AN INTEGRATIVE REVIEW OF SEPARATION IN THE CONTEXT OF VICTIMIZATION
Consequences and Implications for Women

ROBERT WALKER
TK LOGAN
CAROL E. JORDAN
University of Kentucky

JACQUELYN C. CAMPBELL
Johns Hopkins University School of Nursing

Given the number of divorces that occur each year as well as the high rates of intimate partner violence, it is critical that divorce/separation and victimization be considered in research and in clinical practice with women. However, the separation/divorce research and victimization research has often been conducted independently, with limited attention to integration. The integration of these two domains is critically important in facilitating the understanding of these issues for women. This article has 5 main purposes: (a) to review the research on the general consequences of separation; (b) to review the research on the consequences of separation when children are involved; (c) to review the research on the consequences of victimization; (d) to integrate the separation and victimization research to examine separation in the context of victimization; and (e) to discuss the implications of separation in the context of victimization for practice and research.

Key words: *divorce, separation, victimization, intimate partner violence, women*

THE PURPOSE OF THIS ARTICLE is to integrate the research literature on separation and divorce with the research literature on intimate partner violence. Specifically, this review encompasses findings about the consequences of separation and divorce on health, mental health, and substance use for women, in general, and provides information about why leaving violent relationships can be even more complex and potentially dangerous. Although there is extensive literature on separation and its effects on partners, children, and society, this literature has been poorly integrated with research on intimate partner violence and the effects of separation on women with violent expartners. An integrated review of the literature

from these traditionally separate domains is needed to inform interventions, public policy, and research. A synthesis of divergent findings and different disciplines is also timely given the increase in divorce in contemporary culture and given the magnitude of intimate partner violence and its impact on women's health and mental health.

The overall divorce rate has substantially increased over time. Specifically, the number of divorced adult men and women has quadrupled from 4.3 million in 1970 (3.2% of the population age 18 years and older) to 18.3 million in 1996 (9.5% of the population age 18 years and older) (Saluter & Lugaila, 1998). Estimates suggest that about 90% of adults younger than age 45 will marry at least once, however, up to 50% of those marriages will end in divorce (Kreider & Fields, 2002). Furthermore, about 75% of those divorced from their first marriage will remarry (Kreider & Fields, 2002), and a significant proportion of those marriages are estimated to end in divorce as well (estimates of 60%) (Bumpass, Sweet, & Castro Martin, 1990; Cherlin, 1992). Remarriages that end in divorce tend to be shorter than first marriages (Coleman, Ganong, & Fine, 2000). As a result, about 1 in 6 adults will experience two or more divorces (Cherlin, 1992). These statistics do not include cohabitant separations. Cohabitation is an increasingly popular trend, and cohabitation dissolution rates are similar to rates of marital dissolution (Bumpass & Sweet, 1989; Smock & Manning, 1997; Wu & Balakrishman, 1995). In general, statistics indicate that almost 1 in 4 unmarried persons between the ages of 25 and 34 years are cohabiting (Waite, 1995) whereas about 20% to 30% of cohabiting couples separate within a 2-year period (Bumpass & Sweet, 1989; Smock & Manning, 1997), and about 66% of cohabiting couples separate within a 5-year period (Wu & Balakrishman, 1995). Research suggests that adjustment trajectories of separation from cohabiting relationships are similar to separations from marital

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relationships (Mastekaasa, 1995a; Wu & Hart, 2002).

In addition to the number of separations and divorces that occur, there are high rates of intimate partner violence. Some studies have shown that about 1 in 7 U.S. couples experienced at least one episode of male-to-female violence in the preceding 12 months (Schafer, Caetano, & Clark, 1998; Straus & Gelles, 1990). Between 25% and 41% of women report a lifetime history of physical or sexual assault by an intimate partner, and 1.4% to 17% report past year rates of physical or sexual assault by an intimate partner (Richardson et al., 2002; Tjaden & Thoennes, 2000c; Wilt & Olson, 1996). Furthermore, the National Violence Against Women (NVAW) survey confirmed that most violence against adult women is perpetrated by intimate partners with the majority of women older than the age of 18 who were victimized reported they were raped (62%), physically assaulted (72%), and/or stalked (60%) by an intimate partner (Tjaden & Thoennes, 1998; 2000a). In comparison, about 16% of the women reported victimization by an acquaintance, 15% reported victimization by a stranger, and 6% reported victimization by a relative other than a spouse.[1] Victimization rates often differ depending on the population being surveyed. Higher rates of partner violence are more likely among special populations, such as drug users or women who are homeless, whereas lower rates are likely to be reported for telephone surveys because often they do not included women who are homeless, women living in institutions or group facilities, undocumented aliens, or women without household telephones who may be at the greatest risk of partner violence (Logan, Walker, Cole, & Leukefeld, 2002; Tjaden & Thoennes, 2000a).

It is a commonly held belief that separation is an ideal solution for a woman in an abusive relationship. However, separation is a stressful life event regardless of violence history, and there are added complications and risk when there is a history of violence. More specifically, this review suggests that integrating the separation/divorce literature and the victimization literature is critically important in facilitating the understanding of separation in the context of vic-

KEY POINTS OF THE RESEARCH REVIEW

- Separation is a stressful life event regardless of partner violence victimization history, and there are added complications and risk when there is a history of violence. Results from this review suggest that integrating the separation/divorce literature and the intimate-partner violence victimization literature is critically important in facilitating the understanding of separation in the context of victimization for women. In other words, separation in the context of victimization cannot be understood in isolation, without the benefit of the research knowledge and literature accumulated in the separation/divorce literature on consequences of separation more generally.
- The article presents a conceptual framework for reviewing the literature on the separation context (Figure 1). The model proposes that the literature can be best assimilated by conceptualizing dimensions of the separation context: the general consequences of separation, the consequences of separation when children are involved, and the consequences of victimization. The model then synthesizes these effects by examining separation in the context of victimization.

The General Consequences of Separation

- The general consequences of separation include the need for psychological adjustment, economic status changes, social support changes, other life changes, and health/mental health/substance use problems.

The Consequences of Separation With Children

- The presence of children engenders complexity in the separation process. Consequences of separation with children include the increased need for financial resources, role strain, and more complex legal issues.

The Consequences of Victimization

- Victimization can have profound effects on a woman in multiple domains of her life. The consequences of victimization include mental health problems, health problems, substance use and substance-related problems, and increased stress.

Separation in the Context of Victimization

- The three dimensions above may add a level of complexity that does not simply represent a linear increase in complexity or stressful circumstances; rather it may suggest a totally different experience of separation. In other words, making life-altering decisions while experiencing fear and threat to physical integrity not only increases the "normal" stress associated with separation but may create an experience that is fundamentally very different. Understanding separation in the context of victimization includes appreciating the impact of continuing violence and safety concerns, child safety concerns and custody conflicts, internal and external barriers, exacerbated health problems, mental health problems, and stress women often experience when leaving an abusive partner.

