REFERENCES AND BIBLIOGRAPHY

"Immigration and Naturalization Act (INA), section 101(a)(15)(U)."


(2002). New York City Department of Health Bureau of Injury Epidemiology.


This project was developed under grant SJI-12-E-169 from the State Justice Institute. The points of view expressed are those of the authors and do not necessarily represent the official position or policies of the State Justice Institute.


American Immigration.


This study examines the relationship between cultural beliefs and the utilization of services among Arab immigrant women. All participants (N = 67) reported at least one act of partner abuse resulting in a consultation with various formal services. Significant correlations were found between the holding of traditional attitudes toward gender in general and wife battering in particular by the women and the utilization of formal mental (r = .32, p = or< .001), social (r = .29, p < .05), and legal (r = .38, p =or < .001) services. The study's limitations, policy implications, and the impacts of 9/11 on the Arab immigrant community and on their use of services are discussed.


The purpose of this study was to explore the influence of macro-level factors on immigrant and non-immigrant women's mental health status in a Canadian context. This study was part of a larger study examining women's quality of life in south eastern Ontario. Using survey research methods, data were collected through face-to-face interviews with 91 women of whom 66 identified their country of origin as "other" than Canada. Descriptive, bivariate and regression analysis of this data revealed that immigrant and non-immigrant women's macro-level predictors of mental health status vary. Overall, for immigrant women's perceptions of neighbourhood social cohesion was a stronger predictor influencing mental health status, while for non-immigrant women social support was more influential. Research with larger, representative samples should explore the findings to ascertain generalizability.


The purpose of this pilot study was to determine mothers' literacy level and knowledge, information needs, and information-seeking behaviors related to the vaccine(s) their children were receiving. A convenience sample of 15 mothers with one child and 15 mothers with two or more children was recruited at a free, urban, walk-in immunization clinic in Detroit. Participants completed the REALM test and a demographic form. Structured interviews were conducted to assess a mother's knowledge, information needs, and information-seeking behavior relating to the vaccines. The average reading skills were at the 7th- to 8th-grade level. Only four mothers knew the name and purpose of the vaccine their child was receiving. Information needs of the 26 mothers who did not know the name or purpose of the vaccine were categorized as immediate or deferred according to Krikelas's model of information seeking. More mothers with one child had immediate information needs, while more mothers with two or more children had deferred information needs. Primary sources of vaccine information were physicians and nurses. More research needs to be done to determine which nursing interventions work best to satisfy a mother's information needs.


This study identifies social, political, and cultural barriers to help seeking from health care organizations faced by abused Latina and Asian immigrant women. Qualitative data were collected through four semistructured ethnic-specific focus group interviews with 28 abused Latina and Asian immigrant women. Participants who had suffered intimate partner abuse were recruited through urban community-based organizations in San Francisco, California. Sociopolitical barriers to help seeking and patient-provider communication included social isolation, language barriers, and, for some, discrimination and fears of deportation. Sociocultural barriers included dedication to the children and family unity, shame related to the abuse, and the cultural stigma of divorce. Abused Latina and Asian immigrant women face significant social, cultural, and political barriers to patient-provider communication and help seeking. Medical and social service providers and policy makers may improve the quality of care for these women by understanding and addressing these barriers.


The psychometric properties of the PTSD Checklist (PCL), a new, brief, self-report instrument, were determined on a population of 40 motor vehicle accident victims and sexual assault victims using diagnoses and scores from the CAPS (Clinician Administered PTSD Scale) as the criteria. For the PCL as a whole, the correlation with the CAPS was 0.929 and diagnostic efficiency was 0.900 versus CAPS. Examination of the individual items showed wide ranging values of individual item correlations ranging from 0.386 to 0.788, and with diagnostic efficiencies of 0.700 or better for symptoms. We support the value of the PCL as a brief screening instrument for PTSD.


Cohen, J. (1992). "A power primer." Psychological bulletin 112(1): 155-159. One possible reason for the continued neglect of statistical power analysis in research in the behavioral sciences is the inaccessibility of or difficulty with the standard material. A convenient, although not comprehensive, presentation of required sample sizes is provided here. Effect-size indexes and conventional values for these are given for operationally defined small, medium, and large effects. The sample sizes necessary for .80 power to detect effects at these levels are tabulated for eight standard statistical tests: (a) the difference between independent means, (b) the significance of a product-moment correlation, (c) the difference between independent rs, (d) the sign test, (e) the difference between independent proportions, (f) chi-square tests for goodness of fit and contingency tables, (g) one-way analysis of variance, and (h) the significance of a multiple or multiple partial correlation.


