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REAL WORLD RESEARCH FOR FAMILY ADVOCACY PROGRAMS

Domestic Violence: Understanding the Patterns, Consequences, and Risk Factors

An Interview with Dr. Mary Ann Forgey

Conducted by John H. Newby, DSW

Dr. Mary Ann Forgey is an associate professor at Fordham University Graduate School of Social Service. Dr. Forgey holds a B.A. and M.S.W. from Boston College and a Ph.D. in Social Work from Columbia University. Prior to entering academia, Dr. Forgey served as a Family Advocacy Coordinator and Army Community Services Director in Wiesbaden, Germany.

Dr. Newby: Dr. Forgey, how did you get interested in domestic violence research in the military?

Dr. Forgey: While family advocacy program coordinator in Wiesbaden, Germany, in the 1980's, I saw a range of domestic violence which made me question the idea that it was a unitary phenomenon. That practice experience sparked my interest in research on the patterns of violence within the Army. I believe research that identifies the patterns of violence can depict a more accurate picture of what is happening and, therefore, is more helpful for practitioners in planning services. Different patterns call for different responses.

Dr. Newby: Much has been written about incorporating evidence-based information into domestic violence interventions. What is evidence-based practice?

Dr. Forgey: The current notion of evidence-based practice has focused mostly on the practitioner's use of *intervention approaches* that have empirical evidence of effectiveness. There has been a lot of debate about what constitutes empirical evidence. Some individuals interpret empirical evidence narrowly and only consider the evidence of effectiveness emanating from formal research studies. Others have a broader definition of empirical evidence and include evidence from actual practice. This is often referred to as practice wisdom, expert opinion

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In This Issue

Sexual assault, an important issue for our nation and our military, is the theme of this edition of Joining Forces Joining Families. We are pleased to include an overview of the Army Sexual Assault Prevention and Response Program written by LTC Mary Dooley-Bernard, the Department of the Army Family Advocacy Program Manager. Our featured interview is with Mary Ann Forgey, LCSW, PhD, Associate Professor, Graduate School of Social Service, Fordham University. Dr. Forgey addresses the patterns, consequences and risk factors that inform domestic violence research and practice. There is an accompanying synopsis of her research. In addition, there is an article highlighting the results of a recent report on rape from the National Violence Against Women Study (NVAWS). Our research methods article, which focuses on limitations in research, draws upon the NVAWS study to illustrate this. Websites of Interest provides state and national resources for information on sexual assault.

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or authoritative knowledge. I do not believe we can rely on formal research evidence alone. We need to incorporate practice wisdom, the systematic observations that practitioners make about approaches that they see as effective.

To practitioners, a protocol can feel more like a noose than a helpful guide. Protocols, for the most part, have paid attention to what information to gather but not to the process in which it is gathered. Getting reliable information from clients is not just about the right questions, but also about how and when they are asked.

Dr. Newby: How is evidence-based practice distinguished from evidence-based assessment?

Dr. Forgey: Evidence-based assessment is really one aspect of evidence-based practice. Evidence-based practice involves all phases of practice including engagement, assessment, contracting, and intervention. We need to focus on the assessment phase of practice by making sure that areas explored during the assessment process are informed by up-to-date research and that our interpretations of the data collected are also informed by this research.

Dr. Newby: From your experience, how is domestic violence research being incorporated into assessments and interventions?

Dr. Forgey: The tool most frequently used to help the practitioner incorporate domestic violence research into assessments and interventions is a protocol. A protocol provides guidance about what information to explore and often includes some standardized instruments. However, too often protocols are not practitioner-friendly. To practitioners, a protocol can feel more like a noose than a helpful guide. Protocols, for the most part, have paid attention to what information to gather, but not to the process by which it is gathered. Getting reliable information from clients is not just about the right questions, but also about how and when they are asked. This is why practitioners need to be more involved in the development of protocols.

Dr. Newby: What are some of the contextual factors that should be considered in the assessment and treatment of domestic violence?

Dr. Forgey: There are three main areas of exploration necessary to understand the context of violence: 1) the pattern of violence, 2) the physical and psychological consequences of the violence, and 3) the multi-level risk factors involved. The pattern of violence includes such factors as type, level, frequency, motivation, meaning and direction. Direction refers to whether the violence is unilateral or bi-directional and whether the bi-directional violence is asymmetrical or symmetrical. We also have to explore the physical and psychological consequences for each partner.

