutors. By extension, many conceptualizations focus on whether the violence is intentional or unintentional.

In each instance, how domestic violence is defined and conceptualized directly affects measurement (National Research Council 1996). Many studies diverge, for example, in whether they include intentionality in their definition and measurement of domestic violence (National Research Council 1996). Because of the diversity of terms and conceptualization of domestic
violence, studies that provide prevalence estimates or that are primarily descriptive or explanatory in focus frequently cannot be readily compared with one another.

This diversity results in a situation in which specific measures of domestic violence constitute the only defensible basis along which comparisons can occur (Cardarelli 1997; Desai and Saltzman 2001). Consider the recent NVAW Survey’s definition, which includes specific questions that, together, are viewed as providing measurements of “rape, physical assault, and stalking perpetrated by current and former dates, spouses, and cohabiting [same-sex or opposite-sex] partners, with cohabiting meaning living together at least some of the time as a couple” (Tjaden and Thoennes 2000:5). These acts in turn are further defined. For example, physical assault involves “behaviors that threaten, attempt, or actually inflict physical harm” (Tjaden and Thoennes 2000:5). But not all studies employ the same definitions or measurements of domestic violence or these specific acts (i.e., rape, assault, stalking). Because of this diversity, only studies employing similar measures should be compared with one another, though many articles and news accounts frequently ignore, or are not aware of, the need for such caution.

In short, researchers use quite different definitions of domestic violence, and often examine different types of domestic violence. These differences should not lead to pessimism about comparisons across research studies or to the ability of researchers to generate cumulative knowledge. But they do, of course, indicate the considerable need for caution in interpreting statistics about the prevalence of domestic violence, studies that purport to explain domestic violence, and research about “what works.” The relevance of such caution will be made more clear in the discussions that follow. Domestic violence, here, will refer to conceptualizations of violence used in previous research on intimate partners, and will include physical, verbal, emotional, or sexual violence, research on married and unmarried partners, and individuals in heterosexual or homosexual relationships (Desai and Saltzman 2001).

3. Factors Associated with Domestic Violence

The definitional and measurement issues discussed above have hampered efforts to generate a solid body of knowledge on factors associated with domestic violence. Official sources of
data, such as the Uniform Crime Reports (UCR), which compile information from law
enforcement agencies, only include incidents reported to the police or other officials or agencies.
By contrast, surveys generally provide a more accurate and complete picture of domestic
violence. The most prominent national surveys include the National Family Violence Survey
(NFVS), National Crime Victimization Survey (NCVS), and NVAW Survey, but many smaller
surveys focus on specific populations or aspects of domestic violence (National Research
Council 1996; Tjaden and Thoennes 2000). Unfortunately, methodological differences among
these studies limit our ability to draw appropriate comparisons across these surveys. Such
problems affect comparisons of finding from the same surveys as well: In 1992, for example, the
NCVS modified its definition and measurement of domestic violence, leading to a sudden
change in its estimation of the prevalence of domestic violence.

An additional problem in examining factors associated with domestic violence is the
variation in how these factors themselves are measured. Many studies focus on comparing men
and women, a distinction that generally can be measured quite reliably and accurately. But other
sources of comparison, such as race/ethnicity, class, and education, as well as attitudes,
personality traits, types of relationships, drug use, medical history, and the like frequently are
measured using different sets of questions and data sources (National Research Council 1996).

These problems notwithstanding, research on domestic violence suggests several patterns, as
well as ongoing points of disagreement. Some of the most frequently identified factors are
briefly summarized below, followed by a summary of additional risk factors for intimate partner
victimization, a discussion of research at different units of analysis, and a call for increased
integration of diverse findings and theories. The all-too-brief descriptions serve primarily to
provide the context against which to illustrate the limitations of many domestic violence
interventions and evaluations of these interventions. They are provided, as well, to assist the
reader in thinking about the need for interventions that address causally relevant factors linked to
domestic violence and revictimization. It is important to emphasize that large research literatures
have developed around each of these factors and particular forms of domestic violence. Thus,
any summary necessarily glosses over many important qualifications. Complete discussions of
these and other factors can be found in the citations and the sources listed in Table 1.

Gender

Research suggests that within intimate relationships, men and women attack each other
equally often (Straus, Gelles, and Steinmetz 1980; Moffitt and Caspi 1999). Other research
indicates that women are more frequently victimized and that the victimization is more severe
(National Research Council 1996; Tjaden and Thoennes 2000). Some researchers hypothesize
that if there is a difference, it may be due to men being more likely to view violent behavior as
acceptable (Greenblatt 1985). It also may be linked to norms about appropriate behaviors for
men and women, including views about acceptable responses among men when their spouses act
“unwisely” (Dobash and Dobash 1979). Another popular, but largely untested, explanation is
that men resort to power, including non-physical and physical violence, to resolve feelings
associated with a sense of powerlessness, inferiority, or rejection (Browne and Dutton 1990).

Alcohol

Despite disagreement about the exact role of alcohol use/abuse in domestic violence,
considerable research documents a strong association between the two, one that generally
remains even after controlling such factors as sociodemographic characteristics and marital
satisfaction (Miller and Wellford 1997). This relationship may not be causal; rather, both
domestic violence and drug use/abuse may be a manifestation of similar underlying causes.
Even if we assume a causal relationship, the precise mechanisms through which alcohol
contributes to domestic violence remain unclear. It may, for example, interfere with cognitive
processes, contribute to or aggravate aggressive tendencies, be associated with societal
expectations about the influence of alcohol, or be used as an excuse to engage in violence

Race/Ethnicity

Research on race/ethnic dimensions of domestic violence diverges in two directions. Some
studies suggest that domestic violence is common across all racial/ethnic groups, while others
suggest that it is predominantly a minority and lower socioeconomic class phenomenon (Miller and Wellford 1997). Some researchers speculate that certain racial/ethnic groups have a greater tolerance for or acceptance of domestic violence, which could contribute to higher rates of violence (Burgess and Draper 1989; Sullivan 1997). In general, however, methodological problems, such as a reliance on police and court data and use of inconsistent categories for different racial/ethnic groups, have led to conflicting findings and a limited ability to explain any observed relationship between race/ethnicity and domestic violence.

