US-China Law Review, February 2022, Vol. 19, No. 2, 72-84
doi:10.17265/1548-6605/2022.02.002

Intimate Partner Violence and South Asian Families in the United States: Towards Bringing Visibility to an Unrecognized Population

Akanksha Anand
State Unversity of New York, Plattsburgh, USA

Intimate partner violence (IPV) is a global public health problem impacting individual, families, and communities. Because IPV occurs in a broader environment within which these families are nested, preluding to their communities and neighborhoods, research must examine the individual and societal level factors critical to bringing behavior change. Stemming from a lack of theoretical underpinnings, predictors in relation to South Asian immigrant women, living in neighborhoods, IPV as a problem is under-reported and stigmatized. A dearth of a better understanding exits that could inductively and deductively build the theoretical frame of reference to examine and assess for intimate partner violence within immigrant communities. This paper uncovers the theoretical underpinnings to comprehend considering the immigration status, neighborhood, and communities, economic statues, and theories to assess social work implications of IPV. To conclude, the paper discusses existing policies, prevention strategies, and interventions are discussed.

Keywords: intimate partner violence, public health, South Asian immigrants, women, survivors, prevention theoretical implications, VAWA policies

Introduction

Intimate partner violence (IPV) is a pervasive global public health problem, generating startling facts regarding its detrimental societal effects. IPV affects multiple aspects of the society, within homes, workplace, school, public and private property, along with the current socioeconomic trends in changing economy, health, laws, policies and communities. Within the families, IPV has an impact on the children and those who witness violence in any form. In the United States, approximately 5.3 million incidents of IPV occur annually, affecting approximately 1.8 million individuals, predominantly women, with an annual prevalence of 3%, and a life- time prevalence of 25% to 30% (Smith et al., 2018). The Centers for Disease Control and Prevention and National Centers for Injury Prevention and Control (2010) survey found an average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the United States. According to the U.S. Department of Justice (2003) and Bureau of Justice Statistics (2012), IPV is one of the most chronically underreported crimes.

Akanksha Anand, Ph.D., M.Phil., director & assistant professor, Department of Education, Health & Human Services, State University of New York, Plattsburgh, USA.

Before the pandemic, the survivor could report the situation and now with social distancing stay at home order for COVID-19 safety (APA, 2020; Kaukinen, 2020).

Among those who eventually report it, one in every four of these women would have experienced IPV in her lifetime (Tjaden & Thoennes, 2000). An estimated 1.3 million women are victims of physical assault by an intimate partner each year and 85% of IPV victims are women (Centers for Disease Control and Prevention and National Centers for Injury Prevention and Control, 2003). Studies reveal that Latina, South Asian, and Korean immigrants demonstrate to be 30% to 50% women who have been sexually or physically victimized by a male intimate partner in their lives (Dutton, Orloff, & Hass, 2000; Raj & Silverman, 2002). The United Nations Development Fund (UNDP, 2003) estimates that at least one of every three women globally will be beaten, raped, or otherwise abused during her lifetime. In most cases, the abuser is a member of her own family. A World Health Organization (WHO, 2005) study found that 10-69% of women stated being physically assaulted by an intimate partner at some point in their lives. Further recognized IPV as a public health problem violates the fundamental human rights of women and often results in serious injury or death. According to the U.S. Department of Justice, Bureau of Justice Statistics (2006; 2013), historically females have been most often victimized by "someone they knew". Therefore, family structure and formation cannot go unexamined. Since, globalization has opened the door to the migration of labor across national borders. Along with the increasing numbers, the face of immigration has changed, with more women crossing national boundaries than ever before (United Nations Development Fund for Women, 2008).

In the current globalized society, women are playing more than a reproductive role in the family; they are an integral part of the family unit within the society. IPV in families has been directly found to impact both the mother and the child from the utero to adulthood. IPV is the leading cause of maternal mortality and other adverse outcomes, such as preterm delivery, fetal distress, antepartum hemorrhage and preeclampsia, low birth weight, miscarriage, or elective termination of pregnancy. Continued high-risk behaviors by the pregnant woman, such as tobacco or alcohol use, and limited access to health care during the pregnancy also result in poor outcomes (Latta & Goodman, 2005). Children and adolescents witnessing IPV within the families have been referred to as the "invisible victims" (Osofsky, 2003) with respect to their exposure to IPV.

South Asian Women Immigrant: Intimate Partner Violence

According to the 2010 Census, there are 3.4 million South Asians living in the United States today (U.S. Census Bureau, 2010). This South Asian immigrant population in the United States has increased by about 78 percent from the year 2000 to 2010. The intervention of Duluth's Model of the power and control wheel (1987) presumes certain aspects of violence that are not present in all ethnic groups. IPV occurs in all ethnic groups. In the study they compared African American women, South Asian women, and Hispanic women and found that South Asians had fewer incidences of IPV than Hispanics and African Americans. However, the severity of IPV was much greater among South Asians compared to the African American and Hispanics. Women that are victims of domestic IPV respond in a variety of ways. Study shows that African American and Hispanic women more often leave their abusers, 83% and 82.6% respectively. Only 10% of Asian women were likely to leave their abuser. The less likelihood of South Asian in women not leaving the abuser would tolerate IPV by accepting IPV as their own fault, expectations of culture to be obedient to their husbands, fear of rejection by the community,

and wanting to create a flawless public image to their community. Numerous cases would go underreported as result of cultural and saving oneself from a tarnished public image (Marianne &Yoshioka, 2003).

