



Expanding Solutions for Domestic Violence and
Poverty: What Battered Women with Abused Children
Need from Their Advocates:
Building Comprehensive Solutions to Domestic
Violence: Publication # 13, A Vision Paper

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Author's Notes

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Introduction

Over the last 15 years, two interests have dominated my work: making the links between the abuse of women and the maltreatment of their children, and trying to better understand domestic violence and poverty. These interests inevitably lead to questions about public policy on behalf of battered women, especially those who are low-income and who find themselves in the child welfare system. What kind of world are we imagining and creating for these women, their partners, and their children? Do current domestic violence solutions make it better for them or unintentionally worse? Is the domestic violence advocacy agenda - which relies heavily on the use of shelter, support groups, arrest, and courts - on a collision course with the needs of low-income women in the child welfare system? In what ways does this agenda need to be

expanded or modified to improve conditions for low-income women and their families? And how can partnerships among systems and with communities be forged to make a new advocacy agenda a reality?

So, let me explain how I arrived at this set of concerns.

Domestic violence and child welfare

In 1986, a group of advocates, social workers, nurses, and doctors began AWAKE, Advocacy for Women and Kids in Emergencies, at Children's Hospital in Boston. The basic goal of the project was to identify and help battered women with abused or neglected children and offer to the women support and advocacy. In this way, women would be better protected, and, as a result, so would their children. The argument was that children's safety was usually - although not always - largely dependent on their mother's.

Although the hospital staff was initially skeptical, claiming that we would find few abused women in a children's hospital, we wrote a grant and hired our first battered women's advocate to join the child protection and family development clinic teams. Within two years, project staff were helping hundreds of battered women. Below I share the story of one of them, taken directly from the 1992 manual that I co-authored about AWAKE. This woman transformed the staff's thinking about ways to intervene in domestic violence and child maltreatment:

Sarah and Joe had been involved in a relationship for more than two years, and had a 14-month-old son named Paul. Joe's violence escalated sharply . . . over time, culminating in a brutal and life-threatening beating of Paul that necessitated restorative surgery and more than two months of recuperation in the hospital. During the first six weeks of Paul's hospital stay, despite concern that his mother was also beaten, no referral was made to AWAKE.

. . . Sarah was described by staff as "uncooperative" because she would not say that Joe was the child's batterer (the mother was at work when the beating occurred). Sarah's "ambivalence" toward Joe frustrated staff; at times she was observed holding hands with him, and at other moments she requested that staff ask him to leave the hospital. Some nurses believed that she responded well to her son; others expressed anger that she did not visit him often enough. Her behavior confused and frustrated the staff.

A month into the child's hospitalization, Joe assaulted Sarah on hospital grounds. Sarah courageously described this attack to her child protective worker and to her hospital social worker; both sympathetically advised her to stay away from Joe. However, Sarah felt unsupported by this response and withdrew further from staff, causing them more alarm. Recognizing the problem, the social worker on the unit requested the assistance of the AWAKE advocate. With AWAKE's support, Sarah eventually mustered her courage and revealed that Joe had assaulted her repeatedly.

The advocate responded to Sarah in a supportive way, suggesting that they work together to protect her and her son. Sarah reacted positively to this alliance, went to court with the advocate to secure a restraining order, and arranged with hospital counsel to bar Joe from visiting their child at the hospital.

In case conferences, child protective workers and some hospital staff argued that Sarah was unable to protect herself and her son, and that foster care placement, at least temporarily, was probably necessary. From her experience with Sarah, the AWAKE advocate had formed a different opinion; Sarah was deeply committed to keeping her child... As Sarah learned about resources - protective orders, emergency shelter - she eagerly mobilized to take advantage of them. The AWAKE advocate argued Sarah's case with hospital staff and protective services, urging them to offer support to her. At the same time, the AWAKE advocate referred Sarah to an attorney well-acquainted with family violence and family law. With the attorney's assistance, Sarah fought for and won custody of Paul. She moved in with relatives as she waited for more permanent housing.

