

Feminist Criminology

<http://fcx.sagepub.com>

The Levels and Roles of Social and Institutional Support Reported by Survivors of Intimate Partner Abuse

Joanne Belknap, Heather C. Melton, Justin T. Denney, Ruth E. Fleury-Steiner and
Cris M. Sullivan

Feminist Criminology 2009; 4; 377 originally published online Sep 3, 2009;
DOI: 10.1177/1557085109344942

The online version of this article can be found at:
<http://fcx.sagepub.com/cgi/content/abstract/4/4/377>

Published by:



<http://www.sagepublications.com>

On behalf of:

[Division on Women and Crime of the American Society of Criminology](#)

Additional services and information for *Feminist Criminology* can be found at:

Email Alerts: <http://fcx.sagepub.com/cgi/alerts>

Subscriptions: <http://fcx.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations <http://fcx.sagepub.com/cgi/content/refs/4/4/377>

The Levels and Roles of Social and Institutional Support Reported by Survivors of Intimate Partner Abuse

Feminist Criminology

4(4) 377–402

© The Author(s) 2009

Reprints and permission: <http://www.sagepub.com/journalsPermissions.nav>

DOI: 10.1177/1557085109344942

<http://fc.sagepub.com>



Joanne Belknap,¹ Heather C. Melton,² Justin T. Denney,¹
Ruth E. Fleury-Steiner,³ and Cris M. Sullivan⁴

Abstract

This article explores the roles of social (informal) and institutional (formal) support in the lives of 158 women whose intimate partner abuse (IPA) cases reached the courts in three jurisdictions in the United States. Women were asked who knew about the IPA and their levels of supportiveness. Data analysis includes comparisons across the women in terms of social support and institutional support, and how these were related to the women's demographic characteristics, whether they were still in a relationship with their abusers, the severity of the violence, and the women's mental health.

Keywords

intimate partner abuse, domestic violence, social support, institutional support, mental health

The significant frequency and threat of intimate partner abuse (IPA) against women has been established across numerous research studies (e.g., Burch & Gallup, 2004; Johnson, 1995; Jones et al., 1999; Rennison & Welchans, 2000; Tjaden & Thoennes, 2000).¹ The goal of the current study is to assess from abused women who they turn to for support (disclosure), how supportive the individuals they turn to are, and how this disclosure and support is related to the severity of the IPA they report, their mental

¹University of Colorado–Boulder

²University of Utah, Salt Lake City

³University of Delaware, Newark

⁴Michigan State University, East Lansing

Corresponding Author:

Joanne Belknap, Department of Sociology, Campus Box 327, University of Colorado–Boulder, Boulder, CO 80309

Email: joanne.belknap@colorado.edu.

health, and their demographic characteristics (e.g., age, race, socioeconomic status [SES], and their relationships with their abusers). In order for family, friends, neighbors, coworkers, health professionals, and criminal legal system professionals to provide the best responses, it is important for both lay people and professionals to understand how abused women's personal attributes and experiences are related to their likelihood to disclose the abuse and the levels of support they receive from those who know about the abuse. This study also examines how the levels of support are related to mental health, anticipating that among abused women, those with lower levels of support will report poorer mental health.

Despite popular images of women abused by their intimate partners as being unable or unwilling to help themselves, the empirical evidence suggests otherwise (e.g., Caralis & Musialowski, 1997; Hage, 2006). At the same time, research suggests that abused women who lack social support are less likely to follow through with criminal prosecution (Bennet, Goodman, & Dutton, 1999; Goodman, Bennett, & Dutton, 1999).

The key research questions in this study are (a) who do abused women turn to in their efforts for self-preservation and agency, (b) how supportive are these individuals, and how is support related to the women's personal characteristics including their mental health? The potential support available for abused women can be divided into two main sources: social (informal) and institutional (formal). El-Bassel, Gilbert, Rajah, Folleno, and Frye (2001) defined *social support* as the "belief that one is cared for, loved, esteemed, and valued by others in a network of common and mutual obligation" (p. 247). Social support (sometimes referred to as informal support), then, includes relationships with people such as relatives, friends, coworkers, and neighbors. In contrast, *institutional support* (sometimes referred to as formal support) refers to the levels of encouragement or assistance from individuals that an abused woman may contact or who contact her, where their relationship is based on professional responsibilities to her. Potential institutional support systems include doctors/nurses, religious leaders, the police, victim advocates, social service providers, protection order advocates, prosecutors, attorneys, and counselors/therapists.

Social support and institutional support for abused women are particularly important to address given that a common tactic of control used by many abusers is to isolate their victims from any form of potential help (e.g., El-Bassel et al., 2001; Stark, 2007; Tan, Basta, Sullivan, & Davidson, 1995). Indeed, a review of research in this area identified that the two main reasons abused women lack support are (a) abusers' efforts to restrict their victims' access to social support and (b) victims' shame in disclosing the IPA to potential supporters (Levendosky et al., 2004). Improved social and/or institutional support will likely improve an abused woman's sense of safety, worth, and mental health. Learning who abused women turn to and how supportive different individuals are, based on the abused woman's demographic and victimization characteristics, can enhance our understanding of abused women's experiences and needs, thereby improving social and systemic responses.

The vast majority of research on responses to IPA focuses on institutional responses, particularly legal system responses. Moreover, in the research on institutional responses, abused women's assessments of the support they have received

from individuals working in these formal agencies are rare. Rather, these data are typically collected from institutional records (e.g., police and court records) instead of from the women. Rare exceptions include studies by Erez and Belknap (1998) and Fleury, Sullivan, Bybee, and Davidson (1998). Erez and Belknap (1998) surveys of abused women found that although the responses by the police and prosecutors overall were quite troubling, 43% of the women reported that the responding police officer encouraged the women in their comments or behaviors and 51% reported that the prosecutors encouraged them to follow through with prosecution. In their interviews with battered women, Fleury and colleagues (1998) found that prior negative experiences with law enforcement were related to underreporting subsequent violence. This finding is hardly surprising; women who do not receive the support they need from law enforcement are less likely to turn to law enforcement in the future.

Far less common is research addressing the social support, which may act as a buffer against the stress, fear, and/or dangerousness resulting from IPA. The extant research indicates that increased social support facilitates women's abilities to obtain resources that help protect them from the abuse (Bosch & Schumm, 2004; Bybee & Sullivan, 2002; Goodkind, Gillum, Bybee, & Sullivan, 2003; Sullivan & Bybee, 1999), including to safely leave abusive relationships (Hage, 2006; Zlotnick, Johnson, & Kohn, 2006). Moreover, some scholars speculate that increased social support allows abused women to be more active in the prosecution of their abusers (El-Bassel et al., 2001; Goodman et al., 1999).

The current article reports findings regarding abused women's reports about four potential social support relationships (relative, neighbor, coworker, and friend) and nine potential institutional support relationships (police, prosecutor/district attorney, victim advocate, other legal advisor, doctor/physician, counselor/therapist, protection order advocate, shelter worker, and religious leader). We explored how institutional and social support levels for abused women were related to demographic characteristics of the women, whether the women were still in relationships with their abusers, the severity of the IPA they experienced, and their mental health status. Such relationships are important to understand abused women's experiences and challenges and to improve both lay people's and professionals' responses to them. Although we expect poor mental health to be a response to having poor or limited support, we were curious about comparisons between social and institutional support. In other words, does one matter more than the other?