Mental Disorders and Personality Traits

Some research indicates that men who assault their partners suffer from a range of mental disorders, including antisocial or borderline personality disorder and post-traumatic stress syndrome, and that they typically suffer from low self-esteem, jealousy, aggressiveness, and poor communication skills (National Research Council 1996; Jasinski 2001). However, the generalizability of this research is limited because it generally focuses on court processed or incarcerated batterers, who may not be representative of the general population.

Battered victims have greater rates of depression and post-traumatic stress syndrome than do members of the general population. They also have greater rates of alcohol and substance abuse problems (National Research Council 1996). However, the research on victims suffers from many of the problems associated with studies of batterers (e.g., victims in many studies may not be representative of all victims), and has not established whether mental health conditions precede or result from domestic violence (Chalk and King 1998).

Family Context

Many studies indicate that individuals who grow up in violent homes are more likely to become violent with their intimate partners (Tjaden and Thoennes 2000). This research suggests that violence is learned – that is, that exposure to violence as a child contributes to a social learning process that views violence as an appropriate and acceptable strategy for resolving conflicts. However, this contention remains debated among researchers, and few longitudinal studies have rigorously assessed the hypothesized link (National Research Council 1996).
Cultural and Social Context

Attitudes and beliefs about domestic violence and gender may derive from and be reinforced by traditional patriarchal views in society (e.g., certain cultural values may either promote or accept domestic violence as an appropriate approach to resolving certain types of conflict – Dobash and Dobash 1979). Although frequently cited as linked to domestic violence, research remains largely inconclusive about this issue (Jasinski 2001). Indeed, studies examining rates of domestic violence provide support both for and against the notion that cultural and social values influence domestic violence rates. Some studies document differences among racial/ethnic groups and societies in attitudes about domestic violence, but these differences do not necessarily translate into different rates of violence (National Research Council 1996:62-68).

Additional Factors Linked to Domestic Violence Victimization

Research has consistently identified additional risk factors for intimate partner victimization. Higher rates of victimization are, for example, associated with the following factors (specific high risk groups are designated in parentheses): marital and cohabitation status (couples who are unmarried and cohabiting); race/ethnicity (minorities as compared with whites); income (lower income populations); education (less educated); income, educational, or occupational disparity within a relationship (greater disparity); childhood violence (experiencing or witnessing violence at home); and power disparity (greater power disparity) (Tjaden and Thoennes 2000:33). The seemingly common view that women who are battered suffer from low self-esteem and passivity is not supported by research (National Research Council 1996:70).

Factors Associated with Domestic Violence at Different Units of Analysis

Relatively little attention has been given to examining domestic violence at multiple units of analysis. Yet a large literature in the social sciences demonstrates that many social phenomena manifest themselves differently at different units of analysis (Mears and Stafford 2002). This literature establishes that different explanations may be needed for patterns across these units of analysis. There are, for example, theories of homicide that focus on offenders, victims, homicide
events, homicide rates of specific racial/ethnic, gender, and age groups, homicide rates among states and countries, and homicide rates over time within states or countries.

It is evident that an explanation of why particular people commit homicide might differ from an explanation of why homicide rates are higher in some states than in others. Similarly, patterns and explanations of domestic violence may also vary across units of analysis, including individuals, women and men, racial/ethnic groups, types of intimate partner relationships, cities and states, and countries. Yet research on domestic violence has not established a solid body of facts or theories for each of these kinds of units of analysis. Most studies focus on the characteristics of individuals, primarily batterers, as opposed to characteristics of particular units of analysis, such as communities, and how these may interact with other factors to contribute to or inhibit the occurrence of domestic violence.

Theoretical Integration or Synthesis of Diverse Theories and Findings

To synthesize and transcend the findings from diverse studies examining this or that factor, it is necessary to have theories that can provide coherent accounts of many types of domestic violence across many different settings. Such theories must do more than simply evaluate a range of factors within the same statistical model (National Research Council 1996:68). They must provide a cogent and logical framework for identifying and explaining the linkages between different types of empirical findings and theories. Such frameworks are especially critical for developing and evaluating programs and policies aimed at reducing domestic violence revictimization (Fagan 1989; Straus 1999; Laub and Sampson 2001).

Research on domestic violence has resulted primarily in a large body of disparate empirical findings. With few exceptions, theory development has tended to be restricted to explanations of domestic violence among batterers (Jasinski 2001), with relatively few attempts to synthesize diverse theories and findings through recourse to theory. Instead, researchers have tended to focus on studies of particular issues, evaluation of specific programs, and development of instruments (e.g., for identifying repeat batterers – Gondolf 2002). The result is an increase in facts, but not theories. As Straus (1999:36) has emphasized:
Theoretical development is needed because one of the paradoxical aspects of science is that although empirical data are the ultimate determinants of what is “scientific knowledge,” empirical facts by themselves are suspect until there is a plausible theory to explain them.

One prospect for improving theoretical development lies with the emergence of multi-level studies (Jasinski 2001). This line of research attempts to examine linkages between, say, community-level factors, such as community socio-economic conditions and neighborhood efficacy, and individual-level outcomes (Miles-Doan 1998; Foa, Cascadi, Zoellner, and Feeny 2000; Mears, Carlson, Holden, and Harris 2001). In the process of specifying multi-level models, researchers may be led to develop greater insight into the precise relationships between different sets of factors, and in so doing develop theories with greater explanatory power.

Another approach consists of developing life course models, which incorporate a range of factors and show their relevance at different stages among individuals and relationships (Fagan 1989; Laub and Sampson 2001). Many other approaches can be adopted (Renzetti et al. 2001), and each can be adapted to account for specific types of intimate partner domestic violence and the occurrence of domestic violence at different units of analysis, including domestic violence among countries (Walker 1999). Ultimately, however, progress in this area is needed to guide the development of effective strategies for reducing domestic violence revictimization.