Economics of Intimate Partner Violence: Social Policies

Survivors of IPV lost nearly eight million days of paid work because of the violence inflicted upon them by current or former husbands, boyfriends, and dates. This loss is the equivalent of more than 32,000 full-time jobs and almost 5.6 million days of household each year productivity as a result of IPV (Centers for Disease Control and Prevention and National Centers for Injury Prevention and Control, 2003). Based on the *National Violence Against Women Survey (2018)*, which looked solely at health care costs, in 1995 nearly two million, IPV-related injuries (including physical assault and sexual assault) were inflicted on women aged 18 or older. Of these, 550,000 required medical attention, a quarter of which required admission to the hospital. An additional 18.5 million mental health care visits occurred after cases of physical assault, sexual assault, or stalking. These health care interventions cost 4.1 billion dollars in 1995. An additional 1.8 billion dollars per year of lost work and productivity, in the household and in the workplace, were incurred (Centers for Disease Control and Prevention and National Centers for Injury Prevention and Control, 2003; 2018).

Social policies authorized in 1994 regarding IPV were the Violence Against Women Act (VAWA) which is a legislative milestone aimed at protecting women from violent crime, helping to create stronger criminal justice and community based responses to IPV, sexual assault, dating violence, and stalking. VAWA I and II point significantly to the shortcomings as exclusion of unmarried and undocumented immigrant women, the lack of implementation for U-Visas, and the existence of a still high evidentiary burden (Balram, 2005). These complexities add to the burden on immigrant women and compel them to stay in the abusive relationship with the batterer, continuing its impact on their children who are exposed to the cycle of violence. The houses have in 2013 signed the reformation of the Violence Against Women Act (VAWA) to be reauthorized. Violence Against Women Reauthorization Act 2013 includes amendments that strengthen protections for non-citizen victims of IPV and sexual violence. These have been strongly opposed by the republicans or the conservatives, who are not reflective of criminalization of IPV in families and want to dictate whether the terms of crime IPV should entail rehabilitation or incarceration. They seem to be only considering the symptomatology rather than studying the global public health problem of IPV and it affects on families and children.

Such policy decisions and indicators do affect the society since several immigrants are contributing to the US economy from all across the world. In recent years the immigration of women has increased (Foner, 2001), which changes the socio-economics costs of women in IPV and its interventions. The net cost for the prevalence of IPV significantly impacts the United States economy's labor, injury prevention, and human capital costs. IPV is also due in part to the complex array of factors. These factors include gender inequality and social norms around masculinity, and other social determinants such as economic inequality; behaviors problem (such as harmful use of alcohol); and other types of violence (such as child maltreatment) (WHO, 2010).

Underpinning of Intimate Partner Violence in Social Work

The underpinning of IPV is multidisciplinary in its approach. Each discipline studying the problem of IPV describes it differently. The American Psychological Association (APA, 1996) Taskforce on Violence and the

Families defined IPV as a pattern of abusive behaviors including a wide range of physical, sexual, and psychological maltreatment used by one person in an intimate relationship against another to gain power unfairly or maintain that persons misuse of power, control, and authority. Psychological studies showed that when one form of violence was found in a family, other forms were more likely to occur and that violence in families has direct relationship with community violence and other forms of aggression and gender based violence. The lawyers in their profession make distinctions amongst different kinds of assaults (Walker, 1999). Danis and Lockhart (2003) argue that the social work profession earned a reputation from the late 1970s through the early 1990s, as uncaring, uninformed, and unhelpful to battered women. Social workers were faulted for blaming the victim, failing to recognize abuse as a problem and failing to make appropriate interventions and referrals. They sort the social work profession to address IPV with being grounded in theory and generating evidence-based practices.

Theoretical Relevance of Intimate Partner Violence

No single theory can explain the problem of IPV families and its effects on their children. Therefore, the ecological systems perspective with the developmental theory is used for the purpose of this study. The ecosystems-development theory is integrated with other potential relevant theories like Attachment Theory, Trauma Theory, and Social Learning Theory. These can explain the IPV as it exists and its different effects of children's exposure to IPV in families. Bronfenbrenner's (1979) ecological system emphasizes that families are affected by many interconnected and nested set of systems. He identified five specific levels: chronosystems (the changes in characteristics of a person and also in the environment, for example- family structures, socioeconomic status, employment or place or residence in one's course of life), the macro (society) system, the ecosystems (community), the mezzosystem (family), and microsystem (the child). Interactions of all these systems substantially influence the increase or decrease of the risk for child maltreatment in IPV families (Little & Kantor, 2002). Then with the Development Theory the effect of IPV on the child is jointly determined by the interaction between the nature of the IPV and the developmental milestones of the child (Margolin, 2005). Trauma Theory recognizes that the personal loss and threat associated with IPV create a highly stressful environment for children (DeBellis, 2001) that could lead to post-traumatic stress symptoms and, in turn, pathways to other developmental problems (Margolin, 2005). Social Learning Theory posits that behavior is acquired through observation and modeling processes within the family of origin (Bandura, 1986); it has been used to explain the intergenerational transmission of violent behaviors (McCloskey & Lichter, 2003). Children witnessing IPV do not only include watching the violence occur but also hearing the altercations and observing the aftermath, such as seeing bruises/marks and the destruction of property, accompanying the victim to seek medical attention, or observing police intervention or arrests. It is therefore not surprising that exposure to IPV has been consistently reported to have detrimental effects on children and adolescents (Carpenter & Stacks, 2009). Cognitive impairments and negative health outcomes such as poorer school performance change in physiological outcomes such as decreased heart rate and increased salivary cortisol (Saltzman, Holden, & Holahan, 2005).