Literature Review

Disclosure

Many women abused by their intimate partners either minimize the violence they experience or do not fully disclose it to friends and relatives (Dunham & Senn, 2000). Women who disclose the abuse are probably more likely than those who do not to believe the abuse will not go away without help from others (Liang, Goodman, Tummala-Narra, & Weintraub, 2005). In addition, women who blame themselves for the violence their

partners use against them might be less likely to disclose to potential supporters because they “believe they have the power to effect change through their own behavior” (Liang et al., 2005, p. 77). A qualitative study found three general constraints in abused women’s support seeking: “(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” (Rose, Campbell, & Kub, 2000, p. 27). Importantly, disclosure does not ensure support (Bosch & Bergen, 2006; Coker et al., 2002; Wuest & Merritt-Gray, 1999), and some women do not disclose their IPA victimizations to people they identify as their supporters (Bosch & Bergen, 2006).

Levels of Support

In terms of research on potential institutional support, traditionally, the police have been called but were not deemed supportive, and cases rarely resulted in arrests so court officials did not know about the abuse (see Belknap, 1995, for an overview). Similarly, doctors often knew or suspected that patients were victims of IPA, but they rarely seemed interested in the source of the abuse (e.g., Kurz & Stark, 1988). In the 1970s and 1980s, serious changes occurred in police training and responses to domestic violence calls, primarily through the implementation of proarrest policies (e.g., Belknap, 1995; Buzawa & Buzawa, 2003); however, research conducted in jurisdictions with increased police training on IPA and proarrest domestic violence policies indicates that police often fail to support women victims of IPA when they are called to respond (Belknap, 1995; Erez & Belknap, 1998; Fleury et al., 1998; Johnson, 2007; Jordan, 2004; Zweig, Schlichter, & Burt, 2002). A recent study reported in an overview of the literature that “police responses to domestic violence are frequently characterized as biased, inconsistent, and inadequate” (Trujillo & Ross, 2008, p. 455); although, this same study found that the victim’s level of fear was the primary impetus to whether the police took official action.

As previously stated, it was highly unusual for court officials to address IPA prior to the implementation of proarrest policies, but since then courts have been flooded with these cases (see Bennett et al., 1999). Research on prosecutors, judges, and other court officials indicate responses that are often less than supportive, or even confusing or alienating to IPA victims (e.g., Erez & Belknap, 1998; Hartman & Belknap, 2003; Jordan, 2004).

There is some indication that social support may be more plentiful. A study of abused rural women found that two thirds reported the supportive persons in their lives knew about the abuse, 18% reported that their supportive persons likely suspected but did not know about the abuse, and 5% “did not have a supportive person during the abusive relationship” (Bosch & Bergen, 2006, p. 316). Similarly, a study of pregnant abused women found that 95% of the abused women disclosed the abuse to at least one person (Levendosky et al., 2004). As expected, in the study of abused rural women, social supporters who knew about the IPA were more likely than supporters not informed of this abuse “to respond effectively to provide support, help women access resources, and [help] become free from abuse” (Bosch & Bergen, 2006, p. 317). In another study of more than 600 abused women, 31% never talked to anyone about the abuse. Those who

did disclose the abuse were likely to receive support. The majority (82%) of those they told were identified by the women as supportive (Coker et al., 2002).

Prior research has been somewhat equivocal regarding whether abused women turn more to their family or to their friends for support. Although one study found that most abused women reported being unlikely to talk to their friends about the abuse (El-Bassel et al., 2001), another study reported that abused women use their female friends more than their family members for support (Rose et al., 2000). In terms of the levels of support given by social supporters, one study found that family was typically the women's primary source of support (El-Bassel et al., 2001), whereas another found women were most likely to rank their friends and neighbors (43%) as their most supportive persons, followed by their mothers (34%; Bosch & Bergen, 2006). This same study found the two most unsupportive persons to the women were their abusers' mothers (29%) and their own mothers (14%; Bosch & Bergen, 2006). These findings indicate that some abused women experience very supportive mothers, whereas others experience very unsupportive mothers.

Bosch and Bergen's (2006) findings that the abused women's mothers were both the second most supportive and the second most unsupportive persons is consistent with El-Bassel and her colleagues (2001) who found that abused women with drug problems reported that their families offered extremes in social support—expressing that the women should either leave the abusive partner or stay and work it out. In this same study, most women reported dissatisfaction with the amount of support they received from their families; however, the abusive partners were less successful in isolating their victims from their families than they were in isolating them from their friends (El-Bassel et al., 2001). Finally, Rose and her colleagues (2000) found that “family members, especially parents, were not consistently seen as useful sources of support” (p. 27).

The Relationship Between Severity of Abuse and Levels of Support

There is inconsistency in research findings regarding the relationship between the severity of IPA and the likelihood of victims' disclosing it. A study of more than 500 women's decisions about whether to contact the police found that the severity of the violence was the most prominent predictor of this decision. Violence severity and likelihood of contacting the police were positively related (Davies, Block, & Campbell, 2007). Similarly, Levendosky and colleagues (2004) found the seriousness of the IPA was positively related to the survivors' likelihood of disclosure to potential social supporters. In contrast, another study reported an inverse relationship between the seriousness of abuse and the likelihood of disclosing to friends and family (Dunham & Senn, 2000), and another study found no relationship between the frequency of IPA and whether a woman disclosed to a friend (Mitchell & Hodson, 1983).

The research on the relationship between severity of abuse and level/quality of social support is also equivocal. A number of studies have reported an inverse relationship between level of social support and the seriousness of IPA (Bosch & Schumm, 2004; Goodman, Dutton, Weinfurt, & Vankos, 2005; Mitchell & Hodson,

1983; Staggs, Long, Mason, Krishnan, & Riger, 2007; Thompson et al., 2000; Wenzel, Tucker, Elliott, Marshall, & Williamson, 2004), although two studies found a positive relationship (Jones, Bogat, Davidson, von Eye, & Levondosky, 2005; Tan et al., 1995), and two studies reported that the severity of the abuse was unrelated to the quality of social support the women received (Levendosky et al., 2004; Staggs et al., 2007). This inconsistency in the findings on the severity of abuse and social support might be at least partially understood by Waldrop and Resick's (2004) finding that "severely abused women may be either deliberately isolated from social contacts, or their existing friends become less willing or feel less able to help them" (p. 294).

Another insight into the inconsistent findings regarding the relationship between IPA severity and levels of social support can be found in a longitudinal study, where the relationship between social support and IPA seriousness varied across time periods. More specifically, in the analysis of interview data collected yearly from women on welfare, Staggs and her colleagues (2007) found the seriousness of the IPA at Time 1 was inversely related to the social support levels recorded at Time 2, though the levels of social support received at Time 2 were unrelated to the levels of IPA at Time 3 (Staggs et al., 2007). These findings indicate that the social support levels and the seriousness of IPA can interact differently over time, perhaps as the abuser feels more entitled to his violent behavior and/or as the social supporters burn out.

Support and Mental Health

Research on the psychological impact of IPA on women has measured mental health a number of ways, such as levels/scales of depression, quality of life/psychological well-being, and self-blame. Significantly, depression has been identified as "the most prevalent negative mental health consequence" of IPA, and the severity of the IPA is significantly correlated with the severity of the depression (Dienemann et al., 2000, p. 499). As expected, abused women with lower levels of social support report lower levels of mental health than their more socially supported counterparts (Campbell, Sullivan, & Davidson, 1995; Carlson, McNutt, Choi, & Rose, 2002; Coker et al., 2002; Coker, Watkins, Smith, & Brandt, 2003; El-Bassel et al., 2001; Mitchell & Hodson, 1983; Tan et al., 1995; Thompson et al., 2000). In a study of abused women who had utilized a shelter, Campbell and her colleagues (1995) reported that the level of social support 10 weeks after leaving the shelter inversely predicted depression 6 months later. Using structural equation modeling, Coker and colleagues (2003) concluded that higher levels of emotional support buffered women from the impact of IPA on their mental health. In addition, Barnett, Martinez, and Keyson (1996) found that the higher the amount of social support reported by abused women, the lower the extent of their self-blame.