[After the child's discharge], Sarah spent several weeks with the AWAKE advocate disclosing incident after incident of Joe's brutal abuse to her. Over time she felt safe enough to reveal that Joe was the perpetrator of the assault on Paul. One day she asked the AWAKE advocate to accompany her to the district attorney's office, where she offered to be a witness in the prosecutor's case against Joe.

In the AWAKE manual, we concluded the following about Sarah:

. . . According to many hospital staff, Sarah seemed to radically alter her behavior after she began working with an AWAKE advocate. During a follow-up interview several months later, Sarah was asked why she initially refused to name Joe as the perpetrator of Paul's abuse and why she later felt free to talk. Sarah taught AWAKE staff an important lesson about the ways to help battered women with abused children.

The answer was simple: [the involvement of the AWAKE advocate led to the hospitals' acting] . . . to protect Sarah. Joe was barred from visiting because of his assaultive behavior on hospital grounds. As Sarah said, "Finally, finally, somebody believed me and took his violence seriously."

Sarah also mentioned that for the first time her fears and feelings were validated and responded to. She could find a way out of the double bind in which community agencies and Joe had placed her. "Tell them I hurt Paul," Joe warned her, "and you're dead." "Tell us who hurt your child," the hospital urged, "or you may lose him." Although Sarah was encouraged to talk, the hospital staff initially offered her little protection to do so. Staff seemed

to be interested in her son, she later told us, but showed little concern for her safety. Yet Sarah knew only too well that Joe was capable of killing her. His murderous assault on Paul and his threats were enough evidence.

In response to this impossible dilemma, Sarah wisely stayed silent. As she later explained to AWAKE staff, when a battered woman in danger is left alone to solve a problem, it may feel safer for her to do nothing. Acting on her own behalf or talking about Joe's behavior might, in fact, enrage him and send him off on another round of assaults.

Sarah needed support to do what she secretly wanted to do, but could not find the means to do: escape from Joe and keep herself and Paul safe. To do this, she needed someone in her corner. And, as she later articulated, she also needed concrete assistance to make escape possible. For Sarah, this included help with housing, lawyers, and protection orders. ([Schechter, with Gary, 1992, pp. 16-18](#)).

How did Sarah - and hundreds of other women with abused children - transform our thinking? The staff at AWAKE learned to formulate a new and clearer set of assumptions about the overlap of domestic violence and child maltreatment. The AWAKE manual listed the following:

1. Women have a right to be safe from harm. Children have the same right. Most battered women care about their children's safety and want to protect them. We should foster this connection between women and their children.
2. In many cases, the best way to protect the child is to protect the mother from an assaultive partner. A child's safety is, in fact, often dependent on his mother's. It is our responsibility to make it safe for a woman to take a risk and disclose . . . [that she herself has been abused]. Conversely, if we fail to inquire about . . . [whether the mother has been abused, or fail to respond to evidence or information about such abuse], we leave both the child and woman vulnerable to further assaults...
3. We need to switch our frame of reference and intervention strategies to hold assailants, not their victims, accountable for abusive behavior...
4. Battered women with abused children constitute a significant subset of child abuse case [s], numbering in the hundreds of thousands, . . . [and these] require different interventions . . . [from] those traditionally used. For example, although respite care, day care, or parent education may be useful to some battered women, these interventions fail to respond to the core of the mother's major problem - the assaults, threats, rapes, terrorizing tactics, isolation, and harassment directed at her by her partner. In this subset of child abuse cases, effective intervention must include advocacy for the woman, upholding her right to be safe and independent.
5. In these cases, the goal of keeping together the family - if defined as mother, father, and children - is a dangerous one." ([Schechter, with Gary, 1992, pp. 20-21](#)).

By the time I left the AWAKE project at Children's Hospital in the early 1990s, I was convinced that we had identified an important practice and policy shift in child protection and domestic

violence. The changes that I imagined were simple and not too costly - use advocates to help battered women with whatever they need: finding housing, going to court, and supporting women as they rebuild the dignity and security that has been stripped from them. Advocates could make a difference by forming meaningful and enduring relationships with abused women and by mastering the ins and outs of the complicated systems that women use to survive.