The focus of theories today (Kelly, 2011) has gone through reformulations on women's responses to IPV from historical to contemporary perspective. This is along the four aspects which are personal attributes,

definition of response, mental and emotional reaction, and coping styles by the women in IPV. First personal attributes have evolved from weak helpless victim to the survivor, resilient, and survivor. Second, defining a response to the violence has moved from decision of staying or leaving to the ongoing process of seeking safety program for self and children. Third, with mental and emotional reactions earlier emphasis was on the psychological dysfunctional and now it's the focus of complex internal and external factors. These could also be changing socio economic changes impacting the IPV families and survivors. And last and final the coping style of the survivors has grown from passive and static to active and adaptive. The content of IPV in the social work foundation curriculum has been suggested by Danis (2002), who informs issues of intervention related to IPV within families. The classified categories in this intervention in the social work were to be incorporated in the curriculum. Eventually IPV integration with theory and practice was reflective in the purpose of the educational policy and accreditation standards of the Council of Social Work Education (CSWE, 2008, NASW, 2008), as commitment to diversity including age, class, color, culture, disability, ethnicity, gender, gender identity, and expression. Also including immigration status, political ideology, race, religion, sex, and sexual orientation is reflected in its learning environment.

Interventions With Intimate Partner Violence

These social service interventions emerge from the Duluth Model, power and control wheel (1987) (See Appendix A) with its driven concepts of the strengths-based perspective for the self-determination of clients. The importance of using a strengths perspective in family violence work was emphasized by Bell (2003) who states in her qualitative study on secondary trauma with counselors of battered women. Bell explains that for settings embodying a strengths perspective must acknowledge the people's strengths with expert autonomy in their own experiences of violence. She emphasized on the relationships of collaboration rather than relationships of hierarchical power emphasized by power theorists, then further assisting clients in identifying and building those strengths. Intimate partner violence work is based on this model upholds client self-determination, especially the strengths perspective and an empowerment approach central to feminist theoretical framework. This would require the social workers to walk with clients through their process, offered social supports, guidance, and a safe environment in which to explore options that are troubled with emotional meaning and practical implications.

Today social work curriculum, theory and practice have divided its intervention into four main areas. The first being the intimate partner violence screening protocols, second is specialized assessment of the risk IPV poses to children. Thirdly are the applications of specialized IPV assessment to case decision-making. Fourth is working with families affected by IPV. The IPV curriculum encourages the professions in social work learn critical thinking skills, values clarification, and would reduce the tendency towards victim blaming and help look at cultural role amongst collectivistic verses individual communities (Bent-Goodley, 2007; Black, Weisz, & Bennett, 2010; Danis, 2002; Danis & Lockhart, 2003). These clearly impact family formations, relationship status stay or leave the abuser, stay in the same home with the batterer for economic needs of the children, encourage family unification values, and foster maintaining a public image for the community. And now these are incorporate in the curriculum.

Advantage and Disadvantages to Women in IPV

Having stated the main intervention plans for women in the United States, immigration status plays a key role in accessing these IPV services and addresses the dearth of intervention which would cater to the needs of immigrant women survivors. Several researches claim battered immigrant women are particularly vulnerable for the following reasons: (1) cultural perceptions of intimate partner violence which call on them to construe their individual needs to the interests of family or the community; (2) their limited access to the outside world; and (3) systems and services that do not provide language access or outreach to immigrant communities and effectively silence immigrant victims (Ammar et al., 2005; Orloff & Kaguyutan, 2002; Raj & Silverman, 2003; Dutton et al., 2000; Uekert, et al., 2006). Social isolation, immigration status, language barriers, sociocultural factors, economic insecurity, gender roles, justification and acceptability of abuse are key factors for immigrant women being vulnerable and remaining in abusive relationship with the batterer. And reporting would lead to deportation and with an illegal immigration status the problems continue to coexist (Raj & Silverman, 2002). Disconcerting to know but research has found that numerous immigrant women in abusive relationships, 72% of citizen and LPR spouses, do not file immigration papers for their wives (Dutton et al., 2000).

Particularly, with the South Asian population women population comprises of six countries with their respective understandings on culture of intimate partner violence. The countries of South Asian immigrant women are India, Pakistan, Bhutan, Bangladesh, Nepal, and Sri Lanka. There is a lack of emphasis on cultural diversity approach in theory, research, and practice, which reveals that the power and control wheel may not be the complete explanation to address the existing problems of IPV. The power and control wheel model (1987) states the culture of violence, for example natural order, objectification, submission, force, and coercion, which does not fit the culture of New Zealand Somoan's, a culture that does experience IPV. Researchers may overlook or misunderstand ethnic differences by ignoring the presence of different ethnic groups within their samples, by not including varied ethnic groups, or by having minimal sample sizes (Kasturirangan, Krishnan, & Riger, 2004). Therefore, Duluth Model of power and control wheel (1987) must be reviewed to the needs of IPV survivors from different ethnicities and must be more culturally sensitive.