Positive/Negative Adjustment to Separation

- The understanding of these contextual differences has major implications for research and practice. Practice implications from this article are represented by the triangle labeled Interventions in Figure 1 and are detailed in the Implications section. Interventions have the potential to moderate positive or negative adjustment to separation including long-term health and mental health problems, substance use and substance-related problems, and overall quality of life. The potential moderating quality of interventions implies a need for better understanding of the many factors involved in separation and divorce among women—particularly those with victimization issues.

timization for women. In other words, separation in the context of victimization cannot be understood in isolation, without the benefit of the research knowledge and literature accumulated in the separation/divorce literature on consequences of separation more generally.

There are five main goals of this article: (a) to review the research on the general consequences of separation; (b) to review the research on the consequences of separation when children are involved; (c) to review the research on the consequences of victimization; (d) to integrate the separation and victimization research to examine separation in the context of victimization; and (e) to discuss the implications of separation in the context of victimization for practice and research. It must be noted that even though the literature suggests that cohabitations are increasing and that separation from cohabitant relationships is similar to separation from marriages, the majority of the literature in this area focuses primarily on marriage rather than cohabitation, and divorce rather than, more generally, separation. Thus, although this article is focused primarily on marriage, cohabitation, and separation (rather than specifically divorce) more generally, the vast majority of studies cited within this review do not.

Results of this literature review suggest that when separation occurs in a relationship with a history of violence, the impact on the woman will be qualitatively different than the experience of women who are separating from a nonviolent relationship. The current separation and divorce literature does not account for these contextual differences. Similarly, the nature and risks attendant to victimization change when the partners separate, so the intimate partner literature must also integrate what is known about separation and divorce. Figure 1 presents the conceptual framework for the literature review. Separation, for the purpose of this review, includes the physical act of leaving a cohabitating or marital relationship. The model proposes that the literature can be best assimilated by conceptualizing dimensions of separation consequences and victimization consequences. The three proposed dimensions include the general consequences of separation, the consequences of separation when children are involved, and the consequences of victimization. Each of these dimensions is hypothesized to independently contribute to separation in the context of victimization, and they are hypothesized to have additive as well as interactive effects. Using this model, a woman with a stable well-paying job and extensive social supports would be postulated to experience less separation stress and thus, more positive adjustment to the separation compared to a woman who had a limited and low income, few social supports, dependant children, and who was experiencing ongoing threats and violence from her ex-partner.

The understanding of these contextual differences has major implications for research and practice. Implications for interventions are represented by the triangle in Figure 1 and are detailed in the Implications section. Interventions have the potential to moderate positive or negative adjustment to separation including long-term health and mental health problems, substance use and substance-related problems, and overall quality of life. The potential moderating quality of interventions implies a need for better understanding of the many factors involved in separation and divorce among women—particularly those with victimization issues. In addition, the implications of this review for interventions clearly suggest that more research is needed to better address the issues salient for women who are separating in the context of victimization. The specific research implications are detailed in the Implications section.

THE GENERAL CONSEQUENCES OF SEPARATION

This section reviews the literature on the general consequences of separation for individuals as shown in Figure 1. First, this section reviews the psychological tasks involved in the adjustment to separation. Second, the most-frequently cited stressors associated with separation are reviewed. Then, the health, mental health, and substance-use consequences of separation are reviewed. Finally, theories about separation and the consequences of separation are reviewed in this section. The literature on the general consequences of separation often does not focus on gender, thus the majority of the discussion in this section does not distinguish between male and female reactions to separation.
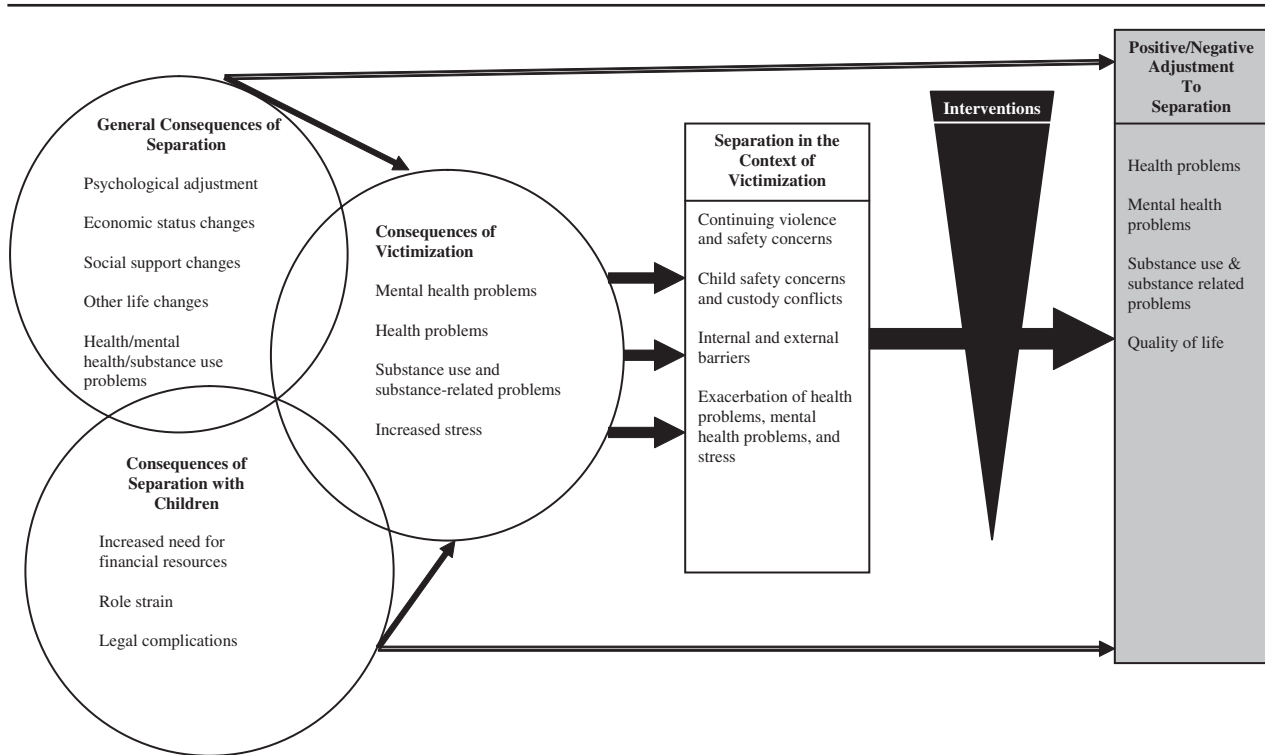
Figure 1: Conceptual Framework for Separation in the Context of Victimization

Psychological Adjustment

Separation, in general, is a process rather than a one-time event such as a natural disaster. Separation involves multiple psychological stages. These psychological stages are often accompanied by conflicting emotions. In most instances, the actual physical separation is preceded by an emotional separation (Bruce, 1998; Kayser, 1993). The separation process may begin months, maybe even years, before the actual physical and/or legal separation (Booth & Amato, 1991; Johnson & Wu, 2002; Kitson, 1992; Mastekaasa, 1994, 1995b, 1997). Furthermore, couples may physically separate multiple times before a final breakup. Wallerstein and Blakeslee (1989) suggested that re-establishing life as an independent adult requires psychological adjustment on a number of levels.

