
Reducing Intimate Partner Abuse: A Look at National, State, and Local Strategies for Prevention of Domestic Violence

Barbara Johnson, University of Northern Colorado

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April 8, 2002



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Introduction and problem assessment

Domestic violence is expensive, not merely in dollar amounts, but in the senseless loss of a victim's health, dignity, security, and freedom of self-determination. Beyond the visible signs of assault, which most often occur to the face, head, neck, breasts, abdomen, back, and genitals (Kyriacou, Angelin, Taliaferro, Stone, Tubb, Linden, Muelleman, Barton, & Kraus, 1999), victims sustain injury to their mental well-being, performance at work or school, ability to carry on relationships, and capacity to provide for their children's needs. Furthermore, the couple's surrounding social network may suffer mild to severe distress, leading to additional intervention needs. The radiating impact of intimate partner abuse can be classified as first, second, and third-order effects (Riger, Raja, & Camacho, 2002).

First-order effects of partner abuse are associated with the direct consequences to the victim. Both acute and chronic physical, mental, and behavioral health issues are common. For example, some women experience sensorimotor and language impairment due to repeated head injuries; many others experience symptoms of Posttraumatic Stress Disorder (PTSD), including persistent anxiety, panic, flashbacks, and hypervigilance; sadly, victims sometimes engage in activities which exacerbate their own impairment, such as substance abuse, self-mutilation, eating disorders, and prescription drug misuse in an attempt to cope with the maltreatment (Riger et al., 2002).

The second-order effects of domestic violence affect the victim's ability to function in the world around her. Repeated battering may result in recurrent marks which make it humiliating for victims to be seen by others. The embarrassment then leads to absenteeism, secrecy, and isolation. Because of frequent periods of infirmity, and/or the dysfunctional coping mechanism of addictive behaviors, many battered women cannot keep steady employment. Some will also turn to others for help with the children, eventually risking custody loss. Economically, second-order effects often include in-

stability in housing and financial resources as abused partners abandon their jobs, homes, and belongings in order to escape the violence.

Third-order effects are the outcomes incurred upon children, relatives, friends, co-workers, and even the community at large. Consider that even mild spousal abuse (i.e. throwing objects at partner) is associated with a 150% increase in physical child abuse; men who abuse their wives are nearly three times as likely to be violent toward their children, and ironically, battered women also showed a 50% greater likelihood of assaulting their children than non-abused women (Tajima, 2002). Even when children are not direct victims of violence, they will carry deep emotional scars by being exposed to it. The most common consequences for youth are PTSD, depression, dissociation, aggression, and substance abuse (Buka, Stichick, Birdthistle, & Earls, 2001). However, the radiating impact from children raised in violent homes is an exercise in heartbreaking contemplation. It is difficult to imagine how many people are wounded by a single abusive act.

National issues and statistics

Domestic violence is becoming an increasingly salient public health concern in the United States. The awareness could be related to the steady increase of women in government and other leadership positions, high-profile criminal events such as the murder of Nicole Brown-Simpson, or the achievements of coalitions and partnerships, now experiencing well-deserved recognition. Still, partner abuse remains a highly complex social problem, not easily remedied. When examining the data it is important to realize that a universal definition of domestic violence has not yet been adopted; consequently, a universal tool for detection of partner abuse has yet to be developed (Loring & Smith, 1994). However, the National Coalition Against Domestic Violence (2001) offers the following definition:

- **Physical Battering**---The abuser's physical attacks or aggressive behavior can range from bruising to murder. It often begins with what is excused as trivial contacts which escalate into more frequent and serious attacks.
- **Sexual Abuse**---Physical attack by the abuser is often accompanied by, or culminates in, sexual violence wherein the woman is forced to have sexual intercourse with her abuser or take part in unwanted sexual activity.
- **Psychological Battering**---The abuser's psychological or mental violence can include constant verbal abuse, harassment, excessive possessiveness, isolating the woman from friends and family, deprivation of physical and economic resources, and destruction of personal property.

The National Domestic Violence Hotline (2002) outlines the following statistics to further illuminate the scope of intimate partner abuse in the United States:

- 92% of all domestic violence incidents and crimes are committed by men against women.
- U.S. women experience an estimated 960,000 incidents of violence by a current or former intimate partner each year.