Intervention & Prevention of Intimate Partner Violence: Policy Changes

Interventions into intimate partner violence (IPV) that occurs are notoriously unsuccessful (Dutton, 2006). There is definitely a power inequity in the family competing needs, rights, and interests. The power theorists explained that the roots of violence stem not only from within the culture, but also from within the family structure (Straus, 1976). Family conflict, social acceptance of violence, and gender inequality are hypothesized to interact and lead to the intervening in cases of partner abuse, which may then result in the continuation of family violence. The use of violence to address family conflicts is learned during childhood by either witnessing or experiencing physical abuse the ones families itself (Straus, 1977). This ecological framework is used by World Health Organization (WHO, 2010) to describe violence as a global public health problem. This framework integrates research findings and theories from several disciplines, including feminist theory, into an explanatory framework of the origins of gender-based IPV. Within the ecological framework, IPV is understood as a multifaceted phenomenon that is the result of a dynamic interplay among individual, relationship, community, and societal factors that influence an individual's risk to perpetrate or become a victim of violence.

Therefore, every individual plays a key role in interacting with both environmental stressors and family internal and external complexities. Formal networks like the government with the policy support families with protection from abusive relationship and further impact their children's development. Also, community and religious faith-based institutions serve as network for help seeking and safety nets. They even come to act as coping mechanisms for individuals at these institutions. They have both risk and protective factors for the survivors and the family.

Pre-existing Policies and Disadvantages That Address the U Visa Under the VAWA

The Department of Homeland Security (DHS) recognizes that immigrant victims of IPV may remain in an abusive relationship because her immigration status is often tied to the abuser. The Violence Against Women Act (VAWA) in 1994 created a self-petitioning process that removes control from the abuser and allows the victim to submit his or her own petition for permanent residence without the abuser's knowledge or consent. Research suggests a major flaw of VAWA II that it does not afford protection to all battered immigrant women. VAWA II specifically provides relief for married women and widows, or those who are divorced within the past two years due to incidences of IPV. However, VAWA II does not provide relief to unmarried battered immigrant women and their children. Thus, battered immigrant women are not legally married, stalked, or cannot obtain any protection under VAWA II (Orloff et al., 2003; Stoltz, 2004; Balram, 2005). In addition, VAWA II does not provide protection to undocumented or illegal battered or unmarried immigrant women pregnant with their boyfriends. IPV battered immigrant women being married, like all survivors of IPV, do not retain any control over their lives. Consequently, battered immigrant women do not have the free will to remain in their homelands while their abusive husbands choose to move to the United States. While many immigrants may still be unaware of the U Visa, since 2009, USCIS has put a ceiling on the number available annually at 10,000 and this year the USCIS looks on course easily to reach that figure, having received 3,331 applications in the first quarter already. Congress created the U-Visa to encourage immigrants to come forward with information relating to crimes. The U-Visa is available for up to 10,000 individuals per year who cooperate with the investigation of prosecution of perpetrators of criminal offenses (Balram, 2005; Stoltz, 2004).

Violence Against Women Reauthorization Act of 2013

Violence Against Women Act to Violence Against Women Reauthorization Act (2013) includes amendments that strengthen protections for non-citizen victims of IPV and sexual violence. Raj and Silverman 2003) state that South Asian immigrant women particularly with an immigration status of non-citizens are more likely to be at the risk from IPV. Here are some key changes affecting immigrants: Stalking was added to the list of crimes covered under the U nonimmigrant status, commonly known as U Visa. Crimes already on the list include abduction, blackmail, incest, rape, sexual assault, and unlawful criminal restraint, among others. The temporary U Visa, which was approved by Congress in 2006, allows immigrants who are victims of crimes to remain in the U.S. while assisting law enforcement officers in prosecuting the offender. Immigrants with U-Visas are eventually eligible to apply for permanent residency and later U.S. citizenship. The House of Representatives on February 28 (2013) passed the version of VAWA that included additional coverage for immigrants, gay, lesbian, transgender and bisexual individuals and Native American victims after some House Republicans attempted to pass their own version that excluded LGBT and minority groups. It passed by more than a required

margin, with majority republican opposition. Therefore, it can be concluded that Congress or liberals support the centrality of the family and also respect individual freedom and choices, whereas the republicans who are the conservative continue to propagate against the reauthorization of VAWA 2013. Conservatives are antagonistic for family formations and catering to independence from the family rather than focusing on family unifications. Now with the newer considerations with COVID-19 epidemic, there are some serious implications of IPV on families. In the United States, the contact rate of members effects by IPV increased by 14% from April 2019 to April 2020 (National Domestic Violence Hotline [NDVH], 2020). During the fall of 2020, a few research studies suggest that not much had changed in opinions on perceived vulnerability to COVID threats and willingness to comply with public health prevention strategies between liberals and conservatives. Conservatives were more likely to advocate for personal responsibility and thus see prevention as a strategy for survivors. Liberals eased the cultural resistance of the domestic violence as a family issue and supported legal and social sanctions to protect the survivors rather than perpetrators. According to new research from the house, VAWA reauthorization act of 2022 is expected to expand prevention and protection efforts for survivors, also including those from the underserved communities, with increased resources and training for law enforcement and our judicial system (House, 2022). Further VAWA, a federal law which provides survivors of domestic abuse and sexual violence, standing long-stalled reauthorizations has included in the $1.5 trillion federal spending package on its way to the congress in March, 2022 (NPR Cookie Consent and Choices, 2022). To conclude combating domestic violence, sexual assault, dating violence, and stalking within our communities must not be a liberal or conservative issue. It must rather be a matter of humanity, justice, and compassion.