4. What We Know about Reducing Domestic Violence Revictimization

In this section, I briefly review results from evaluations of interventions aimed at reducing domestic violence revictimization – that is, cases in which a victim has already been identified by a service or law enforcement organization and where the victim requires an intervention to prevent revictimization. It should be emphasized that despite the wealth of studies on domestic violence, we as yet have little systematic basis for stating “what works.” (Even if we understand what factors cause domestic violence, that knowledge does not necessarily mean we know much about how to effectively reduce domestic violence or revictimization.) This situation results in part from the considerable variety of definitions and measurements of domestic violence, methodological shortcomings of many evaluations, and the lack of carefully designed protocols
for establishing what exactly constitutes a given program or policy (National Research Council 1996; Chalk and King 1998; Dobash and Dobash 2000; Renzetti et al. 2001; Roberts 2002).

Recently, for example, the U.S. General Accounting Office (2002) reviewed several federally funded domestic violence interventions. In almost every instance, the report identified a need for considerably improved impact evaluations that allow for more determinate assessments about the effectiveness of various domestic violence interventions. However, even if the impact evaluations had been better designed, including the use of random assignment, they likely would have suffered from one of the main limitations of other studies, namely, a lack of information about the precise nature of the intervention so that it could be implemented elsewhere.

These limitations aside, the accumulation of diverse studies of domestic violence interventions has provided a basis for researchers to begin to identify types of interventions that effectively reduce revictimization. The National Research Council (NRC), for example, recently published a comprehensive assessment of a wide range of interventions (Chalk and King 1998). Their summary assessment, like those of other recent reviews (e.g., Worden 2000; Renzetti et al. 2001; Roberts 2002), suggests that – using the terminology popularized by Sherman, Gottfredson, MacKenzie, Eck, Reuter, and Bushway (1997) – some interventions “work,” while many others are “promising” and await more definitive assessment.

Here, I summarize this work, especially the NRC’s review of research studies employing experimental or quasi-experimental designs, because it is the most systematic, comprehensive, and rigorous to date. For each intervention, my focus will be on the NRC’s “bottom line” assessment regarding legal, social service, health care, and collaborative interventions (Chalk and King 1998:110-114, 171-184, 223-233, 266-271). Space limitations preclude detailed descriptions of the interventions, but these can be found in the NRC review (see also Table 1).

**Legal Interventions**

A wide range of legal interventions exist for reducing domestic violence revictimization (Buzawa and Buzawa 1996). Those reviewed by the NRC are described below, along with the assessment of their effectiveness. It should be emphasized that even when research shows a
given intervention to be ineffective, the reasons may have to do more with the quality of the evaluation or the implementation of a given program or policy, not the intervention itself per se.

- **Reporting requirements.** These include laws requiring that health care professionals report injuries that appear to result from domestic violence to legal agencies. There have been no evaluations of this approach to date.

- **Protective or restraining orders.** Protective or restraining orders provide for civil injunctions designed to prevent abusers from further harming victims by requiring, for a specified period of time, that the accused offender not come near or enter the home of the victim. Although protective orders may increase victims’ self-esteem, it remains unclear whether, when implemented well and with sanctions if a violation occurs, they reduce revictimization.

- **Arrest.** A large literature has focused on whether arrest, including mandatory arrest, of domestic violence offenders reduces revictimization. The results provide mixed evidence concerning their effectiveness: Some studies find a significant specific deterrent effect involving misdemeanor or felony offending, while others find none. No studies have rigorously assessed the general deterrent effect of arrest.

- **Treatment for offenders.** Many jurisdictions increasingly are mandating treatment for domestic violence abusers (e.g., learning how to manage anger better) as a condition of probation or as an alternative sanction. A major problem with evaluations in this area is the diversity of treatment counseling approaches and treatment settings (e.g., individual versus couples or groups). Another is the failure to address selection bias issues associated with focusing primarily on those who complete treatment. The results are mixed: Some studies find that certain treatments reduce further battering (and thus revictimization), others find no effect, and others suggest there may even be an increase in battering. One recent, rigorous multi-site assessment of a batterer intervention strategy suggests that a comprehensive approach, one that involves the active participation of many components of the justice system, works best (Gondolf 2002).
• **Criminal prosecution.** Arrest need not lead to prosecution. Indeed, historically, prosecutors showed relative little interest in domestic violence. But in the past decade, many jurisdictions have reversed their orientation, developing policies for vigorously pursuing prosecution and conviction of abusers. Some studies indicate a deterrent effect associated with prosecution, but overall the evidence to date is insufficient to draw firm conclusions.

• **Specialized courts.** In recent years, specialized courts have emerged to ensure that the unique aspects of domestic violence cases are addressed and that, relative to other cases, they are not deprioritized. Few evaluations have been conducted on these courts, and no evaluations were conducted that met the NRC’s criteria for assessment.

• **Systemic approaches.** Systemic approaches to domestic violence focus on integrating and coordinating the efforts of law enforcement, the courts, social and health service agencies, advocacy organizations, and community-based programs. By their very nature, these approaches are difficult to assess, and any identified results are difficult to attribute to any particular feature of programming or policy. Some studies show marked improvements in process outcomes (e.g., increased arrests and prosecutions), but no studies to date establish any substantial impact on revictimization outcomes (see, however, Gondolf 2002).

• **Criminal justice personnel training.** A variety of initiatives have been undertaken to overcome law enforcement resistance to focusing aggressively on domestic violence and to train police and court personnel. These initiatives, which consist primarily of training programs, have not been systematically or rigorously evaluated to determine their impact on police or court operations or revictimization.

**Social Service Interventions**

• **Shelters.** Shelters for battered women are by their very nature difficult to assess, primarily because there is no ability to randomize the population who goes to a shelter and because of the lack of data on those who do not go to shelters. As a result, most studies of shelters tend to be descriptive (e.g., how many victims went to a shelter, how long did they stay). However, several studies suggest that women who go to shelters may experience less
violence in the weeks immediately following their stay, and that shelters may contribute to increased access to services that may in turn reduce revictimization.

- **Peer support groups.** Many shelters and advocacy groups refer victims to peer or support group counseling, which typically are conducted by therapists, victims, or advocates. The counseling generally focuses on addressing feelings concerning the victimization, learning about available services and steps that can be taken to protect against further victimization. Descriptive studies exist, but no research has evaluated the impacts of peer support groups.