- An estimated 503,485 women are stalked each year by a former spouse/boyfriend.
- Nearly one third of American women report at least one incident of physical or sexual abuse by a husband or boyfriend in their lifetime.
- One third of all female murder victims were killed by husbands or boyfriends.
- Family violence costs up to 10 billion dollars each year in medical expenses, legal costs, shelters, foster care, absenteeism, and non-productivity.
- Of women who enter emergency rooms due to violence-related injuries, 84% sustained those injuries from an intimate partner.

State issues and statistics

In order to set guidelines for Colorado's treatment programs, The Colorado Department of Public Safety's Office of Domestic Violence and Sex Offender Management (2002) describes the state's classification of domestic violence as defined in § 18-6-800.3 (1), C.R.S.:

1. **Physical violence:**aggressive behavior including but not limited to hitting, pushing, choking, scratching, pinching, restraining, slapping, pulling, hitting with weapons or objects, shooting, stabbing, damaging property or pets, or threatening to do so.
2. **Sexual violence:**forcing someone to perform any sexual act without consent.
3. **Psychological violence:**intense and repetitive degradation, creating isolation, and controlling the actions or behaviors of another person through intimidation (such as stalking or harassing) or manipulation to the detriment of the individual.
4. **Economic Deprivation/Financial Abuse:**use of financial means to control the actions or behaviors of another person. May include such acts as withholding funds, taking economic resources from intimate partner, and using funds to manipulate or control intimate partner.

In addition to creating its own definition of domestic violence, each state has different laws which govern the public response to partner abuse. Colorado is one of only 7 states with laws specifically mandating that health care providers report suspected intimate partner violence to the police (Houry, Sachs, Feldhaus, & Linden, 2002). Yet despite mandatory reporting laws, multiple factors allow an unknown proportion of these crimes to stay off the record. Among the impediments, lack of awareness of the law by health care providers, reluctance to label injuries as partner abuse due to added reporting requirements, and desire to protect patient confidentiality (Houry et al., 2002). Caralis and Musialowski (1997) found that while 80% of female emergency room patients support mandatory reporting by physicians, less than 20% had been asked about their domestic violence history by the ER doctor; the women assumed that physicians either did not possess the knowledge, time, resources, or interest to ask about partner abuse.

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The following state statistics are from Colorado's 1999 Domestic Violence Report compiled by the Colorado Bureau of Investigations (2000). The data show that women suffer abhorrent levels of abuse in Colorado at the hands of significant others. Unfortunately, the home environment is the most dangerous place for a battered woman.

Table 1. Crime in Colorado (1999): Domestic violence

	Numbers
Domestic violence incidents in 1999	6,951
Domestic violence victims in 1999	7,302

Table 2. Number of domestic violence victims per offense

Type of Offense	Numbers of Domestic Violence Victims
Homicide	26
Forcible sex offenses	144
Robbery	27
Aggravated assault	755
Simple assault	5,899
Intimidation, non-force	319
Kidnapping	106
Non-force sex offenses	26
Total	7,302

Does not include the 12 Domestic violence homicides reported as UCR summary statistics as this information was not available.

Table 3. Relationship of victim to offender

	Numbers
Boyfriend/girlfriend	7
Common law spouse	0
Ex-spouse	3
Same sex relationship	1
Spouse	15

Table 4. By type of weapon

Weapon	Numbers
Asphyxiation	1
Firearm	12
Hands/fist/feet	5
Knife	8

Table 5. Victim sex and race

	Numbers
Female	22
Male	4
Asian	1
Black	2
White	23

Forcible sex offenses:Offenses (143)Victims (144)

Table 6. Relationship of victim to offender

	Numbers
Boyfriend/girlfriend	85
Common-law spouse	13
Ex-spouse	6
Same sex relationship	1
Spouse	39

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Table 7. By location

Location	Numbers
Field/woods	1
Govenment/public building	1
Grocery/Supermarkets	1
Hotel/Motel	7
Parking lot/garage	1
Residence/home	122
Road/highway/alley/street	6
School/college	2
Other/unknown	3

Table 8. Type of weapon

Weapon	Number
Firearm	2
Hands/fists/feet	118
Knife	7
Other weapon	8
Unknown	9

Table 9. By victim sex and race

Gender	Numbers
Female	141
Male	3
Asian	4
Black	16
White	121
Unknown/Unreported	3

Aggravated assault:Offenses (735)Victims (755)