Recommendations: Evidence Based Interventions

The provisions of appropriate interventions are determined by its causes, or correlates, of the given social problem. There is a gap between the interventions for IPV and the policies; since the guiding foundation these strategies of intervention are embedded mainly in the feminist Duluth Model or cognitive behavior therapy (Corvo, Dutton, & Chen, 2008). The interventions are focused on Batterer Intervention Program (BIS) based on the feminist framework or cognitive behavior therapy models for managing anger, relationships, and communication skills; IPV interventions need theory-based research evidence (Stuart, Temple, & Moore, 2007). There are numerous empirical studies, literature reviews, and meta-analyses of standard model interventions with perpetrators of IPV having found little or no positive effect on violent behavior (Corvo & Johnson, 2003). According to the theory of planned behavior it is a model developed by Ajzen and Fishbein (1970) that predicts individual's behavior. This model takes from the learning theory framework and an extending into the theory of propositional control (Dunlany, 1967) and the theory of reasoned action by Ajzen and Fishbein (1970). This treatment model includes three components of the planned behavior that are crucial building blocks in prevention and treatment of IPV. These are individual's attitude toward violence, normative beliefs about the acceptability of violence, and perceived behavioral control (Kernsmith, 2005). However, the applicability of these theoretical components in batterer intervention has been largely unstudied (Kernsmith, 2005). The impediments to program development are the IPV certifying agencies that oversee interventions with abuse perpetrators involved in the criminal justice system. These agencies formulate and implement policies that would regulate what structure, duration, and form of intervention is required as a condition of probation for persons found guilty of intimate

partner assault and thereby which form of intervention is deemed acceptable by the courts. Hence, program funding is only available to those programs that conform to these policies (Dutton & Corvo, 2006). More appropriately amongst the learning theories-social learning theory by Bandura's (1986) social learning theory is heavily cognitive in its orientation to impact behavior. Addressing the underlying attitudes and beliefs that support violent behavior, including attitudes about the acceptability of violence and perceptions of consequences for behavior is significant to change.

International migrants irrespective of gender are produced, they are patterned, and they are embedded in specific historical phases (e.g., witnessing violence and understanding it differently). Acknowledging these phases, open up the immigration policy question beyond the familiar range of border control, family reunion, naturalization and citizenship law. These are the three aspects opening up (Waldinger & Lichter, 2003), which are central to the immigrant's families welfare and social policies in social work practice. The *National Intimate Partner and Sexual Violence Survey* (NISVS, 2010) included information about Lesbian, Gay, Bi-sexual and Transgender (LGBT) people for the first time. Both lesbians and bisexual women experience IPV more frequently than heterosexual women. Gay men experience IPV slightly less frequently than straight men, 26% of gay men reported that they were abused by an intimate partner (Walters, Chen, & Breiding, 2013), and liberals are for individual freedom and responsibility. Actions towards developing policies and strategies for effective implementation of programs must be deliberated attempts to address the issue of IPV. This will require a framework for joint policy, strategy development and prioritizing effectiveness programs. The planned steps towards design and implementation will be informing practice. Staring with creating an action plan to ensure delivery, developing professional skills, undertake further training and establishing effective networks. And once the programs for IPV are implemented, planned and implement appropriate evaluation must be done to ensure quality and evidence-based practice.

References

Ajzen, I., & Fishbein, M. (1970). The prediction of behavior from attitudinal and normative variables. *Journal of Experimental Social Psychology, 6*, 466-487.

APA. (2020). How COVID-19 may increase domestic violence and child abuse. Retrieved from https://www.apa.org/topics/covid-19/domestic-violence-child-abuse

Balram, I. (2005). The evolving, yet still inadequate, legal protection afforded battered immigrant women. *University of Maryland Law Journal of Race, Religion, Gender and Class, 5*, 387-411.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.

Bedi, G., & Goddard, C. (2007). Intimate partner violence: What are the impacts on children. *Australian Psychologist, 42*(1), 66-77.

Bell, H. (2003). Strengths and secondary trauma in family violence work. *Social Work, 48*(4), 513-523.

Bent-Goodley, T. B. (2007). Teaching social work students to resolve ethical dilemmas in domestic violence. *Journal of Teaching in Social Work, 27*(1-2), 73-88.

Black, B. M., Weisz, A. N., & Bennett, L. W. (2010). Graduating social work students' perspectives on domestic violence. *Affilia: Journal of Women and Social Work, 25*(2), 173-184.