In this scenario, I overlooked several important issues, which I will now turn to and eventually weave together: (1) the complexity and diversity of needs in poor women's lives and (2) our increasing tendency to monitor and punish the poor, and the resulting differential impact that domestic violence "solutions" will have for low-income families in the child welfare system.

Domestic violence and low-income women

In the 1990s, as poor families lost their guarantee of income supports, studies began to look at domestic violence among low-income women. Unsurprisingly, it was pervasive. Examining one low-income neighborhood in Chicago, researchers found that 33% of welfare recipients and 25% of low-income non-recipients had experienced "severe aggression" in adulthood by a partner. Further, 19% of recipients and 8% of non-recipients had experienced serious aggression within the past 12 months ([Lloyd & Taluc, 1999](#)). Looking at low-income housed and homeless mothers in Worcester, Massachusetts, researchers reported that 32% of the women experienced severe physical violence during the previous two years ([Browne & Bassuk, 1997](#)). And the National Family Violence Survey suggested that rates of "abusive violence" to women with annual incomes below \$10,000 are more than 3.5 times those found in households with incomes over \$40,000 ([Straus & Gelles, 1990](#)).

Poor women who are battered face a host of additional problems. Although a 1997 New Jersey study found high rates of depression in women in a welfare-to-work program (31%), it also noted even higher rates for battered women in the sample: 54% of the women in a current abusive relationship experienced severe depression. More of the currently abused women in this study also report drug and alcohol problems ([Curcio, 1997](#)). Compared to non-abused women, battered women seem to have higher rates of depression, PTSD, and drug and alcohol problems, at least while they are in violent relationships ([Lyon, 2000](#)). We should note that one Massachusetts study does offer us hope: this study found that women whose abuse occurred more than 12 months previously had significantly higher scores of self esteem and mastery, and lower rates of depression and anxiety than the more recently abused women ([Allard, Albelda, Colten, & Cosenza, 1997](#)).

In their excellent book *Safety Planning with Battered Women: Complex Lives/Difficult Choices* , Davies and her colleagues define two types of risks that battered women face: batterer-generated and life-generated risks. Risks from the batterer include physical injury, threats, and loss of security, housing, income, and potentially children. Life-generated risks center around economic, social, and individual circumstances, and for poor women include poverty, lack of health insurance and health care, racism, dangerous neighborhoods, and poor schools for their children ([Davies, Lyon, Monti-Catania, 1998](#)).

If we consider batterer-generated and life-generated risks together, as abused women always do, it is easy to understand why many women often neither stay in nor leave their relationships, but, as research by Russell and Rebecca Dobash taught us, they come and go ([1979](#)). Both

leaving and staying with an abusive partner create risks and cost women, especially poor women, dearly. If the woman leaves, she may have to give up affordable housing, friends and neighbors, and the additional income, childcare or transportation that her partner provides. Her life could end up to be worse. While many helping professionals think of her safety solely in physical terms and, as a result, urge her to leave the *violence*, she may think of her safety more broadly. Safety for her may be food, shelter, or a ride to work or the clinic.

Traditional solutions to ending domestic violence have tended to focus solely on stopping physical assault and largely on leaving. They presume that battered women want to leave and that violence is their major concern. In poor women's lives, these presumptions may be false. Their lives are often more complicated.

Enter abused children and the child welfare system

The picture grows even more complicated as we consider the needs of children and low-income families in the child welfare system, where poor children, especially those of color, are enormously overrepresented, especially in foster care.

My concern is about the lack of meaningful solutions for children and families simultaneously experiencing domestic violence, poverty, and maltreatment. I start with an example of what would be considered a relatively easy child welfare case, to illustrate the nature of the problem.

Mary is a 35-year old mother of three children, ranging in age from 1 to 9. Recently, she called her local child protection agency asking for voluntary services; she feared that she might abuse her nine-year-old son. He, mimicking his father, was now hitting her. She did not know what to do and begged for help. A family support worker was sent out to meet with the family. This worker, in turn, asked a domestic violence advocate to also help the mother.

Mary's husband hit her periodically. Although he worked several minimum-wage, part-time jobs, and was rarely at home, he expected compliance and deference from everyone in the family whenever he appeared. He explained to the family support worker during one of their rare meetings that he had no real problems. However, he was concerned about his wife's parenting abilities and emotional well-being.