Table 10. By Location

Location	Numbers
Bar/night club	10
Convenience store	1
Field/woods	1
Hotel/motel	23
Jail/prison/penitentiary	1
Parking lot/garage	32
Residence/home	617
Restaurant/cafeteria	1
Road/highway/alley/street	62
School/collage	1
Service/gas station	1
Other/unknown	5

Table 11. Relationship of victim to offender*

Relationship	Numbers
Boyfriend/girlfriend	384
Common-law spouse	64
Ex-spouse	29
Same sex relationship	3
Spouse	277

*The number of victim to offender relationships will not always equal the number of offenses, victims, or incidents by location and type of weapon, as there can be multiple victims and/or offenders involved in one incident.

Table 12. By type of weapon

Weapon	Numbers
Blunt object	67
Drugs	2
Explosives	1
Fire/incendiary device	2
Firearm	107
Hands/fists/feet	233
Knife	262
Motor vehicle	36
None	1
Other weapon	37
Unknown weapon	7

Table 13. Victim by sex and race

Female	558
Male	198
Unknown/unreported	2
Asian	6
Black	156
Indian	5
White	573
Unknown/unreported	15

Simple assault:Offenses (5,572)Victims (5,899)

Table 14. By location

Location of the Assault	Numbers
Air/bus/train terminal	2
Bank/savings and loan	1
Bar/night club	57
Church/synagogue	1
Commercial/office bldg.	6
Construction site	4
Convenience store	12
Department store	6
Drug store/doctor office	4
Field/woods	7
Government/public bldg.	7
Grocery/supermarket	9
Hotel/Motel	153
Jail/prison	3
Lake/waterway	2
Liquor store	1
Parking lot/garage	216
Residence/home	4,876
Restaurant/cafeteria	20
Road/highway/alley/street	375
School/college	28
Service/gas station	12
Specialty store	6
Other/unknown	91

Table 15. Relationship of victim to offender*

Boyfriend/girlfriend	2,813
Common-law spouse	542
Ex-spouse	207
Same sex relationship	60
Spouse	2,278

*The number of victim to offender relationships will not always equal the number of offenses, victims, or incidents by location and type of weapon, as there can be multiple victims and/or offenders involved in one incident.

Table 16. By victim sex and race

Female	4,615
Male	1,236
Asian	73
Black	830
Indian	32
White	4,843
Unknown/unreported	121

Kidnapping: Offenses (106) Victims (106)

Table 17. By location

Location of Kidnapping	Number
Hotel/motel	1
Parking lot garages	5
Residence/home	89
Road/highway/alley/street	9
Other/unknown	2

Table 18. Relationship of victim to offender

Boyfriend/girlfriend	63
Common-law spouse	5
Ex-spouse	1
Same sex relationship	0
Spouse	37

Table 19. By type of weapon

Type of Weapon	Number
Hands/fists/feet	99
Firearm	1
Knife	2
None	0
Other weapon	1
Unknown	1

Table 20. By victim sex and race

Female	101
Male	4
Unknown/unreported	1
Asian	1
Black	5
White	98
Unknown/unreported	2

Intimidation: Offenses (317), Victims (319)

Table 21. By location

Location of offense	Numbers
Bar/night club	7
Commercial/office bldg.	1
Convenience store	1
Drug store/doctor office	5
Government/public bldg.	2
Hotel/motel	2
Liquor store	1
Parking lot/garage	6
Residence/home	257
Road/highway/alley/street	23
Restaurant	6
School/college	1
Specialty store	2
Other/unknown	3

Table 22. Relationship of victim to offender

Boyfriend/girlfriend	153
Common-law spouse	16
Ex-spouse	55
Same sex relationship	0
Spouse	95

Table 23. By victim sex and race

Female	287
Male	30
Unknown/unreported	2
Asian	2
Black	30
Indian	2
White	279
Unknown/unreported	6