This study evaluated the predictive validity of the HCR-20 (Historical, Clinical, and Risk Management) violence risk assessment scheme and the Psychopathy Checklist: Screening Version (PCL:SV). Files of 193 civilly committed patients were coded. Patients were followed up in the community for an average of 626 days. Receiver operating characteristic analyses with the HCR-20 yielded strong associations with violence (areas under curve [AUCs] = .76-.80). Persons scoring above the HCR-20 median were 6 to 13 times more likely to be violent than those scoring below the median. PCL:SV AUCs were more variable (.68-.79). Regression analyses revealed that the HCR-20 added incremental validity to the PCL:SV and that only HCR-20 subscales predicted violence. Implications for risk assessment research, and the clinical assessment and management of violence, are discussed.


Failure to understand the importance of psychological abuse as a component of domestic violence can result in little appreciation for the complexity of victims' experience and thus a failure to provide the most effective intervention. This study examined the role of psychological abuse, physical violence, injury, and sexual abuse in predicting court-involved women's (1) prior attempts to seek help from the justice system and to leave the battering relationship, (2) use of criminal prosecution and civil protection orders, and (3) traumatic stress reactions. At the univariate level, each abuse variable was significantly associated with at least one strategic response and all traumatic responses to violence. Multivariate analyses revealed that strategic responses were largely predicted by injury and physical assault, whereas traumatic responses were mainly predicted by psychological abuse. Taken together, these findings demonstrate the important role of both physical and psychological abuse in shaping women's responses to domestic violence.

Battered women experience different constellations of violence and abusive behavior characterized by various combinations of physical violence, sexual violence, psychological abuse, and stalking. The goals of the current study were to determine whether it was possible to identify empirically derived and meaningful patterns of intimate partner violence (IPV) and to examine correlates and outcomes of the IPV patterns. Three IPV patterns were identified using cluster analysis. Pattern 1 was characterized by moderate levels of physical violence, psychological abuse, and stalking but little sexual violence. Pattern 2 was characterized by high levels of physical violence, psychological abuse, and stalking but low levels of sexual violence. Pattern 3 was
characterized by high levels of all violence types. IPV Pattern 3 was associated with the highest prevalence of posttraumatic stress disorder and depression, and IPV Pattern 2 had the highest levels of revictimization during the year following recruitment. The clinical and policy implications of the findings are discussed.


No longer confined to the criminal justice system alone, violence is now regarded as a major health care issue in America. Changes are apparent not only in health care delivery, but also in medical school curricula, residency training board examinations, and accreditation. Although tertiary prevention demands the most acute attention, opportunities for secondary prevention are important and often neglected, especially when the immediate health care issue is not related to violence. This article describes the development of the Emergency Department as a Violence Prevention Center program, established at The George Washington University Medical Center. The program moves beyond responding to acute cases of violence only and considers the hospital emergency department as an active player in a community-wide effort to end violence. It does this through universal screening, assessment, treatment and other interventions, documentation, and patient and professional education.


Garden, O., et al. (2003). Policy guidance regarding inquiries into citizenship, immigration status and social security numbers in state applications for Medicaid, state children's health insurance program (SCHIP), temporary assistance for needy families (FANF), and food stamp benefits.


American University, Washington College of Law


Over the last 20 years, diminishing tolerance for domestic violence has triggered significant criminal justice reforms designed to facilitate the prosecution of abusers. Prosecutors, for example, have adopted policies requiring that cases go forward even if the victim later has second thoughts. Although increasingly common, these "no drop" policies reflect a profound irony about domestic cases that is well known but little understood: the most formidable problem in prosecuting such cases is often the victim's own unwillingness to bring the abuser to justice. This prospective study explored a range of factors potentially predictive of domestic violence victims' cooperation with the prosecution of their abusers. Although the study focused on interpersonal and institutional social support, it also investigated the influence of violence severity, victim demographic factors, and victim mental health characteristics, including the presence of depressive symptoms, emotional dependence on the abuser, and substance abuse. Findings showed that tangible support, severity of violence in the relationship, and the presence of children in common with the abuser all significantly predicted victims' cooperation with the prosecution of their abusers. Substance abuse significantly predicted victims' noncooperation with prosecution. The research and policy implications of these findings are discussed.