Mary appreciated the support of the advocate and the family support worker, but she was unsure about what they could do for her. Her husband refused to acknowledge any problem with violence. With three children under the age of nine and another child on the way, few job skills, and a strong commitment to keeping her family intact, she had no intention of leaving her husband or asking the court for a protection order removing him from the family home. She was deeply attached to her husband's extended family, and dreaded the thought of losing her children to foster care. She herself had been in foster care and would do "anything to avoid repeating the experience." Mary had a high school diploma but had not

worked since her first child was born. Other than offering Mary support, the advocate was stumped about how she could help .

A comparison of Mary's circumstances to the solutions available to her to stop domestic violence reveals a major dilemma. Her needs and the available community interventions, as currently designed, are mismatched, profoundly. Mary wants her husband's and son's violence to stop. The choice to end the violence lies with her husband, who refuses to acknowledge his problem. The workers helping her can only offer him a batterers' intervention program, in which he is uninterested. They also offer her support groups, legal advocacy, and shelter, in all of which she is uninterested. The workers agree to keep seeing her, for which she is grateful. No one continues to reach out to him. Over time Mary maintains that calling the police and leaving her husband are not options.

Given Mary's economic and family circumstances, her staying with her husband is a rational choice; in fact, it may be the best option that she now has. However, her depression and her concern for her son and for her deteriorating relationship with him increase. What are community agencies to do?

Impact of traditional domestic violence policies on low-income families in the child welfare system

Current solutions to domestic violence offer tremendous help and important options to women who have resources and who want to leave their partners or end their relationships. Women can petition the court to evict violent men, can move to a shelter, can ask the police to arrest their partners, and can fight more effectively for custody in some states. Current solutions also offer some hope to end or reduce violence from men who are mandated to batterers' programs. Research suggests that approximately 60% of the men who enter programs are non-violent at three-year follow-up ([Gondolf, 2000](#)).

But what about everyone else? What about Mary and her husband, who refuses intervention, at least in the way it is currently offered? Advocates have always said that women have the right to be in safe and respectful relationships. The domestic violence movement's historic goal has been to end violence and coercion, not to have women leave their relationships. Are there any new and untried ways to make this possible? Or even to explore the problem more thoroughly?

A second concern is for the many other women in the child welfare system, who, in addition to domestic violence, experience poverty, depression and substance abuse. What do domestic violence "solutions" offer to them and their families? What additional public policies and practices should advocates formulate to help them and their families?

Here is how current solutions are too limited. Poor women now face child welfare workers, judges in family and juvenile courts, police, and mental health providers who believe that they know the "answer" to a domestic violence "case;" they learned these answers from domestic violence advocates: offer the abused woman shelter, support groups, legal remedies, counseling, and advocacy so she can leave her relationship. Arrest the batterer, mandate educational groups, and make a serious effort to monitor his compliance. When battered women don't

"comply" with these solutions, when they refuse to immediately leave their partners or pursue available services - often for very sound reasons - then the women "fail," and systems can turn against them, minimizing the violence, labeling them as "not ready," too passive, or otherwise incompetent. With these labels, systems - including domestic violence services - withdraw support and sometimes resources.

When children are involved, the stakes are even higher. When the mother - or the father - refuses to use available options, and children are at risk of harm, for example, professionals understandably start to worry about them. Sometimes they threaten to remove children from their parents' care.

Yet, when current solutions for the woman offer only the choice of leaving, and she decides that the better of two poor options is to remain in a relationship, what do we recommend to child protection workers and court personnel who, with good reason, need the violence to stop? To date, arrest and removal of the batterer are our preferred answers. But what happens when arrest is a solution that the woman does not wish to pursue because her partner will lose his job, end up with a record, or have his probation revoked and be sent back to prison? Or what if she fears that calling the police will lead to her arrest? Or maybe she believes that the arrest and a mandatory prosecution will harm more than help her family. Are we willing to envision additional solutions

As we add the police and child protective services to the inadequate mix of "solutions," sometimes together, the dilemmas grow more difficult. In several states, legislatures have made it a felony to commit domestic violence in the presence of a child. In some counties in these states, children are automatically referred from the police to CPS, expanding the number of investigations without increasing resources to help anyone.