The other areas of exploration are the multi-level risk factors: the individual, family, and socio-cultural risk factors for domestic violence that have been identified through research. For example, is there substance abuse involved? Is there a righteous attitude about violence on the part of the perpetrator? Is there head injury? Is there a history of violence in the family of origin? Do one or both partners have rigid sex role attitudes? Are there cultural supports or impediments for the violence? Are there stressors such as unemployment involved? Are there informal or formal support systems in each of the partner's lives?

Exploring these three areas requires openness to the various causal theories of domestic violence.

Dr. Newby: Are you describing the particular process that you use for linking assessment data to improved domestic violence interventions?

Dr. Forgey: Exactly. This type of assessment in which you are using research on patterns, consequences, and risk factors to inform the

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U.S. Army Sexual Assault Prevention and Response Program

LTC Mary Dooley-Bernard, MSW

Overall, the message of the DoD policy is that while complete reporting and accountability are preferable, a first priority is to ensure that victims are protected, treated with dignity and respect, and receive the medical treatment, care and support they require.

Sexual assault is one of the most serious and fastest growing violent crimes in the United States. The exact number of sexual assault crimes is hard to determine because it is often underreported. In 2003, according to the National Crime Victimization Survey (http://www.ojp.state.mn.us/cj/publications/FS-2004-004_Rape_Sexual_Assault.pdf), it was estimated that there were 198,850 rape victimizations, attempted rapes, or sexual assaults.

- 90% of rapes/sexual assaults are against women
- Persons age 20–24 had the highest rates of rape/sexual assault victimizations
- Rape/sexual assault is inversely related to household income with the highest rates being in households with incomes less than $15,000
- Single persons were more likely to be victimized than married or widowed persons
- Nearly 70% of victims knew their attackers

The Department of Defense (DoD) is committed to ensuring that victims of sexual assault are protected, treated with dignity and respect, provided proper medical and psychological care, and that the perpetrators of such assaults are held accountable in accordance with principles of due process and the rules of law. The DoD Task Force on Care for Victims of Sexual Assault was established in February 2004 to review how sexual assault is managed in the military and to make recommendations for improving the care of sexual assault victims. The entire report is available at http://www.defenselink.mil/news/May2004/d20040513SATFReport.pdf.

The Task Force found:

- Sexual assault risk factors in the military did not appear to be significantly different from those reported in the civilian literature
- Known risks were not being systematically communicated to military members as part of any prevention education efforts related to sexual assault
- Existing policies and programs aimed at preventing sexual assault were inconsistent and incomplete
- Junior enlisted personnel were not aware of the full range of reporting options available to them
- The perceived lack of privacy and confidentiality within the DoD was identified as one of the most significant barriers to the reporting of military sexual assault

As a result of its findings, the DoD Task Force developed policies and oversight mechanisms to address gaps in services in sexual assault victims. The Army then established a second Task Force to evaluate its policies and programs. The Army Sexual Assault Prevention and Response Program (SAPRP) resulted from these efforts to address concerns about sexual assaults in the Army, particularly in deployment environments.

The Army SAPRP reinforces a commitment to eliminate incidents of sexual assault through comprehensive policy that focuses on education, prevention, integrated victim support, rapid reporting, thorough investigation, appropriate action, and follow-up. Army policy promotes sensitive care for victims of sexual assault and accountability for those who commit these crimes. There are two key roles in the implementation of the SAPRP:

1. Victim Advocate. The Victim Advocate in DoD is someone who is trained to respond to reports of sexual assault in providing advocacy support to the victim. The Army has installation victim advocates who are civilians, and Unit Victim Advocates (UVA) who are soldiers appointed to this collateral duty to a battalion-level or higher Army unit.
2. Sexual Assault Response Coordinator (SARC). The SARC is the program manager of victim support services. The SARC coordinates and oversees implementation and execution of the Sexual Assault Prevention and Response Program (SAPRP).