One psychological issue that must be resolved is the acceptance of how the relationship ended. In other words, issues such as how the final separation decision was made, how the ter-

mination was discussed, and who initiated the separation must be resolved psychologically for positive separation adjustment (Sweeney, 2002; Vannoy, 1995; Wang & Amato, 2000). Mourning the loss of a relationship, the hopes and dreams that were a part of it, as well as finding meaning from the experience of separation from an intimate partner contribute to the psychological adjustment of separation (Harvey & Miller, 1998; Thoits, 1995; Weber, 1998). Individuals must also re-establish their identity as a separate entity from their ex-partner. This includes psychological identity as well as potentially establishing a new household, a new job, new friends, and new formal supports (Heavey, Shenk, & Christensen, 1994; Tschann, Johnston, & Wallerstein, 1989; Weber, 1998). The restoration of feelings of competence and self-esteem is important for psychological adjustment as well. This includes learning to function in new roles, feeling good about being inde-

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pendent, and developing mastery in dealing with daily tasks that were previously shared (Amato, 2000; Hetherington & Kelly, 2002; Weber, 1998). Feelings of anger, exploitation, and betrayal must also be resolved for more positive adjustment to separation (Dreman, Spielberger, & Darzi, 1997; Mazor, Batiste-Harel, & Gampel, 1998; Thabes, 1997). Finally, positive adjustment to separation requires maintaining an independent identity, lifestyle, and social support systems (Amato, 2000; Hetherington & Kelly, 2002; Richmond & Christensen, 2000; Thoits, 1995).

Not everyone will go through each of these stages, and the stages are not necessarily experienced consecutively. In addition, the overall impact of separation may vary by individual and can be positive in some cases and negative in others. For example, the relationship may have been so stressful and negative that physically separating actually increases positive health and mental health outcomes (Johnson & Ferraro, 2000). Other studies indicate that for many individuals, separation opens up new and positive opportunities (Hetherington & Kelly, 2002; Kitson, 1992; Marks, 1996). On the other hand, research indicates that some individuals do not adjust as well as others after separating (Amato, 2000; Marks & Lambert, 1998; Wang & Amato, 2000). For example, some studies report that individuals who strongly believed that marriage is a lifelong commitment and those who were most satisfied by the marriage have more trouble adjusting to the separation than others (Booth & Amato, 1991; Kurdek, 2002; Simon & Marcussen, 1999). Wallerstein and Blakeslee (1989) summarized the result of poor psychological adjustment in the following way, "In finding postdivorce stability, a person must allow the obligations, the memories, and the lessons of the past to coexist peacefully with experiences in the present" (p. 281) and suggest that when psychological adjustment to the

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separation is poor it can "set the stage for years of continued anger, deprivation, and suffering for everyone involved" (p. 279).

Economic Status Changes

Furthermore, separation affects an individual's life in three areas other than psychological adjustment to the actual separation itself: economic, social support, and other life changes. As mentioned previously, much of the separation literature is not gender specific. However, gender differences in the economic consequences of separation are significant and well documented. It is clear that separation often significantly diminishes the economic standing of women while having less impact, or even a positive impact, on men's income (Amato, 2000; Holden & Smock, 1991; McKeever & Wolfinger, 2001; Shapiro, 1996). For example, Kreider and Fields (2002) found that separation was followed by reductions in income, with 29% of women who were recently divorced living below poverty level compared with 12% of men. The changes in standard of living during separation compared to continuing in the relationship may play a role in the separation decision, stress levels during separation, and in separation adjustment (Bruce, 1998; Johnson, 1992; Knoester & Booth, 2000; Rusbult & Martz, 1995). Not only are the changes in financial circumstances potentially stressful, strained economic circumstances in general are associated with stress, health problems, and mental health symptoms while decreasing access to health and mental health services (Pamuk, Makuc, Heck, Reuben, & Lochner, 1998; Scott Collins et al., 1999). Financial strain may increase stress because of the greater amount of hassle and time needed to address basic tasks of living, poor access to transportation and recreational facilities, lower standards of housing, and greater exposure to physical hazards, such as air and water pollutants (Taylor, Repetti, & Seeman, 1997). In addition, women with lower incomes can often only afford to live in areas with higher crime that may increase stress levels if they have an increased perception of threat to their safety (Miles-Doan, 1998; Nurco, Kinlock,

O'Grady, Lerner, & Hanlon, 1996; Smart, Adlaf, & Walsh, 1994; Taylor et al., 1997).

Social Support Changes

Social support changes are often affected by separation as well (Marks, 1996; O'Connor, Hawkins, Dunn, Thorpe, & Golding, 1998; Ross, 1995); yet social support appears to be important for adjustment (Smerglia, Miller, & Kort-Butler, 1999; Thabes, 1997). One study estimated that, on average, a separating person's social network was reduced by about 40% after marital separation (Rands, as cited in Marks & McLanahan, 1993). Often losing an intimate partner means the loss of an important source of support (Ross, 1995; Ross, Mirowsky, & Goldsteen, 1990). In addition, social supports created during an intimate relationship may fragment and change subsequent to separation as former friends align with one partner or the other (Kitson, 1992). McLanahan and Sandefur (1994) suggested that the loss of social support occurs, in part, because of the changes in residence that weakens community ties thus reducing social support levels. In addition, married friends do not always want to associate with singles (Kitson, 1992).

Other Life Changes

Separation often leads to significant life changes or changes that disrupt the patterns of life that are in place. Specifically, new jobs, housing changes, and legal issues often accompany separation (McLanahan & Sandefur, 1994; Thabes, 1997). These life changes can be stressful, and one life stressor can create a domino effect, in that often other stressors follow (Pearlin, 1999a). In addition, one life stressor can affect how an individual copes with other life stressors (Pearlin, 1999b).

Health/Mental Health/ Substance-Use Problems

Marriage, compared to separation or divorce, has been associated with more positive health and mental health outcomes (Burman & Margolin, 1992; Ross, 1995; Smith & Waitzman,

1994; Waite & Gallagher, 2000; Waldron, Hughes, & Brooks, 1996). On the other hand, separation and divorce have been associated with increased accidents, physical illness, mortality, mental health problems, and increased use of outpatient and inpatient mental health treatment (Christian-Herman, O'Leary, & Avery-Leaf, 2001; Hope, Rodgers, & Power, 1999; Horwitz, White, & Howell-White, 1996; Kendler, Gardner, & Prescott, 2002; Marks & Lambert, 1998; Prigerson, Maciejewski, & Rosenheck, 1999; Ross et al., 1990; Simon & Marcussen, 1999; Waite, 1995). For example, one study reported that women who were divorced had a higher rate of depression symptoms compared to women who were married, and those with higher rates of depression reported more health problems (Lennon, 1996). Other research found the transition from marriage to separation is associated with increases in substance use and substance-related problems (Bachman, Wadsworth, O'Malley, Johnston, & Schulenberg, 1997; Bachman, Wadsworth, O'Malley, Schulenberg, & Johnston, 1997; Hanna, Faden, & Harford, 1993; Horwitz et al., 1996; Kallan, 1998; Perreira & Sloan, 2001; Power, Rodgers, & Hope, 1999; Temple et al., 1991). For example, Bachman, Wadsworth, O'Malley, Johnston, and Schulenberg (1997) found from a longitudinal study of young adults, that drug use increased during the transition from marriage to separation. Temple et al. (1991), using a meta-analysis, found that women who reported separation at follow-up also reported higher alcohol consumption compared to baseline consumption rates. Hanson, McLanahan, and Thomson (1998) found that divorce was associated with increased socialization in bars for women. It may be that increased substance use is the result of stress from the separation, and stress has been associated with substance use (Perkins, 1999; Wills & Filer, 1996).