Notably, some research indicates that the relationship between levels of social support and psychological well-being may be affected by the severity of the abuse, time, and possibly, race/ethnicity. For example, Davies and her colleagues (2007) found that "depression was negatively related to police contact only for Latinas who had

experienced severe violence” (p. 24). Another study found that although higher levels of social support were related to better psychological well-being, quality social support was less able to help psychological well-being at the more severe levels of lifetime abuse (Carlson et al., 2002). Conversely, Sullivan and colleagues (Bybee & Sullivan, 2002, 2005; Tan et al., 1995) found that higher social support was related to decreased abuse and higher quality of life reports across time. Notably, despite a high level of depression among another sample of women abused by their intimate partners, the women’s depression levels were unrelated to their prosecution follow through (Goodman et al., 1999).

The Relationship Between Demographic Characteristics and Support

Research on how the social support of abused women is related to their age is inconsistent. One study found that younger women received less social support than older women, especially from friends (Barnett et al., 1996), whereas another study found younger women received more social support than older women (Staggs et al., 2007). Tan and her colleagues (1995) reported that younger women were more likely to report being satisfied with the level of social support they received.

Regarding race/ethnicity, Few’s (2005) study of rural Black and White battered women in domestic violence shelters found that Black women were more likely than White women to report that friends and family were more helpful than the police and that family provided temporary shelter for them. This finding may have been partially due to the fact that White women were more likely than Black women to report being estranged and/or geographically isolated from their families of origin before the abuse. A study of African American and White, pregnant, abused women found that although there were no differences based on race/ethnicity regarding the level of contact with family members, African American women reported significantly more emotional and practical support from their families and African American women reported better mental health than White women (Jones et al., 2005).

Racial and ethnic differences have also been found in disclosing abuse to institutions. Davies and colleagues (2007) reported that although the severity of the violence was related to women’s likelihood to contact the police, this varied across the women’s races/ethnicities: “The key indicator for Latinas was whether the severity had increased over the past year, while for black women, the maximum degree of severity and whether the abuser had ever tried to choke or strangle her were key” (p. 29). Notably, in Few’s study (2005), White women sometimes used the threat of police as a “weapon” against their abusers, a response that Black women never used. Black women were far more likely than White women to report a certain level of shame for using a shelter because it was seen as “airing dirty laundry” (p. 497). In contrast to Few’s findings, another study of help-seeking attempts found that African American women were more likely to seek protection from the metropolitan police (than from a family violence center), whereas White women were more likely to seek protection through a family violence center rather than contacting the police (Hollenshead, Dai, Ragsdale, Massey, & Scott, 2006).

Turning to abused women's economic well-being, Mitchell and Hodson's (1983) research found that women with more financial independence were more likely to have more social support contacts (e.g., coworkers) with access to more helpful resources. Similarly, Bosch and Schumm's (2004) analysis of the social support data for abused rural women found that greater supportiveness, higher income, and stronger social support network connections all were correlated with greater access to a variety of resources.

Little is known about how women's relationships with their abusers are related to either social or institutional support. An exception is a study examining how the type of support (emotional or practical) was related to whether the woman was currently with her abusive partner or no longer together (Theran, Sullivan, Bogat, & Stewart, 2006). This study found emotional support was negatively related to depression in women abused by current partners, and practical support was negatively related to depression in women abused by former partners.

The Current Study

Much of the existing research focuses on abused women's use of either social or institutional support and, therefore, is unable to compare how the social and institutional support systems compare and interact. The current study used abused women's self-reports about knowledge of their abuse among both social support networks and institutional agencies and individuals, the levels of support these women received from those who knew, and how the support was related to other variables (e.g., demographic measures, severity of violence, the woman's relationship status with her abuser, and her psychological well-being). In addition to identifying who discloses abuse, we wanted to know who reports support (or lack of support) and how this is related to personal characteristics, including the women's race, age, education, employment, levels of violence in their intimate relationships, and mental health. We assume that support may serve as a buffer on the impact of IPA, which may be recognized in the women's self-reported mental health levels.

Method

Design

The data for the study were collected using intensive interviews with 178 women who were identified as victims in closed (completed) cases where men were charged with domestic violence. The participants were primarily recruited from prosecutors'/district attorneys' offices in three jurisdictions in the United States: a midwestern County ($n = 38$), a western suburban area ($n = 48$), and a large western urban area ($n = 92$).² After their cases closed (whether they were plea bargained, dismissed, or had gone to trial), the women were mailed a flyer briefly describing the research with a phone number to call for more information as well as a stamped return postcard.³ Unfortunately, we cannot estimate the response rate given that the prosecutors' offices

made and distributed copies of the flyers, and we do not know how many were distributed. The findings reported in this article are based on a sample of 158. A total of 20 cases were dropped due to missing data on key variables.

Demographic characteristics of the sample are presented in Table 1. The average age was 33, with a range from 18 to 60 years old. The majority of the respondents either had a high school diploma or attended some college by the time of the first interview, and the most predominant household income level was between US\$1000.00 and US\$2999.99 per month at the first interview.⁴ The mean income was US\$2012.49, with a range from US\$0.00 to US\$20,000 a month. About three fifths of the women had at least one child living with them (58%). Slightly more than half the women (51%) were in relationships with the abuser at the time of their arrest; after the court case had closed, this percentage was only 19% (see Table 1).⁵ Slightly more than half the sample was White (54%), one fifth were African American (20%), and almost one fifth were Latina (17%). Although other research (e.g., Davies et al., 2007) found significant differences among women of color based on specific races/ethnicities (e.g., in their likelihood to contact the police), unfortunately, our analyses (not presented in the tables) separating the women of color further into African American, Latina, and Other proved unstable. Although, there did not appear to be differences between the African American and Latina women in these "unstable" analyses, our findings cannot say so definitively due to the small subsample sizes.

Measures

Support around the abuse. A series of questions were asked about who knew about the abuse, and for those who knew, were they supportive? The women were then specifically asked about each of the following potential supporters in the following order: relative, friend, neighbor, coworker or classmate, doctor/nurse, religious leader, police, victim assistance staff/volunteers, battered women's shelter, protection order advocate, prosecutor, other legal advisor (to cover anyone else the woman may have received legal advice from, such as Legal Aide, a civil attorney in a divorce case, a guardian *ad litem*, etc.), and counselor/therapist. For each individual/group the woman reported knowing about the abuse, she was asked the following question: "Thinking about the most recent court case, overall, how supportive was/were _____ of you?" The options the women reported were coded as 0 = *did not know about it*, 1 = *very unsupportive*, 2 = *somewhat unsupportive*, 3 = *neutral*, 4 = *somewhat supportive*, 5 = *very supportive*.⁶

After completing the interview questions regarding specific identities of who knew (e.g., relative, friend, police, victim advocate, etc.), the women were asked if there were any other people who knew about the abuse that they had not reported in the interview. If they answered "yes," the women were asked for the identity of these individuals and to report their level of support. A total of 39 women listed another person they had not reported in the specific list, and of these women, 5 listed yet another person not previously identified in their interviews as knowing of the abuse. The identities of these 44 others were coded as to whether they were additional social or institutional supporters.