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The National Violence Against Women Survey: Rape Victimization Findings

James E. McCarroll, PhD, David M. Benedek, MD, and Robert J. Ursano, MD

The National Violence Against Women Survey (NVAWS) (Tjaden & Thoennes, 2006) has provided important information on sexual assault in the United States. The NVAWS was a nationally representative telephone survey conducted in 1995–96. The survey included five behaviorally specific questions to identify respondents who had been raped. The following are the major findings, conclusions, and limitations, as expressed by the authors. Readers may obtain the full report from the National Institute of Justice: http://www.ojp.usdoj.gov/nij/pubs-sum/210346.htm

National samples provide information about the scope of a problem. However, they cannot provide guidance for assessment of clinical subgroups without further subgroups analysis. For example, it is not possible to draw conclusions about the likelihood of rape for a woman of a particular age or race/ethnicity without such additional information.

Prevalence of lifetime rape[1]:

- Almost 18 (17.6%) million women and almost 3 (3%) million men have been raped in their lifetime.[2]
- One out of 6 women and one out of 33 men have been raped at some time in their life.
- Most rape victims are female (almost 86%). Female victims are significantly more likely than male victims to be raped by a current or former intimate partner.
- Most victims identified by the survey were raped by only one person over their lifetime. Among female victims, 78.2% were raped by one person, 13.5% by two persons, and 8.3% by three persons or more. For male victims, the numbers were 83.3%, 12.1%, and 4.6%, respectively.
- There was no statistically significant difference in rape prevalence between minority and non-minority women or men.

One year rape prevalence:

- In a single year, more than 300,000 women (0.3%) and 93,000 men (0.1%) are estimated to have been raped.
- Female victims averaged 2.9 rapes and male victims 1.2 rapes in the 12 months preceding the survey. (Note that these data are projected based on 24 women and 8 men in the survey who reported being raped in the past 12 months. Thus these data should be viewed with caution. They probably underestimate the total number of rapes because they exclude children and adolescents, and those who are homeless or living in institutions.)

Early age of rape and repeated rapes:

- Younger women were significantly more likely to report being raped at some time in their lives than older women.
- 21.6% of women and 48% of men reported that they were younger than 12 years old when they were first raped.
- 32.4% of women and 23% of men were between the ages of 12 and 17.
- Thus, based on the above two sets of figures, more than half the female victims (54%) and nearly three quarters of the male victims (71%) were raped before their 18th birthday.
- In comparison to the above, 29.4% of female victims and 16.6% of male victims were 18–24 years old when they were first raped and 16.6% of female victims and 12.3% of male victims were age 25 or older when first raped.
- Women who were raped as minors were more than twice as likely to report also being raped as adults.
- Although most rape victims identified by the survey were under 18 when they were first raped, more women were raped as adults than as children or adolescents. Among all women surveyed, 9.6% said they were raped as an adult, 6.3% as an adolescent, and 3.6% as a child.
- 9.1% of all women surveyed said they were raped before their 18th birthday and 9.6% said they had been raped since they turned 18.
- Men were nearly twice as likely to be raped as children than as adolescents or adults. 1.3% said they were raped as a child,0.7% as an adolescent, and 0.8% as an adult.

Relationship to perpetrator:

- Female victims are significantly more likely than male victims to be raped by a current or former intimate partner.

Health consequences:

- Women are more likely to sustain an injury during rape than men (about 32% versus 16%).
- Almost 20% of women and 10% of men lost time from work.
- Many rape victims suffer serious mental health consequences. (33% of female rape victims and 24% of male victims said they received counseling from a mental health professional as a direct result of their most recent rape.)

Rape compared to other types of violence:

- 1.9% of all surveyed women were physically assaulted and 1% were stalked in the past year. In other words, women were 6 times more likely to be assaulted and 3 times more likely to be stalked than raped in the past year.
- 3.4% of men were physically assaulted and 0.4% were stalked in the past year. Since only 8 men reported being raped in the past year, comparisons to assault and stalking could not be computed.

Results of criminal justice system:

- Only about one in five women who are raped report their rape to the police.
- Primary reasons for not reporting were fear of the rapist, embarrassment, and not considering the rape a crime or police matter.
- About half the women raped as adults who had contact with the police and about half who had contact with the courts were satisfied with their treatment.
- Only about one in five adult women report their rape to the police.