Local issues and statistics

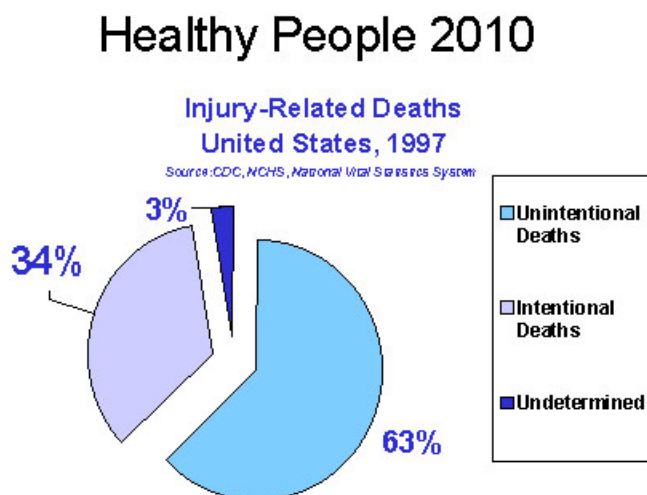
The Adams County Sheriff's Office collects data on county crime. While the county reports incidents of domestic violence to the state, offenses such as assault, homicide, kidnapping and rape are not delineated between stranger, acquaintance, or intimate partner perpetrator. Notably, Adams County experienced a 17% increase in crime rates over the last year, according to Denver's CBS news affiliate, 7 News (2002), making Adams County the area in Colorado with the greatest swell of criminal activity. What link the overall crime rate has to partner abuse is speculative.

Healthy people 2010

The Centers for Disease Control and Prevention is the lead agency for the 15th focus area of the Healthy People 2010 goals for the nation: Injury and violence control. Since domestic violence is the most common cause of non-fatal injury to American women (Kyriacou et al., 1999), Health People 2010 set their objective number 15-34 as: Reduce the rate of physical assault by current or former intimate partners.

The target is 3.3 physical assaults per 1,000 persons aged 12 and older with a baseline of 4.4 (for the same group). As stated earlier, approximately one third of female murder victims died at the hands of an intimate partner. As evidenced by the chart below, 34% of all injury-related deaths are intentional and thus, preventable.

Figure 1. Injury Related Death in the United States 1997



Theories and models

Ecological theory

Ecological Theory was formulated by Bronfenbrenner in 1977. Based on multiple, interconnected elements of individuals, communities, institutions, and cultures, a victim's behavior is shaped not only by her upbringing, but by current contextual factors such as the batterer, reactions she receives from those around her, and the resources available to her (Riger et al., 2002). This reciprocal interplay includes microsystems such as the family, mesosystems such as the neighborhood or workplace, exosystems such as the broader social influence of the media, and macrosystems which are ideologies and/or law (Tajima, 2002). This means that changes on one strata result in changes to the others. For example, mandatory reporting of partner abuse creates change in institutions, creating change in neighborhoods, families, and individuals.

Social cognitive theory

Authored by Bandura in 1986, Social Cognitive Theory (SCT) postulates triadic reciprocity between behavior, cognition and other personal factors, and environmental events. Crucial to this theory is the person's ability to symbolize behavior, anticipate outcomes, learn from observation, and possess confidence to overcome barriers to performing the behavior (Glanz, Lewis, & Rimer, 1997). With these abilities an individual can achieve self-determination. Planning intervention techniques with SCT could include helping groups and individuals to visualize speaking out against partner abuse by use of public service announcements. This would build on the ideas of symbolizing behavior, anticipating outcomes, and learning from observation.

Locus of Control

In 1966, Rotter developed the concept of Locus of Control. According to this theory, individuals acquire either an internal or external locus of control. An internal orientation is characterized by the belief that one has control over present and future life events by initiating change, using coping mechanisms, and demonstrating vigilance. Those with an external locus of control are more likely to consider their lives and circumstances as consequences of fate, chance, or influence by others; they are less likely to take action and direct the course of their lives (Glanz et al., 1997). A battered woman is most likely to be experiencing an external locus of control as her partner has employed techniques of power, control, oppression, and domination in a progressive manner over a period of time. Transitioning from external to internal locus of control is imperative in order for the victim to terminate the abusive relationship.