Table 1. Demographic Characteristics of the Respondents (*N* = 158)

Variables	% (<i>n</i>)
Race	
White	53.8 (85)
African American	20.9 (33)
Latina	17.1 (27)
Other	8.2 (13)
Age	
18-29	43.7 (69)
30-44	41.8 (66)
45+	14.5 (23)
Education	
Less than high school	13.3 (21)
High school graduate	24.7 (39)
Trade school	5.7 (9)
Some college	31.0 (49)
Associate's degree	5.7 (9)
College graduate	13.9 (22)
Professional degree	5.7 (9)
Monthly income	
US\$0.00-US\$499.99	12.7 (20)
US\$500.00-US\$999.99	19.0 (30)
US\$1000.00-US\$2999.99	50.0 (79)
US\$3000.00+	18.3 (29)
Employment	
Part time	27.2 (43)
Full time	57.0 (90)
Unemployed	15.8 (25)
Number of children living with respondent	
0	41.8 (66)
1-3	55.1 (87)
4+	3.1 (5)
Relationship with assailant at time of arrest	
Together	51.3 (81)
Broken up	48.7 (77)
Relationship with assailant at time of interview	
Together	19.0 (30)
Broken up	81.0 (128)

A social support average variable was constructed from the individual items measuring degree of social support across relatives, friends, neighbors, coworkers, and others. The individual items were summed and then divided by the number of social support sources. In our final sample of 158 women, all reported that at least one potential source of social support knew of the IPA. Supportiveness values range from 1 to 5 with a mean of 4.07 and a standard deviation of 0.82.

In addition, an institutional support average variable was created using the same technique outlined above except averaged across doctor/nurse, religious leader, police, victim assistance, shelter worker, protection order advocate, prosecutor, other legal advisor, counselor/therapist, and other institutional supporter. As with the social support average, all women in our sample reported at least one institutional support person who knew of the IPA. The supportiveness values for this variable ranged from 1 to 5, with a mean of 3.82 and a standard deviation of 0.91.

Severity of Violence Scale. For severity of violence experienced, a modified Conflict Tactics Scale (Straus, 1979) was used. Respondents were asked to indicate on a scale of 0 = *never* to 7 = *every day* how often their batterer committed each of 23 acts of physical and sexual violence during the six months prior to the court case. These scores were then summed to create a severity of violence scale, which ranged from 0 to 103, with a mean of 19.7. The higher the number, the more severe the violence experienced by the respondent. Scale reliability was very good, with a Cronbach's alpha of .92 and corrected item-total correlations ranging from .18 to .80.

Psychological well-being. Variables relating to mental health were measured as follows. First, a nine-item measure of the respondent's satisfaction with their quality of life was used (modified from Andrews & Withey, 1976). For each of the nine items, respondents were asked to rate satisfaction with various parts of their lives from (1) *very happy* to (7) *very unhappy*. These items were summed creating a scale with a range of 9 to 60 and a mean of 29.5. The higher a respondent's score, the more dissatisfied they were with their quality of life. Reliability for this scale was good, with a Cronbach's alpha of .88 and corrected item-total correlations ranging from .42 to .73.

A similar process was used for depression. Depression was assessed by the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977), which is a self-report checklist of psychological distress. This 20-item measure asked how often in the past week they had engaged in a variety of behaviors or thoughts about life. The answers ranged from (0) *never* to (4) *think about it all the time*. These items were summed as well. The scale has a range of 16 to 69 and a mean of 43.9. Higher scores on this scale indicated higher levels of depression/unhappiness. This scale was quite reliable with a Cronbach's alpha of .93 and corrected item-total correlations ranging from .43 to .77.

Finally, both of these scales were standardized and combined to create an overall mental health variable. Referred to as *poor mental health* in the analysis, this variable ranged from 26 to 117, with a mean of 73.4—The higher a respondent scored, the worse her overall mental health.

Limitations

Despite the contributions of the existing study, it was not without its limitations. First, the study was restricted to participants involved in the criminal legal system and to women in heterosexual relationships. The high rates of legal system actors' knowing about the violence is likely an artifact of the sampling technique. Given that IPA is still

underreported to the police (e.g., Davies et al., 2007; Tjaden & Thoennes, 2000), it is likely that a different sampling technique would have led to different rates of institutional awareness of IPA. Also, this study's restriction to women in heterosexual relationships does not account for information that may be unique for women in same-sex IPA relationships (e.g., Hassouneh & Glass, 2008; McKenry, Serovich, Mason, & Mosack, 2006). This study also was limited in that it was impossible to determine the response rate, and how those who chose to take part in the study may have differed by race/ethnicity, age, income, severity of violent victimization, and so on from the women who did not take part in the study. These limitations affect the generalizability of the findings. Other limitations involve the survey items. For example, the survey did not assess how those who knew about the abuse were aware of it (e.g., from the woman, witnessing it, learning about it from a friend or family member, etc.). It would also be useful to compare relatives in more detail. That is rather than the simple category of relative, future research might distinguish fathers, mothers, sisters, brothers, the woman's own children, and so on.

Results

Univariate Findings: Who Knew About the Abuse and Their Levels of Support

All 158 of the women interviewed reported that someone knew about the abuse. Table 2 presents the degree to which survivors reported specific individuals knowing of the abuse and their levels of supportiveness on a 5-point scale ranging from *very unsupportive* to *very supportive*. The potential social support individuals most commonly reported were relatives and friends, followed by neighbors and coworkers/classmates. Interestingly, when we coded the other supporters who were not covered in the specific list, women were more than twice as likely to report additional social rather than institutional supporters (see Table 2). The other social supporters they were most likely to report were additional friends or family members (including the women's children and members of the abusers' family). Also mentioned were landlords, teachers, and their children's day care staff.

Given that the abusers had to be arrested and charged for the women to be in our study, it is not surprising that by far the most common institutional support person or people to know about the abuse were police and prosecutors followed by victim advocates, other legal advisors, doctors/nurses, counselors/therapists, protection order advocates, shelter workers, and religious leaders (Table 2). Among the 13 women who reported additional institutional individuals who knew about the IPA (not covered in the specific list but when asked about others), the most commonly mentioned additional identity was another victim advocate, indicating that at least some of these women encountered more than one victim advocate. The remaining institutional identities in the other category included additional police officers, probation officers (sometimes her abuser's probation officer), civil lawyers, judges, social services employees, and hospital staff.

Table 2. Women's Reports of Who Knew About the Abuse and Their Levels of Support

	Who knew	Levels of support from those who knew (%)				
		1 = very unsupportive	2 = somewhat unsupportive	3 = neutral	4 = somewhat supportive	5 = very supportive
Potential supporter ^a	% of sample (n)					
Social support						
Relative	94.3 (149)	6.7	6.0	6.0	21.5	59.7
Friend	92.4 (146)	1.4	4.1	8.9	24.0	61.6
Neighbor	65.8 (104)	9.6	2.9	31.7	23.1	32.7
Coworker or Classmate	63.9 (101)	5.0	3.0	9.9	26.7	55.5
Other social support	19.6 (31)	25.8	9.7	6.5	22.6	35.5
Institutional support						
Police	98.1 (155)	13.6	9.0	16.8	27.1	33.6
Prosecutor	91.1 (144)	17.4	8.3	14.6	22.2	37.5
Victim advocate	69.0 (109)	7.3	3.7	10.1	15.6	63.3
Other legal advisor	47.5 (75)	20.0	4.0	25.3	12.0	38.7
Doctor/nurse	44.9 (71)	1.4	5.6	14.1	29.6	49.3
Counselor/therapist	44.3 (70)	0.0	0.0	5.7	14.3	80.0
Protection order advocate	34.8 (55)	7.3	1.8	1.8	27.3	61.8
Shelter worker	31.0 (49)	6.1	4.1	4.1	18.4	67.4
Religious leader	22.8 (36)	2.8	0.0	8.3	16.7	72.2
Other institutional support	8.2 (13)	7.7	7.7	7.7	7.7	69.2

Note: The individuals potentially informed of the intimate partner abuse (IPA) and their levels of support for the woman are divided into social network relationships and institutional relationships. Under each of these, social and institutional, the relationships are listed in order of those most likely to be aware of the IPA.

a. The supporters are listed in order that they were most frequently identified as knowing about the IPA, not in the order they were asked about in the interview.