What were the known limitations of the study?

- Annual estimates are probably low due to lack of ability to survey populations without a telephone (institutionalized, poor, homeless, and others).
- The higher rate of rape reported by younger women may be due to their willingness to report rape on a survey.
- The total number of rapes in a year was small (24 women and 8 men reported that they had been raped in the past 12 months). Note: The authors urge caution in interpreting results from such a small subgroup.

What are the unknown limitations of the study?

- How is the prevalence in reported rapes due to the willingness to report rape by men and women from different racial/ethnic backgrounds and how is reporting affected by social, demographic, and environmental factors.

What are the large gaps in knowledge about rape?

- Information about minority women's and men's experiences with rape victimization is limited.
- Information on the social, physical, and psychological consequences of rape is also insufficient.
- Information is needed on the prevalence of rape by subgroup for age and race/ethnicity.

What research needs to be done?

- How do age, marital status, and economic and social stresses interact with race and ethnicity to increase or decrease the risk of rape victimization and perpetration?

What programs need to be instituted or improved?

- Law enforcement agencies and victim services need to expand their services to rape victims and communicate to them the benefits and appropriateness of reporting incidents to the police.

These data provide the broad background picture of rape of men and women in America, but the survey also raises many questions that require extensive research on a topic that is very difficult to study.

National samples provide information about the scope of a problem. However, they cannot provide guidance for assessment of clinical subgroups without further subgroups analysis. For example, it is not possible to draw conclusions about the likelihood of rape for a woman of a particular age or race/ethnicity without such additional information. In addition to the research questions, there are also difficult ethical and social issues attached to performing such research. As noted in an accompanying piece in this newsletter, research is being performed on a wide variety of fronts so that is cause for optimism. Clinical settings provide a good opportunity to obtain personal and descriptive information about such issues as the causes and consequences of rape as well as interventions that help or those that may hinder recovery.

Reference:

Tjaden P & Thoennes N. (2006). Extent, nature, consequences of rape victimization: Findings from the National Violence Against Women Survey (NVAWS). NCJ 210346. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Footnotes

1. Rape was defined as "an event that occurred without the victim's consent that involved the use or threat of force in vaginal, anal, or oral intercourse."
2. Based on census estimates of the number of men and women 18 and older in the U.S. in 1995.

Interview with Dr. Forgey , *from page 2*

areas you explore will yield important information about what type of interventions would be most helpful. Unfortunately, the assessment process is often by-passed or the information gathered is ignored and just the interventions available are provided. There is often one model of batterer intervention available in many communities. We need to plan interventions based on the assessment that we have conducted.

Exploring the patterns, consequences, and risks requires openness to the various causal theories of domestic violence. If we too rigidly adhere to one theory over another, we may not be open to exploring all the pattern factors, the consequences for each partner, or the risk factors that do not support our particular theory.

Dr. Newby: Would it be helpful to have a theoretical or conceptual framework within which to base assessment and interventions?

Dr. Forgey: We need to be open to many theoretical perspectives when we are trying to 1) gather information for assessment, and 2) when we try to interpret this information to understand a particular case situation. There are at least five theoretical perspectives about the causes of domestic violence. The feminist perspective focuses specifically on male-to-female violence and contends that factors that support male dominance in society are at the root of the problem. Feminists see the empowerment of women through the provision of resources such as housing, jobs, and strong legal sanctions for violent behavior such as arrests, incarcerations, and orders of protection, as the most effective strategies to address male-to-female violence.

The social-cultural perspective recognizes both male and female violence and explains domestic violence as a result of broader structural issues within society that cause stress. Patriarchy, poverty, racism, societal isolation, and societal acceptance of violence are among these structural issues. Strategies to address these issues are advocated by this perspective.

Intra-individual theories look at personal characteristics that could help explain the violence. Substance abuse, personality disorders, and psychopathology have been put forth as causal or risk factors for violence. Intervention strategies try to address those specific dysfunctions.