- **Advocacy services.** Advocacy organizations provide a diverse range of services in different settings. These services generally are aimed at assisting victims to understand factors contributing to their victimization, develop an awareness of available services, and facilitate access to needed or appropriate services. Evaluations have found no evidence of an impact of advocacy services, although they suggest that these services may be linked to increased self-esteem, feelings of empowerment, and social support.

### Health Care Interventions

- **Screening, identification, and medical care.** Because domestic violence can result in injuries that require medical services, the health care system constitutes a critical opportunity to intervene. However, clinicians frequently are reluctant to investigate or inquire about domestic violence. In recent years, health care institutions and medical practitioners have begun to implement screening and identification measures for detecting domestic violence and treating battered patients. Evaluations of these efforts indicate that screening and identification procedures may increase the detection of domestic violence cases, but their effectiveness may be offset by frequent staff turnover and the need to train new staff. It also remains unclear whether improved screening and identification reduce revictimization.

- **Mental health services.** Various mental health interventions have been developed to address domestic violence, including improved screening in hospitals and battered women’s shelters and referrals to psychiatric or counseling services. Evaluations of these services suffer from considerable methodological challenges, including sampling bias and difficulty in identifying
appropriate comparison groups. Research to date provides little strong evidence of the effectiveness of these mental health services, including offender-victim couples counseling.

**Collaborative Interventions**

The NRC’s review of domestic violence evaluations found no studies of collaborative interventions that met its criteria for employing sufficiently rigorous methodologies to identify outcomes (Chalk and King 1998:261). However, the review identified several types of these interventions that may be effective but that require careful evaluation. In each instance, considerable methodological challenges must be addressed, including clearly documenting and measuring improved outcomes and identifying the critical characteristics of the collaborative interventions. The importance of collaborative efforts lies in large part in their ability to create individual and community-level reductions in domestic violence revictimization and in a manner that is more effective and efficient than any one single intervention could be (Iovanni and Miller 2001; Pence 2001; Stark 2001; Sullivan and Gillum 2001; Gondolf 2002).

- **Coordinated community responses.** These responses consist of efforts to draw on and integrate the efforts of task forces, community organizations, and community-based interventions, with services frequently targeting both victims and offenders.
- **Substance abuse and domestic violence treatment.** Some domestic violence programs incorporate substance abuse treatment to help reduce revictimization. One barrier to this type of collaborative initiative is that domestic violence advocates frequently view abuse as volitional while addiction treatment providers frequently view addiction as a disease. These differing views about the population being served can impede collaborative efforts targeting both domestic violence and substance abuse.
- **Battered women’s shelters.** Shelters frequently serve as a focal point for identifying victims’ needs and for referring victims to various services. These shelters attempt to create social and economic changes in communities, as well as changes in health care and law enforcement practices, changes that ultimately may affect domestic violence revictimization but such impacts typically go unrecognized or therefore measured.
5. Critical Issues in Developing Interventions to Reduce Domestic Violence Revictimization

The Need for Basic Research on Domestic Violence

The definition, measurement, and theory development issues discussed above constitute ongoing challenges in the area of domestic violence research. In addition, research has yet to examine the full range of individual, social, and community-level factors that contribute to domestic violence, revictimization, and the effectiveness of diverse interventions. Even when researchers include multiple factors in their explanatory models, the diversity of potential theoretical explanations is enormous. More relevant, few theories of domestic violence, or of crime generally, provide guidance about precisely how various factors are linked (Mears and Stafford 2002). Without such guidance, it is doubtful that researchers will discover how the diverse sets of factors thought to be associated with domestic violence and revictimization are linked (Straus 1999). In turn, practitioners will have little foundation on which to develop better and more effective interventions that can target specific causally relevant factors or that work well for diverse types of domestic violence, victims, offenders, and communities.

Research on domestic violence also has not yet systematically examined domestic violence from a life course perspective. As a result, we know relatively little about the trajectory over time of domestic violence offending and victimization or the factors that influence these trajectories (Fagan 1989). Recent research, for example, suggests that marital violence does not necessarily escalate in frequency or severity over time. Rather, and in contrast to much of the extant literature that has relied on clinical or shelter-based samples, marital violence, especially less severe violence, may be episodic, with the violence decreasing over time (Laub and Sampson 2001:31). But what factors – and interventions – affect these trajectories? And what factors are most susceptible to influence? Answers to such questions would, again, provide practitioners and policymakers with the tools to develop more effective interventions.

The Need for Applied Research on Intervention Effectiveness

Many evaluation studies have been designed to assess whether domestic violence interventions reduce revictimization (Roberts 2002). However, these studies frequently fail to
include critical factors that may moderate any identified effectiveness (e.g., the inability of some victims to continue seeking or accepting services due to fear of retaliation) or that may obscure any potential but unidentified effectiveness. To date, for example, few multi-level analyses, incorporating individual, program, and community-level factors, have been conducted.

Multi-level analyses are critical because program or community-level characteristics, such as crime, poverty, and residential mobility rates, may play a role in crime (Sampson and Bartusch 1998) and may moderate the effectiveness of a given intervention (Mears et al. 2001). Consider a situation in which a minority woman living in a low income, high crime community is physically beaten by her husband, and then seeks assistance through a protective order while her partner receives counseling. On average, protective orders and batterer counseling might reduce rates of revictimization, but not necessarily in this example. Why? Residents in minority, lower income, high crime communities may trust the police less, the police may be less likely to respond aggressively to complaints from these communities, and, to render matters worse, both victims and batterers may be aware of these facts. (The example is empirically-based: Research establishes that community policing initiatives are less trusted and used in minority, lower income, high crime areas – Skogan 1990; Grinc 1994.) Only research that examines how interventions may vary in their effectiveness for different groups of victims and by community-level characteristics can begin to assess such possibilities.