Given that the women identified different sources who knew about the abuse and their relative supportiveness, the data do not lend themselves to conducting normal comparison tests (e.g., chi-square or *t* tests).⁷ Thus, the data reported in Table 2 are descriptive. These rates offer some interesting data in addition to the scales made from them for the multivariate analyses. In particular, if we add the very unsupportive and unsupportive responses for the individual sources, it is clear that prosecutors, other legal advisors, and the police are rated as the most unsupportive of all of the potential social or institutional supporters. After this gap between prosecutors, other legal advisors, and the police, the next grouping of unsupportive sources included relatives, neighbors, victim advocates, shelter workers, protection order advocates, coworkers/classmates, and nurses/doctors. Notably, none of the women reported their counselors/therapists as unsupportive, and only 3% of the women reported their religious leaders as unsupportive (Table 2).

Correlations between Specific Potential Social and Institutional Supporters, Whether They Knew, and Their Levels of Support

Relatively little research provides detailed information on the specific relationships of those who know about the IPA and their specific levels of support. Thus, before presenting the multivariate analysis results, bivariate analyses were conducted to identify how specific potential supporters' knowledge of the IPA and their levels of support for the abused women were related to some key variables (e.g., race, age education, severity of violence, and victim-offender relationship). Tables 3 and 4 present these significant correlations, with Table 3 reporting which key variables are related to who knew about the IPA, and Table 4 reporting on their levels of support and how these were related to key variables. Overall, more variables were significantly related to who knew about the abuse than to the levels of support of those individuals who knew.

The single independent variable most frequently significantly related to who knew was the severity of the violence, followed closely by whether the woman was still in an intimate relationship with her abuser (at the time of the interview). Specifically, the more severe the violence, the more likely that relatives, friends, neighbors, police, prosecutors, doctors/nurses, protection order advocates, and religious leaders were to know about the IPA. Also, the more serious the violence, the higher the number of social and institutional supporters who knew about the IPA. Also, women who were no longer in an intimate relationship with their abuser at the time of the interview had a higher number of both social and institutional individuals who knew about the abuse.

The variable next most commonly related to who knew about the IPA was age; the older the woman, the more likely she was to report that neighbors, doctors/nurses, counselors/therapists, shelter workers, and other legal advisors knew about the abuse. The age of the woman was generally unrelated to the number of potential social supporters who knew (the exception was neighbors), but the older the woman, the greater the number of institutional supporters who knew of the abuse (Table 3). The next most frequently related variable to who knew about the abuse was race: Women of color were more likely than White women to report that a protection order advocate knew about the IPA, but White women were more likely than women of color to report that

Table 3. Bivariate Analyses: Independent Variables Significantly Correlated With Specific Supporter Identities Whether Individual Knew About IPA

	Race (1 = women of color)	Age	Education	Income	Employed (1 = yes)	Severity of violence	Relationship at arrest (1 = together)	Relationship at interview (1 = together)
<i>Social supporters</i>								
Relative						0.26***		-0.20**
Friend						0.21**		-0.21**
Neighbor		0.22**				0.22**		-0.26***
Coworker/classmate	-0.22**		0.15*	0.17*	0.30***			
Total no. of social supporters					0.15*	0.25***		-0.27***
<i>Institutional supporters</i>								
Doctor/nurse		0.18*				0.18*		-0.17*
Religious leader						0.23**		
Police						0.23**		-0.18*
Victim advocate								-0.16*
Shelter worker	-0.16**	0.18*	0.18*					
Protection order advocate	0.22**						-0.21**	-0.26***
Prosecutor						0.31***		
Other legal advisor	-0.18*	0.15*	0.15*			0.20**		
Counselor/therapist	-0.15*	0.18*	0.16*					
Total no. of institutional supporters		0.19**				0.22**		-0.25***

Note: Potential social and institutional supporters are listed in the order they were asked in the interviews. For potential individual supporters, 0 = individual did not know about IPA and 1 = individual did know about IPA. Whether potential individuals' knew of the abuse was never related to whether the woman had children living at home. IPA = intimate partner abuse.

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$.

Table 4. Bivariate Analyses: Independent Variables Significantly Correlated With Specific Supporter Identities Regarding Level of Supportiveness

	Race (1 = women of color)	Age	Education	Severity of violence	Relationship at arrest (1 = together)	Relationship at interview (1 = together)
<i>Social supporters</i>						
Relative						
Friend						-0.19
Neighbor						
Coworker/classmate						
Total no. of social supporters						
<i>Institutional supporters</i>						
Doctor/nurse		0.24*	0.24*			
Religious leader	-0.36*					
Police				-0.19*		
Victim advocate		0.22*			-0.23*	
Shelter worker					-0.40***	
Protection order advocate	0.39**				-0.32*	-0.65***
Prosecutor					-0.17*	-0.20*
Other legal advisor						
Counselor/therapist						
Total no. of institutional supporters						

Note: Potential social and institutional supporters are listed in the order they were asked in the interviews. For potential individual supporters, the 5-point Likert scale range from 1 = *very unsupportive* to 5 = *very supportive*. The potential individuals' levels of support were never related to the woman's income, whether she was employed, and whether she had children living at home.

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

coworkers/classmates, counselors/therapists, shelter workers, and other legal advisors knew about the IPA.

Education also was related to knowledge of the abuse. The higher the woman's educational attainment, the more likely she was to report that a coworker/classmate, counselor/therapist, shelter worker, or other legal advisor knew about the abuse (Table 3).

Women who were not in relationships with their abusers at the time of the arrest reported higher levels of supportiveness from prosecutors, victim advocates, protection order advocates, shelter workers, and friends than did women still with their abusers at the time of the arrest (see Table 4). Women of color reported higher levels of support from protection order officials than did White women, but White women reported higher levels of support from religious leaders than did women of color. In terms of age, the older the women, the more support they reported from victim advocates and doctors/nurses. The only time that education was related to the level of supportiveness was in the medical field; the

more education a woman had, the more supportiveness she reported from doctors/nurses (Table 4). The only time that the severity of violence was significantly related to the level of supportiveness was with the police. Women who reported higher levels of violence reported lower levels of support from the police than did women with lower levels of violence. Levels of support were never related to whether the woman had children living at home. In addition, the women's income and employment status were never related to the levels of support they reported from individual potential supporters.

Multivariate Findings: Predictors of Social and Institutional Support

Although the bivariate relationships are informative and reflect, to a large degree, the extent of analyses to date on sources of support for abused women, they are limited in that they cannot consider the simultaneous impacts of other important factors. Table 5 presents the multivariate findings regarding the predictors of both social and institutional support. In the multivariate analyses, none of the independent variables (race, age, education, employment, income, children, relationship with abuser, and severity of violence) were significantly related to the social support average the women reported; however, both age and relationship with the abuser were related to the institutional support average. The older the women, the more institutional support they reported receiving ($p \leq .05$). Also, the women who were still in a relationship with their abusers at the time of the interview reported less institutional support, although relationship with the abuser at the time of the arrest was not related to the level of institutional support. Women's race, age, education, employment, income, children, and severity of reported violence were unrelated to the average institutional support they reported.

Predictors of Poor Mental Health

Finally, we examined how women's demographic characteristics (race, age, education, employment, income, children), severity of violent victimization, relationship with their abusers (whether still with the abuser at the time of the arrest and at the time of the interview), and average levels of social and institutional support were related to women's overall mental health. As stated previously, an underlying assumption about the importance of abused women's levels of support is that lower levels of support (or worse support) should result in reports of poorer mental health. To this end, Table 6 employs progressive model building (see Mirowsky, 1999) and provides standardized ordinary least squares (OLS) estimates first for the demographic and relationship status variables (Model 1), then for the severity of violence scale (Model 2), and finally for the support averages (Model 3) and poor mental health.