There are several theories as to why marriage is generally associated with more positive

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health and mental health outcomes and why separation is generally associated with more negative health and mental health outcomes. One premise is that marriage has beneficial effects on health because of greater financial and material resources, greater social support, and more positive health–related behavior; whereas separation decreases the level of resource accessed during marriage (Goldman, Korenman, & Weinstein, 1995; Waldron et al., 1996; Wyke & Ford, 1992). A second hypothesis is that there is a selection effect; poor health and mental health may increase the likelihood of divorce (Aseltine & Kessler, 1993; Joung, Van de Mheen, Stronks, Van Poppel, & Mackenbach, 1997; Waldron et al., 1996). The third hypothesis suggests that separation is a stressful life event, and that stress leads to problems with health and mental health (Aseltine & Kessler, 1993; Avison, 1999; Johnson & Wu, 2002; Mastekaasa, 1997; Ross, 1995).

Although each of the theories has received research support (Amato, 2000; Bruce, 1998; Burman & Margolin, 1992; Johnson & Wu, 2002), there are methodological problems with measuring the effect of separation on health and mental health outcomes (Bruce, 1998). For example, it may be that the mental health problems observed before separation were because of the contemplation of separation that can begin months or even years before an actual physical separation (Booth & Amato, 1991; Mastekaasa, 1994, 1995b, 1997); on the other hand, it may be that one partner developed mental health problems that contributed to marital problems and consequently, the decision to separate (Johnson & Wu, 2002; Masheter, 1998). Thus, it is not clear whether studies are measuring earlier health and mental health corollaries of the separation process, or whether separation is a corollary of health or mental health problems. Regardless of the cause of the separation, it is considered a major life event and typically results in stress because of the notable life changes that separation from an intimate partner necessitates.

The stress hypothesis of separation is consistent with more general stress research literature. Accumulated stress, such as that from separation and the life changes that accompany separa-ration, can affect health and mental health as well as substance-use patterns. For example, individuals under extreme stress are more likely to report poor health, specifically more psychosomatic health problems (Bernstein, 2001; de Jonge, Dollard, Dormann, LeBlanc, & Houtman, 2000; Geurts, Rutte, & Peeters, 1999; Jamal & Baba, 2000). Leserman, Hu, and Drossman (1998) found that stressful life events significantly contributed to health problems including pain levels, health symptoms, days in bed, physician visits, functional disability, and psychological distress. Another study examined participants with no history of major depression and found that negative marital events (including separation) predicted depression (Christian-Herman et al., 2001). Lorenz et al. (1997) found that women who were newly separated had significantly increased stressful events and depressive symptoms, and although the levels of stress and depression decreased over time for these women, they remained above levels of women who were married during a 3-year follow-up period.

Summary

This section reviewed the literature on the general consequences of separation as shown in the first dimension of Figure 1. An important point in examining this literature is that the separation/divorce literature typically either does not find significant gender differences or does not examine gender differences; so, for the most part, conclusions on general consequences of separation are gender neutral. There are a few studies that indicate differences in separation consequences by gender; however, they are primarily highlighted when examining economic difficulties after separation. In addition, the literature suggests that psychological adjustment and meaning attached to the separation, as well as separation as a stressful life event is associated with separation adjustment (Bruce, 1998). Even if the separation from an unhappy relationship is better in some respects, the literature does support the idea there are most likely at least short-term challenges, such as psychological adjustment to the separation, economic status changes, changes in social support, and

other life changes, that may contribute to increased stress levels (Amato, 2000; Ross, 1995; Shapiro, 1996). Furthermore, the literature suggests that stress, including the stress incurred from separation, is associated with increased health and mental health problems. The next section highlights how separation consequences become more complicated when children are involved.

THE CONSEQUENCES OF SEPARATION WITH CHILDREN

The second dimension in Figure 1 represents consequences that may arise from separation for individuals who have children. Single-mother families grew from 3 million in 1970 (12%) to 10 million in 2000 (26%) (Fields & Casper, 2001). Another way to frame this is that 28% of families with children under age 18 are maintained by one parent, the majority of which are single-mother families (Bryson & Casper, 1998). Although current statistics do not differentiate the number of families that experienced separation/divorce and the number that remained single throughout the duration of the life of the child, it is probably safe to say that a significant number of single-parent families have experienced separation. There are three overall concepts that are reviewed in this section: increased need for financial resources, role strain, and legal complications associated with the presence of children from the relationship. Although these three constructs have much in common with those in the first section of this article, the presence of children engenders complexity in the separation process and associated positive or negative adjustment by adding to and interacting with factors in the first dimension. In other words, all the psychological, economic, and social support issues experienced by individuals during separation are likely to be profoundly affected by the presence of children.

Increased Need for Financial Resources

Single mothers often have limited incomes, do not receive child support, and have limited societal resources to assist with child care and support (Amato, 1999; McLanahan & Booth, 1989). More specifically, single mothers are more likely to have incomes below poverty levels (34%) compared to single fathers (16%) and compared to other family structures (Fields & Casper, 2001; Staveteig & Wigton, 2000). Hanson et al. (1998) found that separation was associated with a lower income level, a lower standard of living, and less home ownership for single mothers. Furthermore, although child support may contribute to the economic levels of children in single-mother families (Bartfeld, 2000; Sorensen & Zibman, 2000), data suggests that one half or less than one half of single-mother families received limited or no child support (Meyer, 1999; Sorensen & Zibman, 2000). Even when there is a child support order in place, data suggests that only a minority of awardees actually collect the full amount of support. For example, one study found that one half the single-mother families had a court order for child support, and of those with a court order for child support, 21% received only part of what was ordered, and one third (34%) received no support (Sorensen & Zibman, 2000). Furthermore, there are limited societal resources available for single mothers to help with housing, education, health care, living expenses, and child care; and often the services that are available do not necessarily meet the needs of women they are intended to serve (Brandwein, 1999). Sometimes services for women who are impoverished are of low quality, poorly administered, unstable, and have extraneous limits (e.g., limited timeframes of use or limited requirements in how they can be used) that make them less than effective in helping their intended population (Brandwein, 1999). Research also suggests that poverty is associated with a number of neg-

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ative outcomes for children that may further increase the single-parent stress levels (An, Haveman, & Wolfe, 1993; McLoyd, 1998; Seltzer, 1994; Wu, 1996).