Program characteristics and implementation also may influence the effectiveness of a given intervention. However, there has been little systematic documentation about these characteristics or appropriate implementation. Evidence suggests, for example, that interventions may be effective if they address power differences in abusive relationships (Ferraro 1997; Mills 1998). Arrest and protective orders provide one vehicle by which to change the balance of power in abusive relationships. Yet it is not clear exactly what this “power” is, how it is affected by arrests or protective orders, how it is changed or sustained over time, or how it may vary for different racial/ethnic or cultural groups or populations returning to different types of communities (Mears et al. 2001). A similar problem confronts much of the research on domestic
violence interventions. Despite the wealth of information provided by process and outcome evaluations, we lack a solid understanding about how exactly particular interventions could have worked if modified in some way, or about the specific mechanisms through which effective programs yield improved outcomes (Chalk and King 1998).

A related challenge for both basic and applied research is the identification of types of domestic violence and the interventions that work best for each type. Many typologies have been developed, generally by focusing on relationship characteristics, the severity of violence, and factors such as socioeconomic class and power (Bennett and Williams 2001). Johnson (1995), for example, has distinguished between patriarchal or intimate terrorism and common couple violence. Although there currently is no generally accepted typology for domestic violence, the importance of this line of research is difficult to understate. Domestic violence may encompass many sub-categories of violence, and these sub-categories may have different causes and may respond differently to particular programs and policies. To the extent that this assertion is true, an effective intervention strategy must be able to identify these different types of domestic violence and target the specific factors linked to revictimization.


One of the central problems with much basic research is the lack of information about its applicability to practice. Similarly, much applied research provides relatively little insight or step-by-step guidance concerning critical “nuts-and-bolts” issues. Who, for example, is the agent of change responsible for implementing a given intervention? Who or what is the target of the intervention? What is the precise strategy by which the intervention is supposed to yield a positive outcome? What are appropriate measures of implementation (so that we can ensure the integrity of an intervention)? What are appropriate intermediate outcomes? And what exactly is their connection to the longer term goal of reduced domestic violence revictimization?

Using these “nuts-and-bolts” questions as a starting point, Figure 1 outlines a conceptual framework for organizing and guiding research and policy on domestic violence. Briefly, almost
all domestic violence interventions focus implicitly or explicitly on the following three dimensions: (1) specific agents for implementing an intervention (e.g., victims, offenders, families, police/courts, organizations, communities); (2) targets who will receive the intervention; and (3) strategies through which the intervention is supposed to achieve intermediate outcomes and the long-term goal of reduced revictimization. The intervention’s intermediate outcomes may be realized through individuals and relationships (e.g., improved decision-making among offenders or victims) or through local courts and agencies (e.g., improved collaboration and communication between the police and service organizations). These intermediate outcomes in turn contribute directly or indirectly to the longer term, ultimate goal of reduced domestic violence revictimization.

For any intervention, the agents, targets, and strategies are interrelated and can, of course, vary tremendously. Arrests, for example, imply that police officers will be the agents of change, that offenders will be the target, and that the arrest, or a related sanction, will be the strategy. The intermediate outcomes might include specific or general deterrence. If, however, the sanction were coupled with counseling or services, then other intermediate outcomes presumably would be relevant and therefore ideally should be measured. These intermediate outcomes in turn generally would be hypothesized to result in reduced domestic violence revictimization.

This framework can help practitioners and researchers to highlight the underlying logic of interventions, and to identify areas in which we currently lack of knowledge about which types are most effective. For example, are victim, offender, or community-focused interventions more effective? Do strategies that focus on treatment rather than sanctioning work better? Among early intervention strategies administered by courts and targeting victims, which strategies are most effective in reducing revictimization?

The framework also highlights the fact that agents (e.g., police) and targets (e.g., victims) may not be the same. Accordingly, it raises the issue that agents and targets may not view domestic violence, or its solution, the same. This issue is critical given that differences in how
agents and targets of change see a problem, as well as a solution, can affect the effectiveness of an intervention (Brickman, Rabinowitz, Karuza, Coates, Cohn, and Kidder 1982). Strategies in which the agents and targets of change view problems and solutions in a similar way may, according to Brickman et al. (1982), have a greater chance of being successful.

In contemplating the different combinations of agents, targets, and strategies, and how these in turn are linked to intermediate outcomes and ultimately reduced revictimization, it should be evident that many gaps exist in research to date. Indeed, we lack solid, comparative research on most domestic violence interventions and the precise contours of the interventions and how the can or do contribute to specific intermediate and longer term outcomes (National Research Council 1996; Chalk and King 1998; Worden 2000; Renzetti et al. 2001). Despite the wealth of arrest studies, for example, few researchers have examined whether arrests produce a general deterrent effect, and, if they do, how exactly the effect is achieved (Chalk and King 1998). If an effect were observed, would it be due to local law enforcement agencies or to prosecutors ensuring that domestic violence is consistently being targeted? Would it be due to severely sanctioning a select few domestic violence cases? Or would it result from swift sanctioning, or some combination of certain, severe, and swift sanctioning, of domestic violence cases? Is deterrence in domestic violence cases a function primarily of perceived rather than actual risks? Similar types of cause-effect questions remain largely unanswered regarding the spectrum of interventions that have emerged to reduce domestic violence revictimization.

The conceptual framework represents a simplified strategy for organizing, assessing, and placing into context current research and policy efforts. It is not a substitute for developing theoretical explanations and then testing them. When using the framework, several critical issues should be considered. For example, an intervention’s effectiveness may vary depending on the level and history of a victim’s abuse, the victim's and/or offender's characteristics, the type of relationship involved, the presence of children, family characteristics, community conditions, type and history of police and court relations with communities, race/ethnicity, and class. Research consistently shows that these types of factors may affect domestic violence intervention
outcomes, although the effect is not always obvious or relevant in all contexts (Chalk and King 1998; Renzetti et al. 2001; Roberts 2002).

7. The Need for Better Data and Evaluation Research

Because different sources of data are used to examine domestic violence, including revictimization, it is important to outline briefly some of the major strengths and limitations of these data. Data shapes our understanding of the causes and consequences of domestic violence revictimization, and whether an intervention is found to be effective (National Research Council 1996; Dobash and Dobash 2000; Tjaden and Thoennes 2000).