Social learning theory contends that violence is a learned behavior and is transmitted from generation-to-generation. Intervention strategies focus on unlearning the violent response and learning non-violent responses. Clients learn ways to combat violence-producing cognitions by substituting new ones and behavioral skills related to communication, stress management, and help seeking. *(continued on page 7)*

Knowledge Into Action: Synopsis of Research by Mary Ann Forgey, PhD

John H. Newby, DSW

How is research-based knowledge of intimate partner violence being used by practitioners to facilitate the assessment process? Dr. Forgey seeks to answer this question by exploring the extent to which child welfare social workers are using research-based knowledge about intimate partner violence in their risk assessment process. Using a focus group format, she plans to ask child welfare practitioners in a large metropolitan area 1) what they find critical to assess in intimate partner violence, 2) why they assess this specific content, 3) how they collect their information, and 4) the role that this information plays in their assessment, formulation, and intervention processes.

Her interest in exploring how research knowledge is being integrated into practice also has an international focus. As a recipient of a Fulbright Scholar Award that took her to Dublin, Ireland, Dr. Forgey explored the extent to which Irish social workers integrate domestic violence research into their assessment process. She plans to compare data collected from U.S. child welfare workers with the data she collected in Ireland. The cross-national comparison will identify the similarities and differences between the two countries regarding the use of research knowledge in the assessment process, and the supports and obstacles that were encountered. The comparative analysis will further enhance the development of creative training strategies and assessment tools to strengthen practitioners' ability to implement evidenced-based assessment in intimate partner violence.

Dr. Forgey stresses two important points. First, it is critical that we begin to look at how practitioners integrate research knowledge into intimate partner violence interventions. Second, there is a need to better understand what research-based knowledge is not being used and why. Her research is designed to shed light on both of these issues.

Editor's Note: A paper by Dr. Forgey and her colleague Dr. Lee Badger entitled "Patterns of Intimate Partner Violence among Married Women in the Military: Type, Level, Directionality and Consequences" will appear in an upcoming edition of the *Journal of Family Violence*. Dr. Forgey describes some of the results of this study in her interview in this edition of *Joining Forces Joining Families*.

One of the most significant findings was that the enlisted females in the bi-directional severe violence groups reported a significantly higher level of depression and had significantly higher rates of child sexual abuse histories.

Finally, family systems theory sees a couple's inability to deal with relationship issues as the root of the problem. According to this perspective the escalation of relationship conflict often culminates in a violent response from one or both partners. So preventing the escalation of conflict by changing the couple's interaction pattern is the major intervention from this perspective.

During the data-gathering phase of assessment, we need to be open to exploring the variables associated with each of these theoretical perspectives.

Dr. Newby: What was the context or patterns of violence found in your recently completed study of violence against Army women married to civilian husbands?

Dr. Forgey: We found that 60% of all the violence reported was both bidirectional and of equivalent severity. However, when we looked at the other 40%, the enlisted female was much more likely to be the victim of unilateral violence. They were also four times more likely to be victimized by minor unilateral violence, and three times more likely to be subjected to severe violence and injury as a result of unilateral violence from male partners. They were two times more likely to experience asymmetrical bi-directional violence. This means that the violence perpetrated against them was at a higher level than that which they perpetrated. One of the most significant findings was that the enlisted females in the bi-directional severe violence groups reported a significantly higher level of depression and had significantly higher rates of child sexual abuse histories. We need more research in the area of bi-directional violence.

Dr. Newby: Are you planning further research on domestic violence in the Army?

Dr. Forgey: I would like to examine the extent to which practitioners are using intimate partner violence research on patterns, consequences, and risk factors to 1) inform their assessments and 2) develop tools and training methods to better support practitioners in the knowledge-to-practice transfer. I would also like to pilot a training method using standardized clients to see if this would help practitioners understand and apply research on intimate partner violence to the assessment process.

Dr. Newby: Thank you Dr. Forgey for this interview.

Editors note: The references provided are classic articles and books for the theories discussed by Dr. Forgey and are not meant to represent current academic positions on these theories.

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Websites on Sexual Assault

Numerous states as well as Army installations feature sexual assault advocacy websites. Ex: Minnesota, **http://www.stopvaw.org/Sexual_Assault_Advocacy_Program.html.** Ft. Hood, Texas, **http://www.hoodmwr.com/acs/apb_favap1.html.** There are extensive links to legal and medical information and community resources.