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., … Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report.* Atlanta, GA: National Center for Injury Prevention and Control and Centers for Disease Control and Prevention.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Cambridge, MA: Harvard University Press.

Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Children and Youth Services Review*, (31), 831-839.

Catalano, S. M. (2012). *Intimate partner violence, 1993-2010*. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Corvo, K., Dutton, D., & Chen, W. I. (2008). Toward evidence based practice with domestic violence perpetrators. *Journal of Aggression, Maltreatment & Trauma, 16*(2), 111-131.

Corvo, K., & Johnson, P. J. (2003). Vilification of the "batterer": How blame shapes domestic violence policy and interventions. *Aggression and Violent Behavior, 8*(3), 259-281.

Centers for Disease Control and Prevention and National Centers for Injury Prevention and Control. (2003). *Costs of intimate partner violence against women in the United States 2003.* Atlanta, GA.

Centers for Disease Control and Prevention and National Centers for Injury Prevention and Control. (2010). *Costs of intimate partner violence against women in the United States 2010.* Atlanta, GA.

Council on Social Work Education. (2008). Educational policy and accreditation standards. Retrieved from http://www.cswe.org/File.aspx?id=13780

Danis, F. (2002). Infusion of intimate partner violence content in the social work foundation curriculum. In L. L. Lockhart and F. Danis (Eds.), *Integrating intimate partner violence content in the foundation social work curriculum.* Columbia, MO: University of Missouri-Columbia, School of Social Work. (Unpublished manuscript presented at the 48th Annual Program Meeting of the Council on Social Work Education)

Danis, F., & Lockhart, L. (2003). Intimate partner violence and social work education: What do we know, what do we need to know? *Journal of Social Work Education, 39*(2), 215-224.

DeBellis, M. D. (2001). Developmental traumatology: The psychobiological development of maltreated children and its implications for research, treatment and policy. *Development and Psychopathology, 13*, 539-564.

Dobash, R. E., & Dobash, R. P. (1977). Wives: The appropriate victims of marital violence. *Victimology, 2*, 426-442.

Dulany, D. E. (1967). Awareness, rules and propositional control: A confrontation with S-R behaviour theory. In D. Horton and T. Dixon (Eds.), *Verbal behaviour and S-R behaviour theory.* Englewood Cliffs, NJ: Prentice-Hall.

Dutton, D. G. (2006). *Rethinking domestic violence.* Vancouver, BC: UBC Press.

Dutton, D. G. (2008). Blended behavior therapy for intimate violence. In A. Baldry (Ed.), *Intimate partner violence: Prevention and intervention* (pp. 67-83). New York: Nova Press.

Dutton, D. G. (2012a). The case against the role of gender in intimate partner violence. *Aggression and Violent Behavior: A Review Journal, 17*(1), 99-104.

Dutton, D. G. (2012b). The prevention of intimate partner violence. *Prevention Science, 13*, 395-397.

Dutton, D. G., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior, 77*(5), 457-483.

Dutton, M., Orloff, L. E., & Hass, G. A. (2000). Characteristics of help-seeking behaviors, resources, and service needs of battered immigrant Latinas: Legal and policy implications. *Georgetown Journal on Poverty Law and Policy, 7*(2), 245-305.

Ehrensaft, M. K., & Vivian, D. (1999). Is partner aggression related to appraisals of coercive control by a partner? *Journal of Family Violence, 14*, 251-266.

Foner, N. (2001). *New immigrants in New York* (2nd ed.). New York: Columbia University Press.

Ford-Gilboe, M., Wuest, J., & Merritt-Gray, M. (2005). Strengthening capacity to limit intrusion: Theorizing family health promotion in the aftermath of woman abuse. *Qualitative Health Res., 15*(4), 477-501.

Hass, G. A., Dutton, M. A., & Orloff, L. E. (2000). Lifetime prevalence of violence against Latina immigrants: Legal and policy implications. *International Review of Victimology, 7*, 93-113.

House, T. W. (February 9, 2022). Statement by President Biden on the introduction of the Violence Against Women Act Reauthorization Act of 2022. *The White House*. Retrieved from https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/09/statement-by-president-biden-on-the-introduction-of-the-violence-against-women-act-reauthorization-act-of-2022/

Kasturirangan, A., Krishnan, S., & Riger, S. (2004). The impact of culture and minority status on women's experience of intimate partner violence. *Trauma Violence, & Abuse, 5*(4), 318-332.

Kaukinen, C. (2020). When stay-at-home orders leave victims unsafe at home: Exploring the risk and consequences of intimate partner violence during the COVID-19 pandemic. *American Journal of Criminal Justice, 45*(4), 668-679.

Kelly, U. A. (2011). Theories of intimate partner violence from blaming the victim to acting against injustice: Intersectionality as an analytic framework. *Advances in Nursing Science, 34*(3), E29-E51.

Kernsmith, P. (2005). Treating perpetrators of domestic violence: Gender differences in the applicability of the theory of planned behavior. *Sex Roles, 52*, 757-770.

Latta, R. E., & Goodman, L. A. (2005). Considering the interplay of cultural context and service provision in intimate partner violence. *Violence Against Women, 11*, 1441-1464.