As noted above, different perspectives on domestic violence lead to different emphases by researchers and specific disciplines. For example, public health researchers may be more likely to focus on victim injuries and death, while behavioral scientists may take a broader view of victimization, including psychological and emotional violence. Criminal justice researchers typically have focused on violations of law, and therefore on offenders rather than victims (Desai and Saltzman 2001:36-37). These different perspectives frequently involve analysis of different types of data, which in turn can lead to different and even conflicting estimates of domestic violence and revictimization.

Regardless of perspective, researchers typically employ one or more of the following sources of data: (1) official data (e.g., hospital, police, or court records), (2) survey data (e.g., surveys of offender or victim program participants or of resident populations, including the use of psychological batteries), (3) case study data (e.g., interviews, focus groups, observations of how particular groups of women define and experience domestic violence and a given intervention or how a particular program was implemented), or (4) evaluation data (e.g., experimental and control group characteristics drawn from official records, surveys, and interviews, program and staffing characteristics) (National Research Council 1996; Worden 2000; Gondolf 2002).

Official data generally are easy to access and use in assessing the impacts of interventions. However, these data are of limited utility because they do not represent the experiences of all
victims of domestic violence. They do not, as a result, typically provide accurate estimates about the prevalence of various types of domestic violence or the impacts of programs.

Survey data allow researchers to develop more nuanced and potentially more accurate estimates about the prevalence of domestic violence revictimization. However, differences in definitions and measurement instruments produce varying and sometimes conflicting estimates. For example, the NVAW Survey uses different definitions and measures than the NCVS and the NFVS (Tjaden and Thoennes 2000). These differences arise not only because of definitional and measurement issues, but also because of variation in sampling design and administration and how interviews are conducted (Tjaden and Thoennes 2000:19).

Survey data have been the primary source for developing scales to measure domestic violence. Some of the more prevalent and established scales include the Abusive Behavior Inventory (ABI), Conflict Tactics Scales (CTS) and Conflict Tactics Scale 2 (CTS2), Index of Spouse Abuse (ISA), Measure of Wife Abuse (MWA), Partner Abuse Scales (PAS), Severity of Violence Against Women Scales (SVAWS), Sexual Experiences Survey (SES), and Women’s Experience with Battering Scale (WEB) (see Desai and Saltzman 2001:43-47).

No one instrument is better than the other (Gelles 2000; Gordon 2000). Rather, each measures domestic violence differently, placing varying degrees of emphasis on some domains than others, and measuring these domains using different items. Some instruments, for example, focus more on physical or psychological violence (e.g., ABI), coercion (CTS, CTS2), spousal abuse of women (ISA), sexual and verbal abuse (MWA), heterosexual and homosexual partner abuse (PAS), frequency and severity of abuse (SVAWS), different dimensions of sexual abuse (SES), or the consequences of battering (WEB). These differing emphases notwithstanding, considerable overlap and correspondence exists among these instruments.

Case study data can provide rich detail about the experience of domestic violence and about how particular programs and policies have been implemented. These data are especially critical for documenting dimensions of domestic violence revictimization that official or survey data
may be unable or unlikely to measure, such as the meaning that domestic violence and particular interventions have for different populations of victims.

Evaluation data generally combine these other forms of data in such a way as to provide an assessment about an intervention’s implementation and its impacts. Unfortunately, relatively few studies combine these data within a methodological framework that allows the resulting information to be readily generalizable (Chalk and King 1998). For example, many evaluations do not employ pre- or post-intervention measures of domestic violence, or treatment and control groups. Instead, they typically measure rates of participation, satisfaction with the intervention, and participants’ subsequent domestic violence experiences.

Evaluation studies may be of considerable use to practitioners, but the data frequently provide relatively little leverage in comparing or contrasting the effectiveness of diverse interventions (General Accounting Office 2002). Even among those studies that employ rigorous methodological designs, the reliance on different populations and measures frequently renders comparisons difficult and inappropriate, especially if various controls have not been incorporated into analyses (Chalk and King 1998).

A related problem with many evaluations is that the design of an intervention is not well-integrated with the measures employed in the study. For example, if a program’s efficacy is premised on the notion that it will empower victims, then measures of empowerment should be included in the study to determine if the intervention resulted in increased empowerment and if this increase is associated with reduced revictimization. Yet few evaluations provide this type of intervention and research design (Mills 1998). As a result, it frequently is difficult to determine whether the intervention was implemented appropriately or if it accomplished the intermediate steps theorized to contribute to reduced domestic violence revictimization.

In short, evaluation studies are needed that employ a diverse range of data sources and that integrate these sources within a well-designed framework. There are, however, additional data issues that future research should address. Studies are needed that better assess: domestic violence and the impacts of domestic violence interventions among minority and immigrant
populations; the validity of existing instruments and scales for minority and immigrant populations; differences among female and male victims in the effectiveness of domestic violence interventions; the diverse types of domestic violence that can occur, including physical, sexual, verbal, and emotional abuse; and the range of factors, including the interaction of individual and family and community-level factors, that may influence domestic violence and the effectiveness of different interventions (National Research Council 1996:40-44; Worden 2000; Desai and Saltzman 2001).

Table 2 about here

8. Pragmatic Directions for Practice, Policy, and Research

The key findings and issues from this review are summarized in Table 2. In this section, I discuss pragmatic directions and recommendations for practice, policy, and research, which are summarized in Table 3. The interested reader should also consult the list of recommendations provided by the National Research Council (1996) and the sources listed in Table 1, especially Chalk and King (1998) and Roberts (2002). Here, I focus primarily on broad-based recommendations that are both feasible and most likely to advance practice, policy, and research.

Practice and Policy

Practitioners and policymakers should be educated about the diversity of definitions and thus “facts” about domestic violence (Worden 2000). Efforts should include education about the limits, and the limited generalizability, of many research studies, such as the arrest and prosecution research projects that have greatly affected public policy. Although education alone will not necessarily contribute to improved programs and policies, it provides a foundation on which to generate greater understanding and support for effective domestic violence initiatives.