Approximately 20% of U.S. women who experience intimate partner violence (IPV) annually obtain a civil protection order (CPO). The effect of these orders on future abuse has been estimated in only a few studies, with mixed results. The objective of this study was to assess the effect of a CPO on the risk of future self-reported IPV and injury.


To assess the associations between Intimate Partner Violence (IPV) victimization and health outcomes of South Asian women in Greater Boston. To explore the nature of the
health experiences of victimized women in this population. Cross-sectional surveys with a community-based sample of women in relationships with males (n = 208) assessed demographics, IPV history, and health. In-depth interviews were conducted with a separate sample of women with a history of IPV (n = 23). Quantitative data were assessed by logistic regression, qualitative data by a grounded theory approach. Twenty-one percent of the quantitative sample reported IPV in the current relationship. Abused women were significantly more likely than those with no history of IPV in their current relationship to report poor physical health (95% CI = 1.3-12.0), depression (95% CI = 1.8-9.3), anxiety (95% CI = 1.3-6.4), and suicidal ideation (95% CI = 1.9-25.1). Qualitative subjects described how victimization resulted in injury and chronic health concerns and how IPV-induced depression and anxiety affected their sleep, appetite, energy, and wellbeing. Experiences of IPV are related to increased poor health among South Asian women. This elevated risk demands intervention. Healthcare providers should be trained to screen and refer South Asian patients for partner violence.

Undocumented immigrant women who are abused and living in the United States are isolated in a foreign country, in constant fear of deportation, and feel at the mercy of their spouse to gain legal status. To ensure that immigration law does not trap women in abusive relationships, the Violence Against Women Act (VAWA, 1994) enabled immigrant women to self-petition for legal status. Qualitative research methods were used in this participatory action research to investigate the experiences of Mexican immigrant women filing VAWA self-petitions. Emotional, financial, and logistic barriers in applying are identified, and recommendations for practice research and policy are provided.


This article explores a hidden yet pervasive form of violence that marks the lives of young women from racialized immigrant communities in western Canada. It argues for an intersectional analysis that takes into consideration their heightened vulnerability to systemic and institutional forms of violence. Situated at the intersections of race, class, gender, and age, these young women walk a tightrope between the violence of racism they experience from the host and/or dominant society and the pressures to conform imposed from within their communities. Challenging previous culturalist explanations, the article suggests that racism constitutes a significant form of structural violence experienced by these young women.


The influence of culture and ethnic background on women's experience of domestic violence has been explored in research only recently. Here the authors review research about the impact of culture and minority status in the United States on women's experience of domestic violence, considering family structure, immigration, acculturation, oppression, and community response. The authors encourage researchers and service providers to acknowledge the effects on women of sociopolitical dynamics, including racism, and to identify specific aspects of culture that are relevant to intimate partner abuse.


The author used national data to examine the help-seeking strategies of female crime victims. The research has two objectives. First, to determine whether help seeking exists as isolated choices or whether there is a discernable set of help-seeking strategies used by victims. Second, the author examined the effects of race and the victim-offender relationship on these help-seeking decisions. Findings identify three help-seeking strategies: (a) minimal or no help seeking, (b) family and friend help seeking, and (c) substantial help seeking (includes help from family, friends, psychiatrists, social service providers, and police). The author found that White women and victims of intimate partner violence are more likely to engage in increasing levels of help seeking. She also found that White women victimized by an intimate partner or other known offender are more likely (as compared to other victims) to seek increasing levels of help and social support.


Healthcare providers (HCPs) may be perplexed by the decision-making processes of battered Latino women in situations involving intimate partner violence (IPV). In particular, decisions may appear contradictory and hazardous to the women's children. The findings of this interpretive descriptive study reveal that the mothering role was central to battered Latina mothers' decisions. The mothers strove to prioritize, protect, and provide for their children in every way, including managing the abuse and avoiding IPV disclosure to HCPs. Disparate understandings of the women's decisions and mothering create a Catch-22 between battered Latina mothers and their HCPs. A trusting mother-HCP relationship is necessary for effective screening and intervention for IPV. This requires HCPs' understanding of these mothers' decisions and changes in clinical practice.