Lindquist, C. H., Barrick, K., Krebs, C., Crosby, C. M., Lockard, A. J., & Sanders-Phillips, K. (2013). The context and consequences of sexual assault among undergraduate women at Historically Black Colleges and Universities (HBCUs). *Journal of Interpersonal Violence, 28*(12), 2437-2461.

Little, L., & Kantor, G. (2002). Using ecological-developmental theory to understand intimate partner violence and child maltreatment. *Journal of Community Health Nursing, 19*(3), 133-145.

Margolin, G. (2005). Children's exposure to violence: Exploring developmental pathways to diverse outcomes. *Journal of Interpersonal Violence, 20*(1), 72-81.

Marianne, R., & Yoshioka, L. G. (2003). Social support and disclosure of abuse: Comparing South Asian, African American, and Hispanic battered women. *Journal of Family Violence, 18*(3), 171-180.

Maziak, W., & Asfar, T. (2003). Physical abuse in low-income women in Aleppo, Syria. *Health Care for Women International, 24*(4), 313-326.

McCloskey, L., & Lichter, E. (2003). The contribution of marital violence to adolescent aggression across different relationships. *Journal of Interpersonal Violence, 18*(4), 390-412.

National Association of Social Workers. (n.d.). Social work's role in responding to intimate partner violence. *NASW Home.* Retrieved from https://www.socialworkers.org/LinkClick.aspx?fileticket=WTrDbQ6CHxI%3D&portalid=0

National Domestic Violence Hotline. (2020). *COVID-19 special report.* Retrieved from https://www.thehotline.org/wp-content/uploads/sites/3/2020/06/2005-TheHotline-COVID19-report_final.pdf

NPR Cookie Consent and Choices. (March 9, 2022). Susan Davis. Retrieved from https://choice.npr.org/index.html?origin=https://www.npr.org/2022/03/09/1085495317/the-violence-against-women-act-catches-a-ride-on-1-5-trillion-spending-bill

O'Leary, K. D. (1996). Physical aggression in intimate relationships can be treated within a marital context under certain circumstances. *Journal of Interpersonal Violence, 11*, 450-452.

O'Leary, K. D., & Slep, A. M. S. (2012). Prevention of partner violence by focusing on behaviors of both young males and females. *Prevention Science, 13*(4), 329-339.

Orloff, L. E., & Kaguyutan, J. V. (2002). Offering a helping hand: Legal protections for battered immigrant women: A history of legislative responses. *Journal of Gender, Social Policy, and the Law, 10*(1), 95-183.

Orloff, L. E., Dutton, M. A., Hass, G. A., & Ammar, N. (2003). Battered immigrant women's willingness to call for help and police response. *UCLA Women's Law Journal, 13*(1), 43-100.

Osofsky, J. D. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical Child and Family Psychology Review, 6*(3), 161-170.

Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model*. New York, NY: Springer.

Raj, A., & Silverman, J. (2002). Violence against immigrant women: The roles of culture, context, and legal immigrant status on intimate partner violence. *Violence Against Women, 8*(3), 367-398.

Raj, A., & Silverman, J. (March 2003). Intimate partner violence against South Asian women residing in Greater Boston. *Journal of the American Medical Women's Association, 93*(3), 435-437.

Riddell, T., Gilboe, M., & Leipert, B. (2009) Strategies used by rural women to stop, avoid, or escape from intimate partner violence. *Health Care Women International, 30*(1-2), 134-159.

Redfield, R. R., Houry, D. E., & Mercy, J. A. (2018, November). *National Intimate Partner and Sexual Violence Survey: 2015 Data Brief – Updated Release*. National Center for Injury Prevention and Control Centers for Disease Control and Prevention Atlanta, Georgia. Retrieved from https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf

Rosenbaum, A., & O'Leary, K. D. (1981). Children: The unintended victims of marital violence. *Journal of Orthopsychiatry, 51*(4), 692-699.

Saltzman, K. M., Holden, G. W., & Holahan, C. J. (2005). The psychobiology of children exposed to marital violence. *Journal of Clinical Child and Adolescent Psychology, 34*(1), 129-139.

Samuels-Dennis, J. A., Ford-Gilboe, M., Wilk, P., Avison, W. R., & Ray, S. (2010). Cumulative trauma, personal and social resources, and posttraumatic stress symptoms among income-assisted single mothers. *Journal Family Violence, 25*(6), 603-617.

Straus, M. A. (1976). Sexual inequality, cultural norms, and wife-beating. *Victimology, 1*, 54-70.

Straus, M. A. (1977). Wife beating: How common and why? *Victimology, 2*, 443-458.

Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) scales. *Journal of Marriage and the Family, 41*, 75-88.

Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family, 48*, 465-479.

Stuart, G. L., Temple, J. R., & Moore, T. M. (2007). Improving batterer intervention programs through theory-based research. *Journal of American Medical Association, 298*(5), 560-562.

Stoltz, G. D. (2004). The U Visa: Another remedy for battered immigrant women. *Scholar, 7*, 127-132.

Stupakis, S. E. (2019). What the future may hold for victims of domestic and sexual violence without the Violence Against Women Act. *Hastings Women's LJ, 30*, 261.

Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 data brief—updated release.* Atlanta, GA: National Center for Injury Prevention and Control and Centers for Disease Control and Prevention.