Role Strain

Single mothers report more stressful life events after the separation because of changes in living arrangements, employment, child-care roles and responsibilities, and disrupted social networks, and they report higher levels of depression compared to women who are married and men who are divorced (Brown & Moran, 1997; Bruce, 1998; Davies, Avison, & McAlpine, 1997; Lorenz et al., 1997; Miller, Smerglia, Gaudet, & Kitson, 1998; Smerglia et al., 1999). Hope et al. (1999) suggested that separation does increase distress initially, however short-term and long-term impacts of separation are moderated by factors such as ongoing child-care problems and conflicts as well as financial constraints. Johnson and Wu (2002) found evidence that the stress from divorce tends to be long term and is related to the continuing stress from conflicting social roles and responsibilities—which is termed *role strain*. Single parents, most of who are mothers (86%) (Fields & Casper, 2001; Saluter & Lugaila, 1998; Sorensen & Zibman, 2000), are more likely to experience stress and role strain (Amato, 2000; Brown & Moran, 1997; Hope et al., 1999; Johnson & Wu, 2002) because of single handedly trying to keep the family together economically, psychologically, and physically (e.g., doctors' appointments, school responsibilities, extracurricular activities) than married mothers (Ladd & Zvonkovic, 1995; Maccoby, 1999). In addition to the stress from financial problems and from trying to balance the various demands of child care, employment, and other daily tasks, single parents must also address the children's adjustment to the change in family status (Wallerstein & Blakeslee, 1989). This may involve helping children understand the separation, maintain their lives and activi-

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ties (a sense of normalcy), coping with the loss of their family, coping with the anger and guilt children may have, and helping children to understand that they can have healthy intimate relationships (Wallerstein & Blakeslee, 1989). In fact, some research suggests that parenting is affected by stress including the stress from separation (Hanson et al., 1998; Larson & Gillman, 1999; Tein, Sandler, & Zautra, 2000), and that children of divorce may have short-term and long-term consequences from divorce, such as lower academic achievement and problems with conduct, psychological adjustment, self-concept, and social relations (Amato, 2000; Emery, 1999).

Legal Complications

In addition to the financial strain, role strain, and the stress of helping their children cope with the breakup of the family there are child custody, visitation, and support issues that need to be resolved (Emery, 1994; Maccoby, 1999). Although one study of divorce records shows that the majority of parents eventually agree to custody, visitation, and child support arrangements (90%) as opposed to having a court decide these issues (Logan, Walker, Horvath, & Leukefeld, 2003), the process may still be very stressful, and research has yet to uncover what goes on in the "black box" of negotiating settlement terms. The voluntary nature of these negotiations may be conducted under the stress of increased legal financial obligations as well as the anticipated actions of the court irrespective of legal arguments or facts of the case (Pruett & Jackson, 2001). One study found that although most of the parents in the study entered the divorce process with expectations that it would be a fair experience, only 12% ended the process with positive feelings about the process (Pruett & Jackson, 2001). Many parents indicated they felt a loss of power and control over the case outcomes that may be an important source of stress (Pruett & Jackson, 2001). Another source of distress comes from not only the potential conflict over the initial custody and visitation decisions but also the concern about the children's well-being while visiting the nonresidential parent (Maccoby, 1999). Furthermore, forced contact

between parents and the potential conflict during visitation exchanges may, in fact, create stress for parents and children (Coysh, Johnston, Tschann, Wallerstein, & Kline, 1989; Masheter, 1991). It should be noted that parents may experience not only their own distress about visitation and custody conflicts but also their children's distress.

Summary

The single-parent role adds considerable stress including increased financial needs, role strain, and legal complications to the separation process (Figure 1). Separation affects parenting ability as well as children's adjustment in a variety of areas. Although the stress of single parenting can be experienced by men and women, women are more often the primary providers and caretakers for children following a separation. In this view of the literature, there are multiple layers of stress that can occur following separation and divorce. Separation by itself is a significant stressor. Having children to care for adds more stress and role strain. Using the model in Figure 1 to understand this literature, it is important to highlight how the individual effects of separation can be exacerbated and even generated by the presence of children. A woman who might otherwise experience minimal role strain, as a single individual, has major role strain in trying to be a single parent. Likewise, the reduced income might not be a grave worry alone, however with children it becomes a major stress factor. Hence, the literature highlights how different contextual dimensions can dramatically alter the experience and understanding of "typical" separation or divorce processes. In addition, many women are in the process of leaving violent relationships that means further stress and potentially negative consequences.

THE CONSEQUENCES OF VICTIMIZATION

Intimate-partner violence victimization affects a significant number of women. Costs of intimate partner violence have been estimated at $67 billion dollars when medical and other tangible costs as well as quality-of-life losses per year in the United States are considered (Miller, Cohen, & Wiersema, 1996).[2] Victimization, for the purposes of this literature review, includes physical, sexual, stalking, and psychological or emotional abuse committed by an intimate for the purpose of exercising control over the partner (Crowell & Burgess, 1996). More specifically, it includes:

> **Although the stress of single parenting can be experienced by men and women, women are more often the primary providers and caretakers for children following a separation.**

1. *Physical violence*: Between 1 and 3 and 1 in 4 women report experiencing physical assault by an intimate partner in her lifetime (Browne, 1993; Scott Collins et al., 1999; Tjaden & Thoennes, 2000a). Throwing objects, pushing, grabbing, shoving, slapping, kicking, biting, hitting, burning, trying to hit with a fist or an object, choking, beating, threatening with a knife or a gun, and/or actually using a knife or gun are all examples of physical violence (Crowell & Burgess, 1996; Straus & Gelles, 1990).
2. *Sexual violence*: About 1 in 13 women report an attempted or completed rape by their intimate partner in their lifetime (Tjaden & Thoennes, 2000b). Women who report sexual violence by an intimate partner are also likely to report severe physical violence (Bergen, 1996; Campbell & Alford, 1989; Eby, Campbell, Sullivan, & Davidson, 1995; Shields & Hanneke, 1983). Furthermore, women assaulted by an intimate partner are likely to endure multiple sexual assaults than women sexually assaulted by strangers (Mahoney, 1999). Sexual assault includes rape as well as vaginal, anal, or oral penetration with objects or fingers, forced oral sex, forced sex with others, and overt and covert threats to have sex (Bachman & Saltzman, 1995; Randall & Haskell, 1995; Russell, 1990).

> **Victimization, for the purposes of this literature review, includes physical, sexual, stalking, and psychological or emotional abuse committed by an intimate for the purpose of exercising control over the partner.**

3. *Stalking*: Approximately 1 in 20 women report being stalked by an intimate partner in her lifetime (Tjaden & Thoennes, 2000b). Stalking can be defined as willful, malicious, and repeated following and harassing of another person (Crowell & Burgess, 1996; Logan, Leukefeld, & Walker, 2000; Tjaden & Thoennes, 1998).