The PHQ-15 is widely used as an open access screening instrument for somatization syndromes in different health care settings, thus far, normative data from the general population are not available. The objectives of the study were to generate normative data and to further investigate the construct validity of the PHQ-15 in the general population.


Somatization is prevalent in primary care and is associated with substantial functional impairment and healthcare utilization. However, instruments for identifying and monitoring somatic symptoms are few in number and not widely used. Therefore, we examined the validity of a brief measure of the severity of somatic symptoms.


This qualitative study explored how the cultural context of intimate partner violence affected accessibility to mainstream services for one immigrant group: Haitian women. Analysis of the data revealed two major themes. First, the nature and context of intimate partner violence in the Haitian immigrant community contribute to Haitian women's reluctance to seek services as well as their overall vulnerability to intimate partner violence. Second, mainstream services are largely inaccessible to Haitian women. The authors conclude with suggestions for overcoming cultural barriers through education, increasing cultural competency of mainstream services, and creating alternative community-based services.


Current media portrayal of protective orders is often negative, focusing on weaknesses in how protective orders are obtained and enforced. This review of research findings on protective orders examines issues and suggests areas in need of future research to clarify and improve public policy. More specifically, this review has five main objectives: (a) to provide background information about partner violence and the need for protective orders; (b) to describe what protective orders are, how many women obtain them, and the advantages and disadvantages of obtaining protective orders; (c) to examine characteristics of women who seek protective orders; (d) to explore research on whether protective orders actually increase women's safety; and (e) to highlight opportunities and gaps in the practice and research literature regarding the use of protective orders for women with violent partners or ex-partners.


Although intimate partner violence is recognized as a major threat to women's health, few interventions have been developed or tested.

We compared types and frequencies of intimate partner violence experienced by women before and after receipt of a 2-year protection order.


SRC - GoogleScholar.


As the nurse becomes adept at performing cultural assessments and culturally competent care, it will become clear that "although it is critical to conduct a cultural assessment with culturally and ethnically diverse groups, it is also important to realize that every client needs a cultural assessment. Every client has values, beliefs, and practices that must be considered when a clinician renders healthcare services. Therefore, cultural assessments are not limited to specific ethnic groups, but rather should be conducted on each individual" (Campinha-Bacote, 1995, p.148). Nurses who have been identified as good transcultural nurses have been found to be empathetic, caring, open, and flexible. They have a positive attitude toward cultural differences and have a genuine interest in learning...
from the client about the client's culture (Emerson, 1995). Talabere (1996) states that openness, appreciation of another's perspective, holistic communication, genuine interest, and a nonjudgmental attitude are central to cultural sensitivity. When a culturally sensitive nurse develops mutually agreeable goals with a patient from another culture, a kind of cultural synergy occurs, resulting in care that is "meaningful, satisfying and beneficial to clients" (Leininger, 1988, p.155).


A nurse-midwife may be one of the first professionals domestic-abuse victims talk to about the abuse. Like other health professionals who see abuse victims for health issues often unrelated to abuse, nurse-midwives have a special opportunity to identify, intervene, and support victims of domestic violence. Professionals working in health care will see abuse victims when they are living with their abusers and do not know that abuse is abnormal, when they attempt to leave their abusers, when they return to their abusers, and when they ultimately separate. Justice system professionals only see abuse victims when they have decided to try to leave. A thorough knowledge about relief available in the legal system for abuse victims will allow nurse-midwives to help battered women effectively. This article discusses the role nurse-midwives should play in assisting abuse victims who will be seeking help from the civil and criminal justice systems. Topics discussed include the importance of documenting injuries for use in future court cases, civil protection orders, criminal court prosecutions of the abuser, legal malpractice issues if health providers do not identify battered women, informing and referring domestic-violence victims, and the special needs of immigrant women. The article also discusses typical problems victims encounter in the legal system and ways victims can overcome these barriers.


The impact of male-to-female intimate partner violence (IPV) research on participants is unknown. A measure of impact was given to participants in an IPV study to assess systematically the impact of completing questionnaires, engaging in conflict conversations, and being interviewed individually about anger escalation and de-escalation during the conversations. Participants completed a six-question, Likert-scaled impact measure. Both male and female participants rated the impact of the study as helpful to them personally and to their relationships. Female participants rated different segments of the study as more helpful to themselves and their relationships, while male
participants did not find any segment of the study to have a different impact than other segments.