Cognitive dissonance theory

Cognitive dissonance is an uncomfortable psychological state in which the individual experiences two incompatible beliefs. The individual is then motivated to reduce this discomfort through action. This theory was developed by Festinger in 1970 and contains explanatory power for why domestic violence problems are ignored in health care settings, and even why some victims remain in abusive relationships. Warshaw's (1986) position is that because of the lack of domestic violence training in medical schools and hospitals, health care workers approach partner abuse from the framework of their own gender socialization, thereby having a personal investment in dismissing abuse as endemic and not worth addressing. Zaitman (1999) states that cognitive dissonance motivates many battered women to avoid domestic violence information and other intervention stimuli in order to evade the resulting conflict from remaining in the relationship. This theory may help to explain why many victims wait until the partner abuse has escalated to very dangerous levels before they take steps to get help.

National strategies and existing programs

National public and private organizations have tremendous power to influence and guide state and local programs. Because of the internet, universal access has been achieved and all U. S. citizens within range of a personal or public computer can reap the benefits. The following is a partial directory of national organizations and programs scattered across the country. For each organization or program, strategies for prevention of intimate violence are listed.

National Advisory Council on Violence Against Women and the Violence Against Women Office

- Outline community action strategies for advocacy
 1. Provide free materials and checklists for communities to build programs
 2. Offer federal grants and other compensation

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- Provide guidelines for military strategies for domestic violence prevention
 1. Assess incidence of sexual assault, dating and marital violence and stalking
 2. Offer multidisciplinary services for victims, including access to counseling, clergy, self-defense courses, and legal assistance
 3. Form treatment partnerships between military and civilian organizations
 4. Provide a victim advocate on each base
- Monitor U.S. image to other nations
 1. Speak out against worldwide violence against women
 2. Use non-violent, positive imaging in marketing and industry
 3. Ensure that U.S. representatives are both male and female
- Encourage improved strategies within the Justice System
 1. Guarantee confidentiality
 2. Apply refugee status for female immigrants escaping domestic violence
 3. Create federal law prohibiting weapon ownership for those convicted of partner abuse.

U.S. Department of Health and Human Services - National Women's Health Information Center

- Create 5-year agendas and evaluate progress
- Provide information and links on the internet
- Compile domestic violence fact sheet with current statistics
- Sponsor legislation such as the Battered Women's Employment Protection Act
- Provide linkage to emergency resources

CDC's Family and Intimate Violence Prevention Team (Saltzman & Johnson, 1996)

- Quantify national domestic violence surveillance data to determine underlying patterns of abuse
- Use Pregnancy Risk Assessment Monitoring System (PRAMS) to collect data on partner violence during pregnancy
- Share information with programs throughout the nation

Duluth Domestic Abuse Intervention Project (Feldman, 1994)

- Use of local sports hero in public service announcements
- Billboards reading, "Doctors Can't Cure Family Violence But They Can Help!"
- "Hands are not for hitting" posters aimed at children and posted in doctor's offices
- Workshops on domestic violence for judges and community leaders

University Health System Safe Family Project (Swenson-Britt, Thornton, Hoppe, & Brackley, 2001)

- Arrange discussion groups between health care staff, police, and domestic violence organization staff
- Apply 12-step continuous improvement process model for program development and evaluation
- Use feedback from staff, police, and organization representatives
- Provide domestic violence services in English and Spanish
- Position a domestic violence-trained staff on each hospital shift

Rural Domestic Violence Campaign (Gadowski, Tripp, Wolff, Lewis, & Jenkins, 2001)

- Provide training to rural health care workers on identification, management, and referral of domestic violence cases
- Display "clothesline" project in hospital lobbies: this is a display of t-shirts with messages about the victim impact of partner abuse
- Run PSA's for 12 weeks on local television
- Publish 10 articles in the local newspaper about abuse prevention
- Perform 15 speaking engagements at local civic groups and businesses

State strategies: Abusive Men Exploring New Directions (AMEND)

AMEND is a non-profit, United Way agency providing voluntary and court-ordered treatment for male perpetrators. The agency has been in operation since 1977 and serves the five most populated counties in Colorado. Information on strategies has been provided by Executive Director, Linda Loflin Pettit, the AMEND website, and through a series of seven, 4-hour domestic violence training workshops led by AMEND therapist, Randal Smith, MA from November 1, 2000 to November

11, 2000. The following is an abbreviated compilation of AMEND's individual, group, and community strategies as an example of domestic violence prevention in Colorado.