In Model 1, age and income are significantly related to mental health. The older the women, the higher levels of poor mental health that they reported ($p \leq .01$). Wealthier women reported better mental health than poorer women ($p \leq .05$). Level of education did not reach statistical significance but showed a tendency toward significance, indicating

Table 5. Standardized OLS Regression Coefficients of Covariates and Support Variables (N = 158)

Independent variables	Social support average	Institutional support average
Constant	3.67**	2.85**
Race (1 = <i>women of color</i>)	0.06	0.07
Age	0.01	0.16*
Education	0.07	0.01
Employment (1 = <i>employed in past 6 months</i>)	0.04	0.08
Logged monthly income ^a	0.10	0.10
Children living with respondent (1 = <i>yes</i>)	0.03	0.04
Severity of violence	-0.11	0.02
Relationship with abuser at time of arrest (1 = <i>in relationship/together</i>)	-0.10	-0.13
Relationship with abuser at Interview 1 (1 = <i>in relationship/together</i>)	-0.12	-0.18*
R ²	0.07	0.11

Note: OLS = ordinary least squares.

a. The natural log of income was used to account for its skewed distribution and to provide interpretable results.

* $p \leq .05$. ** $p \leq .01$.

Table 6. Standardized OLS Regression Coefficients of Covariates and Poor Mental Health^a (N = 158)

Independent variables	Model 1	Model 2	Model 3
Constant	79.08**	74.33**	94.15**
Race (1 = <i>women of color</i>)	0.12	0.06	0.08
Age	0.22**	0.22**	0.23**
Education	-0.16***	-0.16***	-0.14***
Employment (1 = <i>employed in past 6 months</i>)	-0.04	-0.02	-0.01
Logged monthly income ^b	-0.19*	-0.18*	-0.16*
Children living with respondent (1 = <i>yes</i>)	0.09	0.09	0.10
Relationship with abuser at time of arrest (1 = <i>in relationship/together</i>)	0.04	-0.01	-0.03
Relationship with abuser at Interview 1 (1 = <i>in relationship/together</i>)	0.09	0.12	0.09
Severity of violence		0.19*	0.17*
Social support average			-0.21**
Institutional support average			-0.03
R ²	0.13	0.17	0.21

Note: OLS = ordinary least squares.

a. Poor mental health is a continuous mental health measure where a higher score represents worse mental health.

b. The natural log of income was used to account for its skewed distribution and to provide interpretable results.

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$. **** $p \leq .10$.

that the more education a woman had attained, the better her mental health ($p \leq .10$). The women's race, employment status, whether they had children living with them, and their relationships with their abuser were unrelated to their self-reported levels of mental health.

Model 2 shows that the severity of violence was significantly related to the women's mental health, in the expected direction: The more severe the violence women reported, the poorer their mental health ($p \leq .05$). Although the severity of violence is related to women's mental health, it does not impact the relationship between age and income as seen in Model 1. Finally, in Model 3, we see that after controlling for the demographic, relationship, and severity variables, social support was related to the women's mental health, but institutional support was not: The negative and significant coefficient for social support indicates that higher scores on social support equate to better mental health. Furthermore, the effects for age, income, and severity of violence remain stable in Model 3, indicating that the support variables do not mediate these relationships.

Discussion

This study highlights the complexity of abused women's experiences with both institutional and social support. Given that the sample was composed of abused women whose cases had reached the courts, it was not surprising that all of the respondents reported that someone knew about the abuse. Indeed, almost all of the women reported police, relatives, friends, and prosecutors who were aware of the abuse. Moreover, the women rated all of those who knew of the abuse with an average rating of above neutral in terms of levels of support, suggesting that training and awareness about the dynamics of IPA, and the challenges that victims confront, may be improving among some potential institutional supporters (Logan, Shannon, & Walker, 2005) and lay people. It also is encouraging that religious leaders were evaluated so highly, as this has not been true in prior research (e.g., Knickmeyer, Levitt, Horne, & Bayer, 2004; Potter, 2007). Notably, however, the police, prosecutors, and other legal advisers were rated the least supportive ratings among all the sources of both social and institutional supporters. When interpreting these findings, it is important to remember that the sample consisted of women whose cases had reached the courts, and even among these women, not all chose to take part in the study; therefore, these findings cannot be assumed to represent all abused women, even all abused women whose cases reach the courts.

Turning to the demographic characteristics, whether women had dependent children was not significantly related to any of the support or mental health variables. Race primarily was related to who knew of the abuse, suggesting cultural differences in who is told, and there were some differences between women of color and White women in terms of reported levels of support. Of the SES variables, employment had little impact (only on the likelihood of a coworker knowing about the abuse), education had the most impact on who knew about the abuse and approached significance in affecting mental health, and income level clearly impacted abused women's mental health: Wealthier (and perhaps more

educated) women were more likely than their poorer (and less educated) counterparts to report better mental health. Taken together, these findings indicate that higher SES might help abused women feel less responsible for their victimizations, be more able to tell others about it, and result in less blaming by the medical field. Women with a higher SES may have both a higher awareness about the dynamics of IPA and a more hopeful feeling of being able to get out of the abusive relationship. The class privileges of the wealthier women likely affords them to receive help from their own known doctors who might be more sympathetic/supportive than the unknown medical professionals at emergency rooms and clinics of whom the poorer women are more dependent on seeking help. These are speculations that further research should address. Future research should also use a more comprehensive measure of SES (e.g., Adams, Sullivan, Bybee, & Greeson, 2008).

Compared to their younger counterparts, older women reported more individuals knowing about the IPA, higher levels of support from some who knew, and more overall institutional supports; however, older women also reported poorer mental health than younger women. It is possible that older women have been with the same abuser for years and have simply depleted their ability to hide it and are more overcome by the mental strain from it. These findings certainly speak to the unique age-relevant needs that abused women face and the need for further research on age.

This study also found that the victim–offender relationship was related to abused women’s disclosures, support, and mental health. Women still with their abusers at the time of the arrest reported lower levels of support from victim advocates, shelter workers, protection order advocates, and prosecutors. At the same time, the women still together with their abusers at the time of the research interview were far less likely to report individuals (specifically relatives, friends, neighbors, doctors/nurses, police, victim advocates, shelter workers, and protection order advocates) knowing about the abuse. This makes sense: Women staying with abusers may not want others to try to talk them out of staying, which would likely occur if they knew of the abuse. In addition, women still together at the time of the interview reported significantly less support from friends, protection order advocates, and prosecutors in the bivariate analyses and significantly less institutional support in the multivariate analyses. (Although not reported in the tables, there were no significant differences in the levels of violence reported by the women still with their abusers at the time of the interview and those no longer with their abusers at the time of the interview.) These findings are significant not only in terms of raising awareness about the dynamics of staying and leaving for abused women (see Davies, Lyon, & Monti-Catania, 1998), but they also indicate the secrecy of much of the IPA from potential supporters. Clearly additional training is in order.

The severity of violence was the variable most consistently related to both who knew about the abuse and the levels of supportiveness from those who knew in the bivariate analyses. Specifically, the more violent the relationship, the more likely that relatives, friends, neighbors, doctors/nurses, religious leaders, police, protection order advocates, and prosecutors knew about the abuse. Surprisingly, the only case where the severity of violence was related to the level of support was with the police,

and the women reporting the most serious abuse levels reported the least support from the police. As expected, in the multivariate models, the more severe the violence, the poorer the woman's self-reported mental health. In some sense, these findings suggest a sort of damned-if-you-do and damned-if-you-don't situation for victims of IPA: The women with the most serious levels of violence and the worst mental health were the ones needing the most police support, yet they are the ones who perceive the police as the least supportive.