Practitioners and policymakers also should be educated about the range of available interventions. Interventions should be presented in terms of their effectiveness in reducing revictimization and their feasibility and cost. Careful and precise intervention implementation roadmaps should be provided to facilitate appropriate implementation, which can help ensure the
likelihood that an intervention will be effective. At the same time, rigorous evaluations should be conducted to ensure that effective and ineffective programs are identified.

A wide range of potential agents of change should be considered when developing policies to address domestic violence. It may be that domestic violence is best addressed through less obvious avenues than through law enforcement agencies and the courts. For example, collaborative, community-based interventions may provide a greater overall reduction in domestic violence revictimization than any one intervention by itself (Chalk and King 1998).

Because domestic violence still remains a largely unidentified phenomenon among many couples and families, practitioners and policymakers should consider interventions that effectively target those populations when the violence does become known to ensure that future victimization can be reduced or eliminated. They also should ensure that when domestic violence victims receive legal, psychological, or others services, sustained follow-up services are provided, especially when the initial efforts of victims may precipitate even further abuse.

Greater support is needed for evaluations that can provide more definitive information about the implementation and effectiveness of diverse interventions (General Accounting Office 2002). And greater support from practitioners and policymakers also is needed for conducting comparative evaluations that highlight the relative feasibility and effectiveness of diverse types of interventions (Gondolf 2002).

Research

As noted earlier, several basic and applied research issues bear directly on attempts to assess domestic violence interventions. These issues include the examination of the full range of factors that contribute to domestic violence, revictimization, and the effectiveness of diverse interventions; exploration of domestic violence from a life course perspective; assessment of how the effectiveness of interventions may vary for specific populations and individuals or groups returning to particular types of communities; investigation of how program characteristics may influence outcomes; and development of typologies that can be used to assess and develop domestic violence interventions.
These are among the critical research gaps that require careful investigation when interpreting the results of impact evaluations. However, there are additional, “nuts-and-bolts” directions that research can explore to inform and improve domestic violence interventions.

Evaluations of programs and policies need to employ the best methodological strategies possible, such as experimental or quasi-experimental designs, within the constraints operative in particular contexts. Ideally, rigorous process and outcome methodologies should be employed (Chalk and King 1998; General Accounting Office 2002). Frequently, however, the ideal method is not feasible. Nonetheless, evaluators can still strive to document fully the nature of the intervention being examined, the theory underlying the intervention, the basis of comparison for assessing effectiveness, and the specific measures used to capture process-related dimensions and outcomes (National Research Council 1996; Chalk and King 1998; Renzetti et al. 2001).

Definitional and measurement issues continue to confound attempts to summarize or compare research findings on domestic violence and the effectiveness of domestic violence interventions (Worden 2000). Future research studies should focus on incorporating standard definitions and measurement instruments, while continuing to develop other definitions and measurement strategies appropriate to particular research goals.

Considerable research findings on domestic violence revictimization have amassed during the past several decades, but much of it exists within separate academic disciplines (e.g., psychology, sociology, criminology, criminal justice, law, public health) and has not been well-integrated (Jasinski 2001). To determine where there is overlap in these findings, and to begin to develop more coherent and powerful theories that can inform the development of domestic violent interventions, researchers should systematically synthesize these diverse bodies of work.

Relatively little is known about practitioner or policymaker views and attitudes about domestic violence and related interventions (Worden 2000:223). Because program and policy effectiveness hinge greatly on consistent understandings of problems and their solutions, research is needed that examines perceptions of practitioners and policymakers and how these are linked to actual practice and policy.
Similarly, greater research is needed on community-level differences in how domestic violence is viewed (Paquin 1994). Such differences may moderate the effectiveness of diverse interventions (Wyatt, Axelrod, and Chin 2000), especially if some communities or groups are more or less likely to believe that the use of violence is justified or appropriate under certain circumstances (Bernard 1990).

Given the multitude of available interventions for reducing domestic violence revictimization, research should increasingly focus on providing comparative information about different interventions. Practitioners and policymakers then can be empowered to choose interventions that best suit their particular needs and capacities.

The results of existing and future studies should be translated into language that is accessible to practitioners and policymakers. At the same time, it should highlight the important limits and caveats concerning these results.

Finally, the program and policy recommendations flowing from research all-too-often are included as afterthoughts at the end of articles. For research to inform policy initiatives, the links between research and these initiatives should be stated explicitly and in detail. Otherwise, practitioners and policymakers may make mistaken inferences from the research, or they may lack the necessary guidance for translating the recommendations into actual practice.

Table 3 about here

9. Conclusion

Domestic violence poses numerous consequences for victims, their children and families, communities, and society. Many victims do not become known to law enforcement agencies, shelters, hospitals, and other social service organizations. And when they do, they face considerable challenges that make revictimization not only possible but likely. The contact a victim has with these agencies and organizations represents a unique and critical opportunity to intervene in a cycle of violence. It thus is essential that effective interventions be implemented to reduce domestic violence revictimization.
In this review, I have outlined the broad contours of research and policy on domestic violence and domestic violence revictimization. A common conclusion among research reviews is to plead for more and better research, and that is no exception here. Indeed, perhaps the single-most important theme that emerges from this review is the need for higher quality, integrative, theoretically-driven research on domestic violence, especially of interventions that can better serve the unique needs of particular types and groups of victims. This research must become more rigorous and accessible if it is to provide practitioners and policymakers the foothold they need to promote and implement effective domestic violence interventions.

Despite the many research gaps in the area of domestic violence revictimization, many promising legal, social service, health service, and collaborative intervention strategies exist. Research does not firmly support any one intervention, but many studies provide suggestive evidence. Although few studies systematically document the precise characteristics of particular interventions, or how exactly to implement them, numerous sources identify the general features of these programs. And many recent works discuss the implementation issues that confront most domestic violence intervention initiatives, and how these can be addressed (see Table 1).