4. *Psychological violence*: Several studies report that 99% of women who experienced physical abuse by a partner also experienced psychological abuse (Follingstad, Rutledge, Berg, Hause, & Polek, 1990; Stets, 1990). Psychological abuse includes verbal attacks, such as ridicule, verbal harassment, and name calling; isolation; verbal threats of abuse, harm, or torture directed at the woman or at her family, children, friends, or pets; and damage or destruction of the women's personal property or pets (Marshall, 1996, 1999; O'Leary, 1999; Sackett & Saunders, 1999).

The four categories of violence described above are overlapping in nature and can occur within the context of the relationship as well as after a woman leaves a relationship (Burgess et al., 1997; Buzawa & Buzawa, 1996b, 1996a; Crowell & Burgess, 1996; Dutton, van Ginkel, & Landolt, 1996; Hall, 1998; Hotton, 2001). This section reviews the consequences of victimization represented in the third dimension in Figure 1. This dimension draws from the intimate-partner violence victimization literature that has primarily been developed independently from the marriage and separation/divorce literature. Victimization has been associated with mental health problems, health problems, substance use and substance-related problems, and increased stress (Golding, 1999; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Resnick, Acierno, & Kilpatrick, 1997).

> The most common mental health problems associated with intimate-partner violence victimization include post-traumatic stress disorder (PTSD) and depression.

Mental Health Problems

The most common mental health problems associated with intimate-partner violence victimization include post-traumatic stress disorder (PTSD) and depression (Golding, 1999; Holtzworth-Munroe, Smultzler, & Sandin, 1997; Weaver & Clum, 1995). General population studies suggest that 10.1% to 13% of women report ever experiencing PTSD (Helzer, Robins, & McEvoy, 1987; Kessler & Zhao, 1999; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993) whereas about 4.6% to 5.4% report current PTSD (Kessler & Zhao, 1999; Resnick et al.,

1993). One study of women who were martially distressed not reporting intimate partner violence found that 18.9% had current PTSD symptoms (Astin, Ogland-Hand, Coleman, & Foy, 1995). However, when shelter and community samples of women with partner violence are examined, 52% to 71% report current PTSD symptoms (Astin et al., 1995; Kemp, Green, Hovanitz, & Rawlings, 1995; Perrin, Van Hasselt, Basilio, & Hersen, 1996; Street & Arias, 2001; Vogel & Marshall, 2001).

There are similar trends for depression. General population studies of depression suggest that 20% to 21.3% report lifetime depression (Kessler & Zhao, 1999; National Institute of Mental Health [NIMH], 2000) whereas about 9.1% to 12.9 of women report current depression (Kendler et al., 2002; Kessler & Zhao, 1999; NIMH, 2000). Community samples of women with intimate partner violence experiences indicate 32% to 48% report current depression (Campbell, Kub, Belknap, & Templin, 1997; Cascardi, O'Leary, & Schlee, 1999) to a high of 63% to 83% of shelter samples reporting current depression (Campbell, Sullivan, & Davidson, 1995; McCauly et al., 1995). Most studies that compare depression rates of their samples in women with and without partner violence experiences find that women with partner violence experiences have higher rates of current depression than women without partner violence experiences (Cascardi, Langhinrichsen, & Vivian, 1992; Ratner, 1993; Sutherland, Sullivan, & Bybee, 2001; Zlotnick, Kohn, Peterson, & Pearlstein, 1998). For example, one study of women in a managed care organization found that 16.4% of women not reporting a history of intimate partner violence had current depression compared to 35% of women reporting a history of intimate-partner violence experiences (Petersen, Gazmararian, & Clark, 2001).

Mental health symptoms may differ among victims of intimate partner violence depending on several factors including the type, severity, chronicity, and other characteristics of the victimization experience (Dutton & Painter, 1993; Holtzworth-Munroe et al., 1997; Street & Arias, 2001; Vogel & Marshall, 2001); fear level (Cascardi, O'Leary, & Schlee, 1999); self-blame (O'Neill & Kerig, 2000); shame (Street & Arias,

2001); perceived control (O'Neill & Kerig, 2000); prior victimization and other trauma history (Breslau, Chilcoat, Kessler, & Davis, 1999; Deykin & Buka, 1997; Follette, Polusny, Bechtle, & Naugle, 1996); other stressful life events (Zuckerman, 1999); family environment and socialization (Zuckerman, 1999); and/or genetic vulnerability (Kendler et al., 1995; Kendler & Prescott, 1999; Zuckerman, 1999). Mental health problems have also been associated with health problems. For example, unexplained physical symptoms have been associated with higher levels of mental health symptoms (Taylor, Mann, White, & Goldberg, 2000). Sutherland, Bybee, and Sullivan (1998) found that health problems were associated with anxiety and depression symptoms among women experiencing intimate partner violence. Zoellner, Feeny, et al. (2000) found that PTSD severity predicted health problems controlling for negative life events, anger, and depression.

Health Problems

In general, there are four main kinds of health effects from victimization: acute physical injury, chronic physical injury, exacerbation of other health problems, and stress-related health problems (Coben, Forjouh, & Gondolf, 1999; Dutton, Haywood, & El-Bayoumi, 1997; McCauley et al., 1995; Plichta, 1992, 1996; Plichta & Weisman, 1995; Resnick et al., 1997). Acute physical injury from intimate partner violence can include broken bones, strains, abrasions, contusions, and internal bleeding (Muelleman, Lenaghan, & Pakieser, 1996; Resnick et al., 1997). Coben et al. (1999) presented data where women self-reported sustaining superficial injuries (33.7%), open wounds (16.9%), fractures (15.3%), head injuries (10.6%), sprains and strains (9%), as well as other minor injuries because of the abuse. Chronic or recurring health problems, such as chronic pain, miscarriages, irritable bowel syndrome, pelvic inflammatory disorder, sexually transmitted diseases, urinary tract infections, hemorrhoids, other genitourinary tract problems, and persistent skin disorders, have been associated with physical and/or sexual victimization experiences (Campbell & Soeken, 1999; Campbell, Woods, Chouaf, & Parker, 2000;

Coben et al., 1999; Dutton et al., 1997; El-Bassel et al., 1998; Heitkemper et al., 2001; McCauley et al., 1995; Plichta, 1992, 1996; Plichta & Weisman, 1995; Resnick et al., 1997). In addition, women who experience intimate violence report chronic headaches and undiagnosed hearing, vision, and concentration problems that may suggest possible neurological problems from injury (Diaz-Olavarrieta, Campbell, Garcia de la Cadena, Paz, & Villa, 1999; Jackson, Philp, Nuttall, & Diller, 2002; Monahan & O'Leary, 1999; Valera & Bernbaum, 2003). Existing health problems, such as seizures, high blood pressure, and severe headaches, may be exacerbated by the abuse (Campbell, 2002; Coker, Smith, Bethea, King, & McKeown, 2000; McCauley et al., 1995). Stress-related health problems are common among women with intimate-partner victimization experiences (Campbell et al., 2002; Plichta, 1996; Straus & Gelles, 1990). Eby et al. (1995) indicated that women from a shelter reported the abuse caused sleep problems (73%), pains in the heart or chest (72%), heart pounding or racing (72%), headaches (71%), nightmares (66%), constant fatigue (65%), poor appetite (69%), and weight change (65%).