Finally, although institutional support levels are unrelated to the women's mental health, the greater social support in abused women's lives, the better their mental health. It is difficult to determine whether the lower social support levels reported by the women with worse mental health might be because (a) potential social supporters do not support the women because they think she should not be in the relationship, (b) the abusers have isolated these women from potential social supporters, or (c) for other reasons. What is clear from our findings is that social support impacts IPA victims' mental health more than institutional support. Perhaps, another lens to examine this finding through is a sense of "if my friends and family don't support me, I am truly destitute."

These findings have relevant policy implications. First, raising awareness about the dynamics of IPA, particularly regarding whether victims stay or leave, is important for both lay people who have such women in their lives and the professionals who are supposed to protect and serve these women. Future research needs to continue to address social and institutional support for abused women and not just rely on court cases, such as the current study, which represents a somewhat skewed group of IPA victims. Future research should also distinguish between various relatives, not grouping them together. It was clear from our study that some of the women experienced both supportive and unsupportive behaviors by different victim advocates, siblings, coworkers, and parents. Allowing for a broader measure of potential supporters is necessary in future research, as is the relationship between abused women's support and their mental health.

Authors' Note

Points of view in this article are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice or Dr. Little.

Acknowledgments

The authors would like to thank NIJ for funding and Dr. Jani Little of the University of Colorado Institute of Behavioral Sciences for statistical advice. We would also like to thank the study participants who took the time to share their experiences with us.

Declaration of Conflicting Interests

The authors declared that they had no conflicts of interests with respect to their authorship or the publication of this article.

Funding

This project was supported by Grant No. 98-WT-VX-0024 awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.

Notes

1. The authors use the term *intimate partner abuse* (IPA) to account for the nonviolent as well as violent abuse commonly experienced by women from current or former intimate partners.
2. Seven percent of the sample was recruited from victim advocacy programs and in-court contacts rather than the prosecutor/district attorney office recruits.
3. Careful methods were used to ensure the women's safety as much as possible. The flyer referred to the study as one about women and courts, without mentioning domestic violence or IPA, and women were given the option of calling the office when they wished to (were safe) or sending in the postcard identifying times and numbers where it was safe to call them.
4. Our measure of socioeconomic status was based on the women's monthly income. More recent research indicates that a better measure might be to what degree the woman has control over her own money (e.g., Adams, Sullivan, Bybee, & Greeson, 2008).
5. More specifically, at the time of the arrest, 20.3% of the women were married, 29.1% living together, 5.7% divorced, 20.3% ex-partners, 18.4% other. At the time of the study interview (post court closure), half as many women were married (9.5%) as were married at the time of the arrest (20.3%), and 29.1% of the women living with their abusers at the time of the arrest compared with 8.2% at the time of interview.
6. Very rarely, women would report that someone knew about the abuse but they had no way of knowing how supportive or unsupportive the person was.
7. Stated alternatively, statistical significance tests of means or distributions (chi-squares) are inappropriate because different respondents answered different items, and different numbers of respondents answered different items. Thus, means and chi-squares are not interpretable and their meanings would be misleading.

References

- Adams, A. E., Sullivan, C. M., Bybee, D., & Greeson, M. R. (2008). Development of the scale of economic abuse. *Violence Against Women, 14*, 563-588.
- Andrews, F. M., & Withey, S. B. (1976). *Social indicators of well-being: American's perceptions of life quality*. New York: Plenum.
- Barnett, O., Martinez, T., & Keyson, M. (1996). The relationships between violence, social support, and self-blame in battered women. *Journal of Interpersonal Violence, 11*, 221-234.
- Belknap, J. (1995). Law enforcement officers' attitudes about the appropriate responses to woman battering. *International Review of Victimology, 4*, 47-62.
- Bennett, L., Goodman, L., & Dutton, M. A. (1999). Systemic obstacles to the criminal prosecution of a battering partner. *Journal of Interpersonal Violence, 14*, 761-772.
- Bosch, K., & Bergen, B. (2006). The influence of supportive and nonsupportive persons in helping rural women in abusive partner relationships become free from abuse. *Journal of Family Violence, 21*, 311-320.

- Bosch, K., & Schumm, W. R. (2004). Accessibility to resources: Helping rural women in abusive partner relationships become free from abuse. *Journal of Sex & Marital Therapy, 30*, 357-370.
- Burch, R. L., & Gallup, G. G. (2004). Pregnancy as a stimulus for domestic violence. *Journal of Family Violence, 19*, 243-247.
- Buzawa, E. S., & Buzawa, C. G. (2003). *Domestic violence: The criminal justice response*. Thousand Oaks, CA: Sage.
- Bybee, D. I., & Sullivan, C. M. (2002). The process through which a strengths-based intervention resulted in positive change for battered women over time. *American Journal of Community Psychology, 30*, 103-132.
- Campbell, R. S., Sullivan, C. M., & Davidson, W. S., II (1995). Women who use domestic violence shelters: Changes in depression over time. *Psychology of Women Quarterly, 19*, 237-255.
- Caralis, P. V., & Musialowski, R. (1997). Women's experiences with domestic violence and their attitudes and expectations regarding medical care of abuse victims. *Southern Medical Journal, 90*, 1075-1080.
- Carlson, B. E., McNutt, L., Choi, D. Y., & Rose, I. M. (2002). Intimate partner abuse and mental health: The role of social support and other protective factors. *Violence Against Women, 8*, 720-745.
- Coker, A. L., Smith, P. H., Thompson, M. P., McKewn, R. E., Bethea, L., & Davis, K. E. (2002). Social support protects against the negative effects of partner violence on mental health. *Journal of Women's Health and Gender-Based Medicine, 11*, 465-476.
- Coker A. L., Watkins, K. W., Smith, P. H., & Brandt, H. M. (2003). Social support reduces the impact of partner violence on health: Application of structural equation models. *Preventive Medicine, 37*, 259-267.
- Davies, J., Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women*. Thousand Oaks, CA: Sage.
- Davies, K., Block, C. R., & Campbell, J. (2007). Seeking help from the police: Battered women's decisions and experiences. *Criminal Justice Studies, 20*, 15-41.
- Dienemann, J., Boyle, E., Baker, D., Resnick, W., Widerhorn, N., & Campbell, J. (2000). Intimate partner abuse among women diagnosed with depression. *Issues in Mental Health Nursing, 21*, 499-513.
- Dunham, K., & Senn, C. Y. (2000). Minimizing negative experiences: Women's disclosure of partner abuse. *Journal of Interpersonal Violence, 15*, 251-263.
- El-Bassel, N., Gilbert, L., Rajah, V., Folleno, A., & Frye, V. (2001). Social support among women in methadone treatment who experience partner violence: Isolation and male controlling behavior. *Violence Against Women, 7*, 246-275.
- Erez, E., & Belknap, J. (1998). In their own words: Battered women's assessment of systemic responses. *Violence and Victims, 13*, 3-20.
- Few, A. L. (2005). The voices of Black and White rural battered women in domestic violence shelters. *Family Relations, 54*, 488-500.
- Fleury, R., Sullivan, C., Bybee, D. I., & Davidson, W. S. (1998). Why don't they just call the cops?: Reasons for differential contact among women with abusive partners. *Violence and Victims, 13*, 333-346.