Perilla, J. L., et al. (1994). "Culture and domestic violence: the ecology of abused Latinas." Violence and victims 9(4): 325-339. This study examined the predictors of domestic violence within a sample of 60 immigrant Latinas, of whom 30 had sought assistance for abuse and 30 had sought other family services. Hypotheses were derived from several frameworks relevant to understanding abuse—intrapsychic (learned helplessness), interpersonal (family violence), and feminist theory. Findings related to the specific formulations were subsequently combined into a model of abuse in which the mutuality of communication within the couple mediates the effects of husband's intoxication and environmental stressors on the occurrence/severity of abuse. The study points out the inadequacy of relying on any one existing theory and supports the idea of taking an ecological approach to the study of abuse in specific populations.


To explore forms of immigration-related partner abuse and examine the association of such abuse and immigration status with physical and sexual intimate partner violence (IPV) among South Asian women residing in greater Boston.


The focus of the present study was the daily life activities and self-perceived health and life quality of heroin addicts both in and out of methadone treatment, based on 219 addicts followed for 8 months after treatment entry. The majority of outcome evaluations of methadone treatment have focused on the "hard" outcome criteria of drug use levels, criminal activities, and employment. The present study, in contrast, addressed how heroin addicts live on a daily basis, and whether being chemically supported on methadone was associated with changes in daily life activities and perceived quality of life. A six-dimensional measurement model of daily life activities, perceived health, and life quality was established. Substantial changes on the dimensions in a positive direction were found in the 2 months just following treatment entry. Changes in daily life activities (e.g., spending more time with the family, attending to the home) may be early indicators of the impact of methadone treatment that precede changes on the usual "hard" criteria (e.g., obtaining legal employment).


In this article I describe the use of a participatory action research (PAR) methodology to address the problem of domestic violence among migrant farmworker (MFW) women in California. The article was generated from a variety of data sources used by the investigator over a 4-year period. These include the investigator's observations, field notes, informal conversations, written stories from the women, and interviews. The "power of the collective" is discussed as the development of a power base for battered MFW women to support and take care of one another. The concepts of liberation, enlightenment, and "conscientizacion" are used to describe the evolution of the collective.


For women who are in abusive relationships, social support and close family relationships may be critical to the successful resolution of the abuse. Efforts to enhance battered women's support must be predicated on an understanding of women's perceptions of effective support and the constraints they experience to seeking support. In this paper we present findings from a qualitative analysis of semistructured interviews with 31 women who were in abusive relationships. The women were interviewed three times over two-and-a-half years. Results of the analysis included that women used female friends for support more often than family members, and that women were constrained from seeking support by (a) cultural and societal sanctions against leaving the relationship; (b) a pattern of caution in relating to others or forging new relationships; and (c) forced isolation/seeing self as isolative. Relationships with family members, especially parents, were not consistently seen as useful sources of support.


We examined the psychometric properties of the PTSD Checklist (PCL), a self-report instrument designed to assess symptoms of posttraumatic stress disorder. Three hundred ninety-two participants recruited in a university setting completed the PCL in addition to several well-established self-report instruments designed to assess various forms of psychopathology (e.g., depression, general anxiety, PTSD). Ninety participants returned for readministration of selected measures. Findings provided support for psychometric properties of the PCL, including internal consistency, test-retest reliability, convergent validity, and discriminant validity. Additional strengths of the PCL are discussed.


Since Selye first published his classic work, *The Stress of Life*, a great deal of research has investigated the relationship between stress and physical health. Most of this research has focused on stressors such as divorce, bereavement, and job loss, but some has examined the health effects associated with extreme stressors, including war, sexual victimization, disasters, and serious accidents. The evidence presented here shows that poor physical health should be recognized, along with mental health problems and impaired psychosocial functioning, as an outcome of traumatic exposure. PTSD and other clinically significant distress reactions are a key step in triggering the processes through which exposure affects health. These processes involve psychological, biological, behavioral, and attentional mechanisms that interact to strain the body's ability to adapt, thereby increasing the likelihood of disease and illness behavior. However, by addressing the physical health consequences of traumatic exposure in treatment and treatment systems, the burden on individuals and society may be reduced.
as Vietnamese women residing in the United States is available for reflection and review. Issues of acculturation, changing gender roles, examples of strength, and cultural persistence constitute the thematic structure within which these women articulate their needs for creating and sustaining a life free of abuse for themselves and their children.