Practitioners, policymakers, and researchers can take many specific steps to improve the state of research and practice on domestic violence interventions. Some of these steps, such as large-scale, longitudinal research initiatives, involve long-range planning. Others, however, can be undertaken relatively quickly. Researchers can, for example, make their findings more accessible to practitioners and policymakers, stating clearly their limitations and potential program and policy implications. And practitioners in programs that have had documented success in reducing revictimization can describe in detail the precise characteristics of these programs and how specific challenges were addressed. Given the many consequences of domestic violence, it is none too soon to begin taking these and other steps.
References


Table 1. Key References for Future Reading


**Figure 1. Conceptual Framework for Organizing and Guiding Research, Practice, and Policy on Reducing Domestic Violence Revictimization**

**Agent of Change**
- Victims
- Offenders
- Families
- Police/courts
- Organizations
- Communities

**Target of Change**
- Victims
- Offenders
- Families
- Police/courts
- Organizations
- Communities

**Strategy**
- Empowerment
- Education
- Sanctions
- Treatment
- Services

**Domestic Violence Interventions**

**Intermediate Outcomes**

**Individuals/Relationships**
- Increased deterrence
- More effective decision-making skills and abilities
- Reduced drug and health problems
- Improved mental health and family functioning

**Local Courts/Agencies**
- Improved communication and collaboration
- More targeted and appropriate services
- Increased efficiency among organizations
- Better monitoring and assessment of services

**Long-Term Goal**
Reduced domestic violence revictimization among intimate partners and in communities
Table 2. Important Points: Key Findings and Issues

- **Domestic violence is a widespread problem.** However, many acts of domestic violence are never reported to or come to the awareness of law enforcement agencies, shelters, hospitals, or social service organizations. When these agencies and organizations become aware of specific cases of domestic violence, a unique opportunity exists to intervene and break the cycle of violence that affects victims, their children and families, and communities.

- Differences among programs, policies, and studies in the definition, measurement, and conceptualization of domestic violence make comparisons across evaluation studies extremely difficult and, in many instances, inappropriate.

- Many factors have been linked to domestic violence, although the causal role of many of these factors remains unclear. These factors include: gender; alcohol and substance abuse; race/ethnicity; mental disorders and personality traits; family contexts, including exposure to domestic violence; and cultural and social contexts, including socioeconomic status.

- Despite significant advances, theoretical development is needed to synthesize and transcend the diverse findings from different academic disciplines on domestic violence and domestic violence interventions. These theories should be able to explain domestic violence at different units of analysis (e.g., among victims, offenders, relationships, families, communities, states, countries) and incorporate explanatory factors from these units as well.

- Many different legal, social service, health care, and collaborative intervention strategies exist to intervene in the cycle of domestic violence and reduce revictimization. Rigorous outcome studies have focused primarily on legal interventions, primarily the use of arrest and mandated offender treatment. Few of the identified interventions enjoy consistent and strong support regarding their effectiveness. However, many appear promising, especially collaborative, cross-agency initiatives.

- Increased basic and applied research is needed to improve and refine current knowledge about domestic violence and domestic violence revictimization (see Table 3).

- One potentially useful conceptual framework for organizing and guiding evaluation research and policy on domestic violence interventions is to focus, for any given intervention, on the agent of change (i.e., who is envisioned as undertaking or initiating the strategy), the target of change (i.e., who will be the recipient of the intervention), the strategy (i.e., the technique or mechanism through which the intervention is supposed to work), the intermediate outcomes (i.e., the factors the intervention is anticipated to change), and the long-term goal (e.g., reduced revictimization), and how these different dimensions are related (see Figure 1).

- More and better data are needed to develop better estimates about the prevalence and distribution of domestic violence of various types, and to conduct more rigorous and definitive studies of the implementation and impacts of domestic violence interventions.
Practice and Policy

- Practitioners and policymakers should be educated about the diversity of definitions and “facts” about domestic violence, and the limited generalizability of many studies.

- They also should be educated about the range of available interventions for reducing domestic violence revictimization and their effectiveness, feasibility, and cost. Careful and precise implementation roadmaps should be developed to facilitate appropriate implementation and defensible evaluations.

- A wide range of potential agents of change should be considered when developing policies to address domestic violence. For example, collaborative, community-based interventions may provide a greater overall reduction in domestic violence revictimization than any one intervention by itself.

- Domestic violence remains a largely unidentified phenomenon. Therefore, practitioners and policymakers should ensure that when domestic violence victims receive legal, psychological, or others services, sustained follow-up services are provided, especially when the initial efforts of the victim may precipitate further abuse.

- Greater support is needed for evaluations that can provide more definitive information about the implementation and effectiveness of diverse interventions. Greater support also is needed for conducting comparative evaluations that highlight the relative feasibility and effectiveness of diverse types of interventions.

Research

- Critical basic and applied research issues should be addressed because they bear directly on the interpretation of impact assessments of domestic violence interventions:
  - examination of the full range of factors that contribute to domestic violence, revictimization, and the effectiveness of diverse interventions;
  - exploration of domestic violence from a life course perspective;
  - assessment of how the effectiveness of interventions may vary for specific populations and individuals or groups returning to particular types of communities;
  - investigation of how program characteristics may influence outcomes; and
  - development of typologies that can be used to assess and develop domestic violence interventions.
Table 3. Implications for Practice, Policy, and Research (cont.)

Research (cont.)

- Evaluations of programs and policies need to employ the best methodological strategies possible within the constraints operative in particular contexts, employing rigorous experimental and quasi-experimental outcome studies where possible and ethically appropriate, and documenting fully the nature of the intervention, the theory underlying the intervention, the basis of comparison for assessing effectiveness, and the specific measures used to capture process-related dimensions and outcomes.

- Future research studies should focus on incorporating standard definitions and measurement instruments, while continuing to develop other definitions and measurement strategies appropriate to particular research goals.

- Researchers should synthesize diverse bodies of work from across different disciplines, including psychology, sociology, criminology, criminal justice, law, and public health.

- Studies should examine perceptions of practitioners and policymakers and how these are linked to actual practice and policy.

- Research is needed on community-level differences in how domestic violence is viewed, and how these differences may moderate the effectiveness of diverse interventions.

- Comparative analyses are needed that identify the relative effectiveness, feasibility, and costs of different interventions.

- Research results should be translated into accessible language for practitioners and policymakers, while noting important limits and caveats concerning these results.

- The links between research and program and policy interventions should be stated explicitly and in detail to avoid misunderstanding and missed opportunities.