My concerns about these changes are many. Researchers have estimated that 3 to 10 million children annually witness domestic violence. While it might salve consciences to refer all of them to protective services for investigation, the bigger question is, "How will investigation help them or their mothers?" And as women call the police for their own protection - for example, to stop an assault in progress - will they learn that their partner faces a felony charge because a child was present during the attack, or that the family now confronts a child protective services investigation? What will the women do then? Remember Mary in the example above. Her greatest fear is that she might lose her children. If she called the police for her own protection, and they automatically and mandatorily called child protective services, would she call the police a second time during an assault? If she refuses to call the police the next time, the first police intervention, itself, may have reduced her options and increased danger for her. It does not necessarily make families safer to use the police and child protective services in every domestic violence case involving a child.

What if Mary does harm her son, and a child protective services investigation begins? What if she talks about the domestic violence and is told to use a domestic violence solution. What if, in fact, she agrees to get a protection order, evicting her husband. Let's assume that she complies with her caseplan, and the court evicts her husband. Let's also assume that her husband eventually comes back. He assaults her again, and this time a neighbor calls the police. The husband is arrested, and the case is referred again to CPS. If she lives in Iowa, Mary may be found guilty in criminal court of aiding and abetting the violation of a protective order. If she "let" her husband back in, she may also have a CPS case where the allegations of maltreatment

are substantiated, based on her failure to protect the children, even if the children have no injuries. Again, current domestic violence "solutions" will be offered to her - orders of protection, eviction, support groups, court advocacy. Are they adequate? Will they fail her? If they do, will it be she, rather than our solutions, who is defined as the failure? Will helping professionals - including domestic violence advocates - withdraw from her, using statements like, "She is not ready for help," or "We have to wait until she reaches out to us," to justify the withdrawal of support?

Let me make my position clear. Obviously, there are children who are seriously harmed or neglected as a result of domestic violence and belong under the care of protective services. And even with the best of resources and advocacy, some women will not assume responsibility for children. Given these realities, however, we must still assert that what we currently offer is a deeply inadequate response to situations in which domestic violence, child maltreatment, and poverty occur together.

Increasingly, more and more systems are peering into the lives of poor women. But now they have been alerted to peer in about the *violence*. For example, TANF workers in many states have been taught to ask about domestic violence because the Family Violence Option brings women exemptions to time limits or to other requirements for welfare benefits. Police and child welfare workers in many jurisdictions are now alerted to the harm that witnessing violence can cause to some children. This new consciousness has the potential to bring - and in some localities is already bringing - added protection and support to many women and children who have suffered silently. This is a positive development - if the purpose of identification is to help and if it is coupled with respectful treatment and meaningful resources.

However, my gravest concern is that we will soon arrive at the day when the CPS worker, the police officer, the TANF and child support enforcement worker, and the housing authority staff send case reports back and forth and respond to violence. Why am I so worried? First, we often have monitored and meddled in the lives of the poor. Secondly, creating meaningful safety for women and children living in violence must go far beyond violence interventions to include income, housing, and adequate health and mental health care.

Policies for the future

In response to these needs, the domestic violence movement - and child protection system - has often said, "This is too much to do; we have to only deal with the violence." Although this choice may have been historically necessary, advocates today can no longer compartmentalize their work - and women's lives - in this way. Domestic violence organizations must articulate a public policy agenda on poverty and advocate within systems that affect the lives of poor families. Without additional resources from these systems, poor women simply cannot be safe. Advocates also urgently need to pursue additional ways of providing help to individual women, men, and their children. Here are thoughts about future frameworks and directions:

1. At a minimum, we need a public policy agenda on domestic violence and poverty. Our common public policy agenda must articulate that battered women - whether they stay in their relationships or leave them - should have access to housing, jobs, and economic supports for their families. These benefits and supports will remove barriers that keep many women trapped in abusive relationships. These resources also will help battered women

who stay. A job, decent housing, and child care might make a woman's life more bearable. A job for her partner might make him less violent and thereby help her. (Research does suggest that poverty makes violence against women more likely to happen and more severe [Straus & Gelles, 1990].) Housing and economic justice advocacy will be shortsighted if it tries to help only the "good" battered women who leave. All people deserve the relief that good jobs, public benefits, and decent housing bring.