In 1995, a National Health Insurance Law (NHIL) was enacted in Israel. It specified a mandatory package of services to be provided by the four competing private non-profit sickness funds, and secured the financing of that provision. This review discusses the main issues associated with financing of--and the sickness funds' expenditure on--the package of services and analyzes the trends during the first decade of the implementation of the NHIL. The main findings indicate that between 1995 and 2005 the "real value" of the budget of the package of services has eroded by more than a third, most of it being due to the under-updating with regard to technological advances. The steep rise in the co-payment paid by users of health services and in voluntary supplementary health insurance ownership which is offered by the sickness funds partially financed that erosion. The growth of private spending on health, including on voluntary supplementary insurance, took place in all population groups and in the lowest income-quintile in particular. Indices of the progressivity of the financing of the package of services indicate that the burden of financing has been slightly regressive. In spite of the increase in the share of the regressive private expenditure between 1997 and 2003, overall, the finance became less regressive due to the health tax becoming less regressive. In conclusion, the introduction of the Israeli NHIL was a promising social achievement, but, during its first decade and facing tight national budgets and receiving lower national priority, subsequent regulation eroded the real value of its benefits, and its principles of solidarity and equity in finance. After 10 years of experience, the system might need refreshment and policy amendments that will correspond to its original aspirations.


This article describes the development and psychometric evaluation of the Stephenson Multigroup Acculturation Scale (SMAS). Three studies were conducted to describe its development and refinement, examine its psychometric properties with 436 participants from 5 ethnic groups, and examine the robustness of the factor structure with a new sample. Exploratory factor analyses generated a 2-factor solution: ethnic society immersion and dominant society immersion. Item refinement resulted in a 32-item version of the SMAS. Findings indicated a robust factor structure across groups. Confirmatory factor analysis indicated that the 2-factor model provided a close approximation to the observed data. Studies indicated high reliability and validity indexes. Findings support the role of acculturation as a mediator between ethnic group affiliation and standardized assessment results.


Obtaining an accurate measure of how recombination rates vary across the genome has implications for understanding the molecular basis of recombination, its evolutionary significance and the distribution of linkage disequilibrium in natural populations. Although measuring the recombination rate is experimentally challenging, good estimates can be obtained by applying population-genetic methods to DNA sequences taken from natural populations. Statistical methods are now providing insights into the nature and scale of variation in the recombination rate, particularly in humans. Such knowledge will become increasingly important owing to the growing use of population-genetic methods in biomedical research.


Increasingly, researchers are undertaking studies involving people who do not speak the same language as they do. Sociologists have long argued that language constructs the social world at the same time as it describes it. However, the implications of this for cross-language research are rarely considered. Employing interpreters/translators and "cultural brokers" in research raises methodological issues around the meanings of concepts and how to convey difference. Using a project that employed two Asian mental health workers, the author teases out some of the implications for research of language difference. She focuses both on the value of a biographical approach and on the problems such an approach presents.


This study examined the role of social support in the partner violence-psychological distress relation in a sample of African American women seeking medical care at a large, urban hospital (n = 138). Results from bivariate correlational analyses revealed that partner violence was related to lower perceived social support and greater psychological distress, and lower social support was related to more distress. Furthermore, findings based on path analysis indicated that low levels of social support helped account for battered women's increased distress. Findings point to the need for service providers to screen for partner violence in nontraditional sites, such as hospital emergency rooms, and to address the role of social support resources in preventive interventions with African American battered women.


A review of 1,785 domestic violence crime reports generated by the Colorado Springs Police Department. Violence and victims 15(4): 427-441. A review of 1,785 domestic violence crime reports generated by the Colorado Springs Police Department found that 1 in 6 (16.5 percent) contained evidence the suspect stalked the victim. Female victims were significantly more likely than male victims to allege stalking by their partners (18.3 vs. 10.5 percent). Most stalkers were former rather than current intimates. Regardless of victims' gender, reports with stalking allegations were significantly less likely to mention physical abuse or victim injury in the presenting condition, to involve households with children, or to involve victims and suspects who were using alcohol at the time of the report. Female victims who alleged stalking by their partner were significantly less likely than female victims who did not allege stalking to be emotionally distraught at the time of the report, but significantly more likely to have an active restraining order against the suspect, and to sign releases to facilitate the police investigation. Police almost never charged domestic violence stalking suspects with stalking, preferring instead to charge them with harassment or violation of a restraining order.