- Goodkind, J. R., Gillum, T. L., Bybee, D. I., & Sullivan, C. M. (2003). The impact of family and friends' reactions on the well-being of women with abusive partners. *Violence Against Women, 9*, 347-373.
- Goodman, L., Bennett, L., & Dutton, M. A. (1999). Obstacles to victims' cooperation with the criminal prosecution of their abusers: The role of social support. *Violence and Victims, 14*, 427-444.
- Goodman, L., Dutton, M. A., Weinfurt, W., & Vankos, N. (2005). Women's resources and use of strategies as risk and protective factors for re-abuse over time. *Violence and Victims, 11*, 311-336.
- Hage, S. M. (2006). Profiles of women survivors: The development of agency in abusive relationships. *Journal of Counseling & Development, 84*, 83-94.
- Hartman, J., & Belknap, J. (2003). Beyond the gatekeepers: Court professionals' self-reported attitudes about and experiences with domestic violence cases. *Criminal Justice and Behavior, 30*, 349-373.
- Hassounah, D., & Glass, N. (2008). The influence of gender role stereotyping on women's experiences of female same-sex intimate partner violence. *Violence Against Women, 14*, 310-325.
- Hollenshead, J. H., Dai, Y., Ragsdale, M. K., Massey, E., & Scott, R. (2006). Relationship between two types of help seeking behavior in domestic violence victims. *Journal of Family Violence, 21*, 271-279.
- Johnson, H. (1995). Risk factors associated with non-lethal violence against women by marital partners. In C. R. Block & R. Block (Eds.), *Trends, risks, and interventions in lethal violence* (pp. 151-168). Washington, DC: National Institute of Justice.
- Johnson, I. (2007). Victims' perceptions of police responses to domestic violence incidents. *Journal of Criminal Justice, 35*, 498-510.
- Jones, A. S., Campbell, J. C., Schollenberger, J., Dienemann, J. A., Kub, J., O'Campo, P. J., et al. (1999). Annual and lifetime prevalence of partner abuse in a sample of female HMO enrollees. *Women's Health Issues, 9*, 295-305.
- Jones, S. M., Bogat, G. A., Davidson, W. S., von Eye, A., & Levondosky, A. (2005). Family support and mental health in pregnant women experiencing interpersonal partner violence. *American Journal of Community Psychology, 36*, 97-108.
- Jordan, C. A. (2004). Intimate partner violence and the justice system: An examination of the interface. *Journal of Interpersonal Violence, 19*, 1412-1434.
- Knickmeyer, N., Levitt, H. M., Horne, S. G., & Bayer, G. (2004). Responding to mixed messages and double binds: Religious oriented coping strategies of Christian battered women. *Journal of Religion & Abuse, 5*, 55-82.
- Kurz, D., & Stark, E. (1988). Not-so-benign neglect: The medical response to battering. In K. Yllo & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 249-268). Newbury Park, CA: Sage.
- Levendosky, A. A., Bogat, G. A., Theran, S. A., Trotter, J. S., von Eye, A., & Davidson, W. S., II (2004). The social networks of women experiencing domestic violence. *American Journal of Community Psychology, 34*, 95-109.

- Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology*, 36, 71-84.
- Logan, T. K., Shannon, L. S., & Walker, R. (2005). Protective orders in rural and urban areas: A multiple perspective study. *Violence Against Women*, 11, 876-911.
- McKenry, P., Serovich, J., Mason, T., & Mosack, K. (2006). Perpetration of gay and lesbian partner violence: A disempowerment perspective. *Journal of Family Violence*, 21, 233-243.
- Mirowsky, J. (1999). Analyzing associations between mental health and social circumstances. In C. S. Aneshensel & J. C. Phelan (Eds.), *Handbook of the sociology of mental health* (pp. 105-123). New York: Plenum.
- Mitchell, R., & Hodson, C. A. (1983). Coping with domestic violence: Social support and psychological health among battered women. *American Journal of Community Psychology*, 11, 629-654.
- Potter, H. (2007). Battered Black women's use of religion and spirituality for assistance in leaving abusive relationships. *Violence Against Women*, 13, 262-284.
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
- Rennison, C. M., & Welchans, S. (2000). *Intimate partner violence*. Washington, DC: Bureau of Justice Statistics. Department of Justice.
- Rose, L. E., Campbell, J., & Kub, J. (2000). The role of social support and family relationships in women's responses to battering. *Health Care for Women International*, 21, 27-39.
- Staggs, S. L., Long, S. M., Mason, G. E., Krishnan, S., & Riger, S. (2007). Intimate partner violence, social support, and employment in the post-welfare reform era. *Journal of Interpersonal Violence*, 22, 345-367.
- Stark, E. (2007). *Coercive control: How men entrap women in personal life*. New York: Oxford University Press.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactic (CT) Scales. *Journal of Marriage and the Family*, 41, 75-88.
- Sullivan, C. M., & Bybee, D. I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 6, 43-53.
- Tan, C., Basta, J., Sullivan, C. M., & Davidson, W. (1995). The role of social support in the lives of women exiting domestic violence shelters. *Journal of Interpersonal Violence*, 10, 437-452.
- Theran, S. A., Sullivan, C. M., Bogat, G. A., & Stewart, C. S. (2006). Abusive partners and ex-partners: Understanding the effects of relationship to the abuser on women's well-being. *Violence Against Women*, 10, 950-969.
- Thompson, M. P., Kaslow, N. J., Kingree, J. B., Rashid, A., Utett, R., Jacobs, D., et al. (2000). Partner violence, social support, and distress among inner-city African-American women. *American Journal of Community Psychology*, 28, 127-143.
- Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male partner violence as measured by the National Violence Against Women Survey. *Violence Against Women*, 6, 142-161.
- Trujillo, M. P., & Ross, S. (2008). Police response to domestic violence: Making decisions about risk and risk management. *Journal of Interpersonal Violence*, 23, 454-473.

- Waldrop, A. E., & Resick, P. A. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence*, 19, 291-302.
- Wenzel, S. L., Tucker, J. S., Elliott, M. N., Marshall, G. N., & Williamson, S. L. (2004). Physical violence against impoverished women: A longitudinal analysis of risk and protective factors. *Women's Health Issues*, 14, 144-154.
- Wuest, J., & Merritt-Gray, M. (1999). Not going back: Sustaining the separation in the process of leaving abusive relationships. *Violence Against Women*, 5, 110-133.
- Zlotnick, C., Johnson, D. M., & Kohn, R. (2006). Intimate partner violence and long-term psychosocial functioning in a national sample of American women. *Journal of Interpersonal Violence*, 21, 262-275.
- Zweig, J. M., Schlichter, K. A., & Burt, M. R. (2002). Assisting women victims of violence who experience multiple barriers to service. *Violence Against Women*, 8, 162-180.

Bio

Joanne Belknap is a professor of Sociology at the University of Colorado. Her research is primarily on the victimization of women and girls, and women's and girls' offending and incarceration. She is currently working on the fourth edition of her book, *The Invisible Woman: Gender, Crime, and Justice*.

Heather C. Melton is an Associate Professor of Sociology at the University of Utah. Her research focuses on violence against women and the criminal justice response to it, with a focus on stalking in the context of intimate partner abuse (IPA) and gender differences in the perpetration of IPA.

Justin Denney is a Ph.D. candidate in the Department of Sociology and a graduate research assistant in the Population Program within the Institute of Behavioral Science at the University of Colorado, Boulder. His research focuses on the stratification of health and mortality with emphases on the role of family and social support mechanisms.

Ruth Fleury-Steiner is an Associate Professor of Human Development and Family Studies at the University of Delaware. Her research focuses on how the criminal legal system and community agencies can better meet the needs of battered women and their children.

Cris M. Sullivan is a professor of Ecological/Community Psychology at Michigan State University. Her areas of research expertise include developing and evaluating community interventions for abuse survivors and their children, improving the community response to violence against women, and evaluating victim service programs.