> **Stress-related health problems are common among women with intimate-partner victimization experiences.**

Furthermore, the repeated nature of injuries, misdiagnosed or untreated injuries, and the lack of access to health care because of the violence could also contribute to overall health problems. Specifically, the NVAW survey found that women who reported being raped in the preceding 12 months averaged 2.9 rapes in the preceding 12 months and averaged about 3.8 years of abuse by that partner. In addition, women who reported physical assault in the preceding 12 months averaged 3.1 assaults in the preceding 12 months and averaged 4.5 years of abuse by that partner (Tjaden & Thoennes, 1998, 2000a). The violence may contribute to limited access to services as well. For example, one study found that women reported they were sometimes unable to utilize needed health or mental health services because their partners wanted complete control over their lives, that

they were concerned that seeking health or mental health services would incite violence because the abuser may feel threatened, or that the violence left them with little energy or time to take care of their personal needs (Logan, Walker, Cole, Frakes, & Leukefeld, 2002). Furthermore, although research suggests that some women with partner violence histories do utilize the health care system, studies have shown consistently that the medical community only identifies between 2% and 5% of intimate violence victims (Abbott, John, Loziol-McLain, & Lowenstein, 1995; Hamberger, Saunders, & Hovey, 1992). Friedman, Samet, Roberts, Hudlin, & Hans (1992) surveyed physicians and found that only 10% to 15% reported ever asking about victimization, and 0% reported always asking about victimization. These low rates of identification and screening may contribute to misdiagnosis or nontreatment of injuries. Repeated injuries and reduced access to care due to either lack of access or misdiagnosis are factors that need to be incorporated into models of health problems for women.

> Golding (1999) found that some studies show as many as 44% of women with intimate-partner violence experience report alcohol abuse or dependence, and as many as 25% of intimate-partner violence victims report drug abuse or dependence.

Substance Use and Substance-Related Problems

Substance use and abuse have also been associated with victimization (Brewer, Fleming, Haggerty, & Catalano, 1998; Covington, 1997; Dunn, Ryan, & Dunn, 1994; Gil-Rivas, Fiorentine, & Anglin, 1996; Kilpatrick et al., 1997; Miller, Downs, & Testa, 1993). Other studies suggest that there are higher rates of substance use and abuse among women with victimization histories. More specifically, general populations studies suggest that rates of alcohol abuse or dependence among women range from 6.4% to 8.2% lifetime and 1.6% to 3.7% in the past year (Kessler & Zhao, 1999), lifetime use of any illicit drug ranges from 25.4% to 34.7% (Anthony & Helzer, 1991; Substance Abuse and Mental Health Services Administration [SAMHSA], 2001), and illicit drug abuse and dependence ranges from 3.5% to 5.9% lifetime and .3% to 1.9% in the past year (Anthony & Helzer, 1991; Kessler & Zhao, 1999). Golding (1999) found that some studies show as many as 44% of women with intimate-partner violence experience report alcohol abuse or dependence, and as many as 25% of intimate-partner violence victims report drug abuse or dependence. One study found that of women recruited from the community reporting partner violence, 24% reported past month alcohol abuse or dependence, and 8% reported past month drug abuse or dependence (Gleason, 1993). Another study found that 15.3% of women not reporting intimate partner violence from their sample of community health clinics reported current drug or alcohol abuse compared to 46.3% of women reporting partner violence (McCauley et al., 1995). Plichta (1996) found that 1.1% of women in their large household telephone survey sample who did not report partner violence used illicit drugs in the past month compared to 6.9% of women reporting partner violence. Ratner (1993) found, from a telephone survey of 406 women, that 2.4% of women not reporting partner violence were alcohol dependent compared to 11.3% of women who were psychologically abused and 16.4% of physically abused women. Another study found of women seeking treatment from a psychiatric emergency room, that of the women not reporting partner violence, 7.4% reported lifetime drug addiction and 25.9% reported lifetime alcohol problems, however of the women with partner violence experiences, 30.8% reported lifetime drug addiction and 28.2% reported lifetime alcohol problems (Breire et al., 1997). In addition, studies of women in substance abuse treatment find high rates of victimization among participants (Covington, 1997; Dunn et al., 1994; Gil-Rivas et al., 1996; Miller et al., 1993).

Some women may use drugs and alcohol to cope with the emotional or physical pain from victimization (Gilbert et al., 2000; Harrison, Fulkerson, & Beebe, 1997; Khantzian, 1990,

1997; Logan, Walker, Cole, & Leukefeld, 2002; McCormick & Smith, 1995; Wills & Filer, 1996; Wills & Hirky, 1996). For example, one study found, from a longitudinal study of couples applying for a marriage license, that premarital aggression predicted increased heavy drinking use over time among the women experiencing the aggression (Testa & Leonard, 2001). Research also supports the notion that substance abuse can lead to mental health problems that can then create more emotional pain, possibly creating more of a need to use substances to reduce increased emotional pain (Kushner, Abrams, & Borchardt, 2000; Newcomb, Vargas-Carmona, & Galaif, 1999; Swendsen & Merikangas, 2000).

Increased Stress

The literature encompasses several theories about why victimization is associated with health and mental health problems. For example, Burman and Margolin (1992) suggested a general model that focuses on marital relationships indicating that marital status, marital quality, and marital interaction either lead to stress or support. These authors then hypothesized that negative marital relationships can lead to risky health behavior and mental health problems, which can then lead to health problems. Resnick et al. (1997) reviewed the literature on victimization and health outcomes and hypothesized that violent assault increases the risk of acute physical injury, increases stress, and increases mental health problems. These factors were hypothesized to have direct and indirect effects on health problems. The indirect effects of those factors are hypothesized to be associated with chronic physical injury, impaired immune functioning, increased health risk behavior, and inappropriate health care utilization all then leading to increased risk of health problems. In other words, victimization is associated with mental health problems that may affect health directly, or may affect health risk behaviors that then can result in health problems. Likewise, victimization is associated with increased stress that can directly affect health but also can impair immune system functioning that then may affect health.

Summary

In summary, the term *victimization* includes four main forms of violence against women: psychological, physical, sexual, and stalking. One form of victimization is highly associated with other forms of victimization (Crowell & Burgess, 1996; Dutton, Goodman, & Bennett, 1999). Victimization among women is common and has an impact on health, mental health, and substance use. Victimization affects health and mental health directly and indirectly through injury, chronic injury, fear, and the stress that overwhelms and consumes many women living with partner violence. The next section examines separation in the context of victimization.