- The Source on Women's Issues (a nonprofit, nonpartisan organization) publishes an information newsletter with links to congressional testimony, legislation and policy issues (**http://womenspolicy.org/thesource**).
- The Rape, Abuse, & Incest National Network (RAINN) provides a free, confidential 24-hour victim's hotline. For more information: http://www.rainn.org/about/index.html.
- The Department of Veterans' Affairs (VA) operates the National Center for PTSD. Their website **http://www.ncptsd.va.gov/topics/sexual_assault.html** provides information on sexual assault of children, men and women as well as for women's medical providers.

Building Bridges to Research: Reading the Limitations of a Research Study

James E. McCarroll, Ph.D.

There are many potential sources of error in the design, execution, analysis, and reporting of research results. *JFJF* has addressed some of these, which include: confounding (Vol. 3, No. 1), bias (Vol. 3, No. 2), sampling (Vol. 3, No. 3), and mediators and moderators (Vol. 8, No. 3). Writing that misleads readers or over-generalizes research results represent other limitations. Most journals require authors to include a statement of the limitations of their research.

In the National Violence Against Women Survey article (pages 4–5), the authors include a section noting the following as limitations:

1. The small number of women (24) and men (8) in their survey who had been raped in the past 12 months in their representative sample. The authors advised interpreting the results with caution.
2. The survey did not include rapes of children, adolescents, those living in institutions, and the homeless, populations where this may occur more frequently.
3. Since the study was conducted by telephone those persons without a telephone were not included. With the changes in communication technology (such as computers, cell phones, and other devices) future survey research may become much more complex and introduce known and unknown biases.
4. The impact of race and ethnicity is a difficult issue. Groups such as Native Americans and Asians have such small populations in the U.S. that getting an adequate sample is difficult (if not impossible) for small surveys. This was the case in this study of Asian/Pacific Islanders. Hence, results for a group with a small number of respondents should be viewed with caution. The reader should also be careful about interpreting results from a survey of low frequency events and selected populations unless the survey is large and the mechanism for ensuring representation is carefully explained.
5. Finally, one needs to know (a) exactly what was the question, and (b) how are events defined. In the Tjaden and Thoennes (2006) paper, to their credit they report survey definitions and questions. However, one of our editors noted the rape statistics reported were higher than published elsewhere. If one reads only the introduction or summary of the findings, the reader would miss the definition of rape (for this survey) as being *either attempted or completed rape and the use of or the threat of force*.

It is important to always read the author's description and consider the limitations of any study. There are always limitations and this is one reason why repeating studies with different methodologies and in different populations is so important.

Sexual Assualt Prevention, *from page 3*

The SARC oversees management of sexual assault awareness, prevention, training, and victim advocacy. It is their responsibility to oversee Installation Victim Advocates and Unit Victim advocates in the performance of their victim service duties. It is also the SARC's responsibility to ensure the guidelines for reporting incidents of sexual assaults within the Army are followed.

The sexual assault policy in the Army allows victims to report incidents and receive medical treatment, care, and counseling while at the same time giving victims more time and control over the release and management of personal information. Overall, the message of the DoD policy is that while complete reporting and accountability are preferable, a first priority is to ensure that victims are protected, treated with dignity and respect, and receive the medical treatment, care and support they require.

The development and execution of a coordinated, multidisciplinary, and victim-centered first response to victims of sexual assault across the Army is receiving widespread attention. Meeting the needs of all survivors of violence will require collaboration and information sharing between agencies. Continuity of care, given our large contingent of Reserve and National Guard forces, is challenging unless there is good communication and case management from the onset.

One of the important ways for Army communities to evaluate the progress and address sexual assault issues is through the Sexual Assault Review Board (SARB), as required by the DOD and AR 600-20. The SARB provides executive oversight, procedural guidance and feedback regarding the SAPRP. The purpose of the SARB is to review sexual assault cases and procedures to improve processes, ensure system accountability, and increase victim's access to services.

The goal for this upcoming year is to try and answer the question; "Did the Sexual Assault Prevention and Response Program make a difference in the lives of those that needed it?" Arriving at a quantifiable answer to this question is a challenge. In the meantime, we will continue to refine policies, conduct research and provide marketing materials and training to meet the needs of victims.