Individual strategies

- Put all program requirements and expectations in writing and obtain client signature
- Screen for mental health needs
- Require clients remain substance-free during treatment
- Discharge clients failing to make adequate progress
- Assign weekly homework
- Clients practice time-out skills and report progress to therapist
- Provide telephone outreach to victims, including linkage to legal, housing, and employment resources
- Provide crisis phone line information
- Maintain discretely located offices with comfortable, quiet decor
- Outline treatment goals and objectives, monitoring progress
- Focus on positive skill acquisition

Group strategies

- Confidentiality within the group
- Disallow abusive or inappropriate behavior during group
- Therapists role-model target behavior
- Provide psycho-educational material and lectures on violence-related topics
- Join or acknowledge resistance
- Encourage group cohesiveness through feedback and group decision-making
- Use humor and ice-breakers to reduce tension
- Role-play scenarios to rehearse healthy behaviors
- Require group members to report incidents and how they handled those incidents to the group

Community strategies

- Host training on domestic violence for various community groups
- Collaborate with other agencies to produce teen plays on domestic violence in middle and high schools
- Sponsor domestic violence legislation in partnership with Colorado Coalition Against Domestic Violence or other agencies
- Provide multidisciplinary domestic violence risk assessment training for law enforcement, court personnel, victim advocates, and others who work with domestic violence victims and perpetrators
- Provide literature to schools
- Develop state-wide treatment standards

Local strategies - Alternatives to Family Violence

Alternatives to Family Violence offer counseling services to Adams county women, children, teens, and men (while there is no men's program, men may participate in group and couples counseling on a limited basis). Crisis and shelter services are made available to any woman who presents a need. Information on the strategies used by this agency was provided by Executive Director, Carol Hollomon. A partial list is provided as an illustration of individual, group, and community strategies on a local level.

Individual strategies

- Use client vernacular
- Utilize music, art, and play therapy
- Require clients with certain mental illnesses to be on medication
- Celebrate progress
- Therapists share personal experience with domestic violence
- Linkage to crisis services
- Teach parenting skills
- Linkage to child care resources
- Bi-lingual services
- Provide pamphlets and other literature on services, resources, and domestic violence data

- Victim advocate accompanies client to court, or other locations

Group strategies

- Hold voluntary men's group at county jail
- Therapist sets candid, casual tone through appearance, personal sharing, and use of language common to group members
- Clients request group topic
- Informal, discussion group format
- Provide psychoeducational material and statistical data
- Integrate family members, including children, into treatment process
- Separate court-ordered from voluntary groups
- Provide separate program for adolescent needs

Community strategies

- Work with sponsors to support domestic violence legislation
- Co-chair Colorado Coalition Against Domestic Violence
- Attend state-wide domestic violence conferences
- Collaborate with and provide information to the Colorado Bar Association and the Colorado Alliance Against Sexual Assault
- Participate in the Colorado Organization for Victim Assistance
- Provide 24-hour crisis phone line
- Run a 21-bed shelter for women and children
- Distribute quarterly newsletter
- Dispense periodic direct mail materials about the program and the scope of the domestic violence problem
- Participate in "Charity Shopping Days" in collaboration with Arc Thrift Stores so that a percentage of the purchase price will go to fundraising

Conclusion

Strategies to prevent intimate partner abuse are equally vital at all levels. However, as one follows the path from national to state to local levels, the funds needed to perform those tasks become increasingly sparse and the uniformity of treatment ideology ever more fragmented. The programs providing direct services to victims and perpetrators often operate on a shoestring budget, facing an uncertain future. Local efforts in particular may find hope of better security as national efforts exercise greater influence over America's larger institutions. Until then, victims must rely on highly committed professionals, willing to work for little money, struggling to do the most they can to meet large and complex social needs with small and simple resources.

Domestic violence is a crisis of human rights, child protection, law enforcement, and community endangerment. A public health approach seeks to effect prevention with persistence, creativity, and vision. It will be necessary to continue research efforts in order to track trends in intimate partner abuse. It is also necessary to evaluate existing programs in order to maximize effectiveness of intervention strategies. Unfortunately, funding limitations make program evaluation a rare event on state and local levels. Therefore, national organizations need to take a greater interest in supporting the programs that have direct contact with clients by offering grants and other funds specifically for program development, planning, and evaluation. Considering the price of violence to the nation, strengthening domestic violence prevention programs would prove a wise investment.

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