Tjaden, P., & Thoennes, V. (2000). *Extent, nature and consequences of intimate partner violence: Findings from the national violence against women survey.* Atlanta, GA: National Institute of Justice and the Centers of Disease Control and Prevention.

U.S. Census Bureau. (2010). *United States 2010 Census.*

Uekert, B. K., Peters, T., Romberger, W., Abraham, M., & Keilitz, S. (2006). *Serving Limited English Proficient (LEP) battered women: A national survey of the court's capacity to provide protection orders.* Williamsburg, VA: National Center for State Courts.

United Nations Development Fund for Women. (2008). *Who answers to women? Gender & accountability. Progress of the world's women 2008/2009.*

Violence Against Women Reauthorization Act of 2013. (April 23, 2013). *113th Congress (2013-2014)*. Retrieved from https://www.congress.gov/bill/113th-congress/house-bill/11

Waldinger, R. D., & Lichter, M. I. (2003). *How the other half works: Immigration and the social organization of labor*. Berkeley, Calif.: University of California Press.

Walker, L. E. (1984). *The battered woman syndrome.* New York: Springer.

Walker, L. E. (1999). Psychology and intimate partner violence around the world. *American Psychologist, 54*(1), 21-29.

Walters, M. L., Chen, J., & Breiding, M. J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

World Health Organization/London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence.* Geneva: World Health Organization.

Appendix A

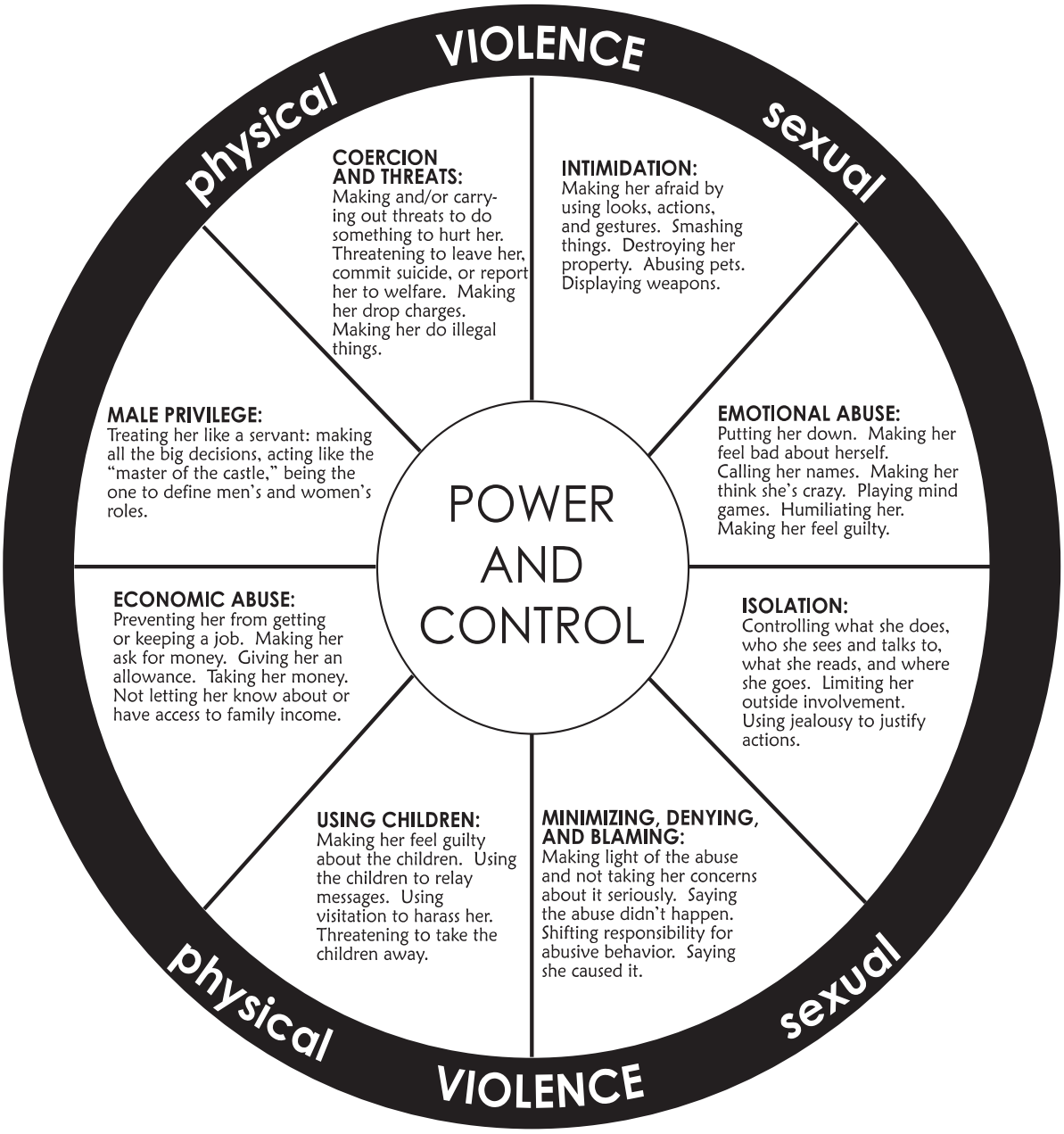

Figure A. The power and control wheel. Source: Duluth Model, power and control wheel (1987).