This study describes the initial development of a scale of measurement of psychological maltreatment of women by their male partners. The initial version of the scale was administered to 407 men and 207 women at intake into a domestic violence program. All 58 items of the scale were endorsed by a large enough number of subjects to warrant inclusion in the final instrument. Factor analysis revealed a similar factor structure for the men and women, with dominance-isolation and emotional-verbal abuse factors emerging from the analysis. Intracouple reliability for each item of the scale was examined for the subset of men and women who were cohabiting couples (n = 28). Unsurprisingly, the agreement of men's and women's reports was low, though the scores on the domination-isolation subscale were significantly correlated.


To evaluate the validity of the Psychological Maltreatment of Women Inventory (PMWI), 100 women were interviewed. Both PMWI subscales (dominance/isolation and emotional/verbal) successfully discriminated among three groups: physically abused women (BW) scored significantly higher than both relationship distressed/nonabused (RD) and relationship satisfied/nonabused women (RS). Both subscales of the PMWI were highly correlated with the nonphysical abuse subscale of the Index of Spouse Abuse (ISA). A 14-item short version of the PMWI also successfully discriminated between the
BW and RD groups. When the battered women were divided into service seeking (SB) and nonservice seeking battered women (CB), a more complex picture emerged. The SB group scored significantly higher than the RD and RS group on all PMWI long and short subscales. However, the CB group differed from the RD group only on the short dominance/isolation subscale.


Two recent studies with white males have shown that genotypes associated with high levels of monamine oxidase A (MAOA) protect against the impact of childhood
maltreatment and adversity on the development of antisocial behavior and conduct disorder.


It is unknown how victims of intimate partner violence (IPV) who seek civil protection orders differ from IPV victims who do not.


People are rarely passive, and battered women are no exception. This study investigated the types of coping strategies women of Japanese descent (both Japan-born and U.S.-born) chose and their perceived effectiveness in dealing with their partners' violence. Japan-born respondents were significantly less likely to use "active" strategies and perceived them to be less effective than did U.S.-born respondents. For the Japan-born, the more effective they perceived "active" strategies, the higher their psychological distress, whereas the more effective they perceived "passive" strategies, the lower their psychological distress. In contrast, for the U.S.-born, the higher the perceived effectiveness of "active" strategies, the lower their psychological distress, and the perceived effectiveness of "passive" strategies had little effect on their psychological distress. The complex relationship between individuals' country of birth, the choice and perceived effectiveness of coping strategies, and psychological distress calls for increased attention to the role of culture in studies of coping and domestic violence.


This article examines the nature of violence (physical, emotional, and sexual) perpetrated by Japanese men against their female intimates. Data were collected in a nationwide mail questionnaire survey with a convenience sample of 796 women between July and December, 1992. Most respondents were currently married and working full-time;
average age was 43.5 years. Over three fourths reported at least one type of violence perpetrated by their male intimate partner. These Japanese women reported a wide range of abuse—from a slap to an assault with a deadly weapon, from verbal ridicules to restriction of social activities, and from incompliance with contraception to forced, violent sex. About two thirds of the most serious physically violent incidents resulted in injury. Sociocultural factors unique to Japanese women's experiences of male violence are identified and discussed along with their implications for prevention and intervention.


Two studies were conducted to develop and examine internal consistencies and validate the Abbreviated Multidimensional Acculturation Scale. Study 1 participants were 156 Latino/Latina college students. Findings indicated good internal reliabilities for all 3 subscales. Adequate concurrent validity was established with length of residence in the United States. The scale also showed adequate convergent and discriminant validity. Study 2 participants were 90 Latino/Latina community members. The subscales were also reliable and showed adequate concurrent validity with length of residence in the United States. Convergent and discriminant validity were also adequate. Construct validity was further demonstrated through factorial analyses of the combined samples (N = 246). Three separate factors emerged: cultural identity, language competence, and cultural competence.