2. We must expand access to services and the number and types of sites within low-income communities where meaningful help is available. Advocacy must always couple the demand to identify victims of domestic violence with the equally clear goal of offering supports and services to families. This community-based system of services and supports - and responses to victims and perpetrators of violence - currently exists in very few places.
3. We also need to develop a prevention and early intervention agenda - with the help and guidance of community residents and community-based organizations - as a critical next step to helping more women, men, and children. Many low-income families, immigrants, and residents in communities of color are never reached by current interventions, or they are reached too late, long after we can stop the violence or repair the harm. Often men and women have to leave their communities to be eligible for help, and, if they are unable or unwilling to leave, they receive little assistance. Or they have to go to agencies that fail to recognize their particular concerns. We have a pressing need to build public support for and test prevention and early intervention efforts in a variety of settings and in neighborhoods.
4. We must insure that interventions can address the spectrum of domestic violence, and the spectrum of women's needs. In other words, not every woman faces lethal threats or violence, so let us not design interventions as if every woman does. If our interventions were to respond to the spectrum of violence, what would they look like?
5. Men must become part of violence prevention and intervention efforts in far more significant ways. Groups like Mentors in Violence Prevention, which prepare male athletes to speak as non-violent role models to boys; teenage drama groups on violence prevention; and other educational initiatives offer promise. These efforts speak to boys and men not as potential perpetrators but as allies in an effort to make the world safe for women and children.
6. Communities need to develop, for men who batter, outreach and interventions that do not rely solely on arrest. Twenty-five years ago, the domestic violence movement found that men failed to enter intervention programs voluntarily. So advocates, myself included, said that treatment must be mandatory. However, public consciousness and disapproval of violence against women has changed. Today more people are willing to urge family members, friends, and neighbors into programs. It's time to try - on an experimental basis - community-based outreach and voluntary education and counseling again, while we retain mandatory interventions following an arrest. Obviously, programs need to exercise great care about women's safety if they test this idea. Again, the question is, "How can women, affected by these interventions, help us design, test, and monitor them?"

Summary

New solutions are hard to consider for a movement that is underfunded and sometimes under attack, and for busy professionals with many demands on their time. However, now is the time to act, when public support is strong for domestic violence services. We can expand a public policy agenda to articulate the array of supports and services that low-income battered women and their families need. It's time to stretch our imaginations and develop a new vision of what safety, security, and help mean for women.

References

- Allard, M. A., Albelda, R., Colten, M. E., & Cosenza, C. (1997). *In harm's way? Domestic violence, AFDC receipt, and welfare reform in Massachusetts*. Boston: A report from the University of Massachusetts, Boston (McCormack Institute).
- Browne A., & Bassuk, E. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry* 67: 261-278.
- Curcio, C. (1997). *The Passaic County Study of AFDC recipients in a welfare-to-work program*. Passaic County, NJ: Passaic County Board of Social Services.
- Davies, J., Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women: Complex lives/difficult choices*. Thousand Oaks, CA: Sage Publications.
- Dobash, R. E., & Dobash, R. (1979). *Violence against wives: A case against the patriarchy*. New York: Free Press.
- Gondolf, E. (2000). Reassault at 30 months after batterer program intake. *International Journal of Offender Therapy and Comparative Criminology*. 44, 111-128.
- Lloyd, S., & Taluc, N. (1999). The effects of male violence on female employment. *Violence Against Women* 5: 370-392.
- Lyon, E. (2000). *Welfare, poverty, and abused women: New research and its implications*. Harrisburg, PA: National Resource Center on Domestic Violence.
- Schechter, S., with Gary, L. T. (1992). *Health care services for battered women and their abused children: A manual about AWAKE, Advocacy for Women and Kids in Emergencies*. Boston, MA: Children's Hospital.
- Straus, M. A., & Gelles, R. J. (Eds.). (1990). *Physical violence in American families*. New Brunswick, NJ: Transaction Publishers.

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