SEPARATION IN THE CONTEXT OF VICTIMIZATION

The context of victimization may compound the intensity and difficulty of separation consequences discussed earlier but also potentially adds a level of complexity beyond simply layers of stress. In other words, making life-altering decisions while experiencing fear and threat to physical integrity not only increases the normal stress associated with separation but creates an experience that is fundamentally very different. This section integrates the research on separation consequences and the research on victimization consequences to increase the understanding of separation in the context of victimization for practice, policy, and research. The major considerations in understanding separation in the context of victimization include continuing violence and safety concerns, child safety concerns

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Contrary to lay beliefs, partner violence may be an important determinant of separation.

It may be that the women who "keep going back" are the ones most affected by barriers that make leaving a more difficult process.

Fleury, Sullivan, and Bybee (2000) found that one third of their sample of shelter clients were physically assaulted during a separation with one half of those assaults occurring within the first 10 weeks of the initial separation, and the majority of those assaults (72%) were severe in nature (e.g., kicked, raped, choked, stabbed, and/or shot).

and custody conflicts, internal and external barriers, and exacerbated health problems, mental health problems, and stress (Figure 1).

In general, the question "why do women stay in abusive relationships" is inappropriate given that many, if not most women, in abusive relationships do leave. Contrary to lay beliefs, partner violence may be an important determinant of separation (Amato & Rogers, 1997; Arendell, 1995; Kurz, 1995; Rogge & Bradbury, 1999; Sanchez & Gager, 2000; Testa & Leonard, 2001). For example, Jacobson, Gottman, Gortner, Berns, and Shortt (1996) found that 38% of their sample of women who were battered had separated within 2 years. Campbell, Miller, Cardwell, and Belknap (1994) found that almost two thirds (63%) of the women who were battered left their abuser by the time of the 2-year follow-up. Bradbury and Lawrence (1999) indicated that aggression early in marriage almost doubled the risk of dissolution within 18 to 24 months with 82% of those couples with male-to-female violence separating. In fact, these authors found that after 4 years 93% of couples experiencing severe violence separated, whereas only 38% of couples experiencing no violence and 46% of couples experiencing moderate violence separated. Thus, the literature suggests that violence—particularly early in the relationship—may be associated with increased likelihood of separation or divorce. The more important question, as a result, might be centered on the factors that make leaving

the relationship difficult and fraught with increased hazard. It may be that the women who "keep going back" are the ones most affected by barriers that make leaving a more difficult process. It also may suggest that for women with higher income levels, adequate social support, and no children, the separation process may be less complex than separation is for women with lower incomes, less social support, children, and violent ex-partners. When explored more fully, the literature suggests a web of interconnected concerns for women who leave a violent partner.

Continuing Violence and Safety Concerns

Women who are separating are at risk of continuing violence from a partner for a variety of reasons including the partner's desire to reconcile, partner's reduced inhibition of aggressive impulses during the separation, the partner's desire for revenge, and the partner's desire to maintain control (Burgess et al., 1997; Buzawa & Buzawa, 1996a, 1996b; Dutton et al., 1996; Hall, 1998). One study found that single women were 2.1 times more likely to experience violence than married women; divorced women 2.5 times more likely to experience violence than married women; and women who are separating were 6.5 times more likely to experience violence by an intimate partner in the past year compared to married women (Kershner, Long, & Anderson, 1998). Hotton (2001) found that 95% of women separated from violent relationships experienced psychological abuse after separating from their partner and 39% experienced continued physical violence after separating. Of those experiencing violence during separation, 85% experienced multiple incidents of physical violence. Fleury, Sullivan, and Bybee (2000) found that one third of their sample of shelter clients were physically assaulted during a separation with one half of those assaults occurring within the first 10 weeks of the initial separation, and the majority of those assaults (72%) were severe in nature (e.g., kicked, raped, choked, stabbed, and/or shot).

Violent ex-partners may use a variety of tactics during the separation period to try to pre-

vent the dissolution of the relationship or to maintain control including the use of money, the legal system, children and other relatives, as well as verbal and physical intimidation, harassment, coercion, and violence (Sev'er, 1997). Arendell (1995) found that 50% of the divorced men in the study admitted to using threats and/or physical violence against their former spouses after separation, with 40% reporting direct actual or threatened physical violence and 10% indirectly threatening physical violence. Hotton (2001) found that of all the women reporting separation violence, 24% reported the violence was more severe during separation, 37% reported the violence was similar to what they experienced during the relationship, and 39% reported they were first assaulted during separation.

Fear during separation appears to be warranted—about one third of female murder victims are killed by an intimate partner and intimate partner homicide is the largest category of femicides (Bachman & Saltzman, 1995; Bailey et al., 1997; National Institute of Justice, 1997). Of all female murder victims, the proportion killed by an intimate partner has been relatively stable over time (Rennison, 2001). Furthermore, separation has been identified as an important risk factor for lethal violence (Campbell et al., 2003; Dawson & Gartner, 1998; Kurz, 1996; Sev'er, 1997; Wilson & Daly, 1993; Wilson, Johnson, & Daly, 1995). For example, studies of police and medical examiner records indicate that between 21% and 70% of female homicide victims were separated at the time of the murder (Hall Smith, Moracco, & Butts, 1998; McFarlane, Campbell, & Watson, 2002; McFarlane et al., 1999; Morton, Runyan, Moracco, & Butts, 1998; Websdale, 1999).

Women may experience other violence tactics during separation as well including threats of violence (Campbell, 1995; Hall Smith et al., 1998; McFarlane et al., 1999); stalking (McFarlane et al., 1999); forced sex (Campbell, 1995); and threats and violence toward others (McFarlane et al., 1999; Riger, Raja, & Camacho, 2002; Websdale, 1999). These examples of intimate partner violence and related behaviors have been identified as risk factors for lethality but can also occur in the absence of lethal violence (Campbell, 1995; McFarlane et al., 2002). For example, stalking has been associated with lethal and nonlethal violence (McFarlane et al., 2002) and is a common tactic of violent partners during the separation period (Logan et al., 2000; Tjaden & Thoennes, 1998).

It would seem appropriate to use the criminal justice system to obtain protection from violent partners during a separation, however intimate-partner violence victims experience numerous barriers and problems with the criminal justice system (Logan, Shannon, & Walker, 2003 submitted; Logan, Stevenson, Evans, & Leukefeld, in press). In general, studies indicate that women are not likely to report their interpersonal crime victimization to the police (Rennison, 2001; Tjaden & Thoennes, 2000b). For example, one study found that of women experiencing intimate partner violence only 44% reported the violence to the police (Hotton, 2001). Another study found that only a small proportion of women experiencing intimate partner violence reported the incidents to the police (17.2% of the most recent rapes were reported, 26.7% of the most recent physical assaults were reported, and 51.9% of most recent episodes of stalking were reported) (Tjaden & Thoennes, 2000a). The most commonly cited reasons for not reporting the most-recent intimate partner violence included they did not think the police would believe them (7.1% of rape victims, 61.3% of physical assault victims, and 98.2% of stalking victims); they did not believe that the police could or would do anything about the crime (13.2% of rape victims, 99.7% of physical assault victims, and 100% of stalking victims); and because of fear of the perpetrator (21.2% of rape victims, 11.7% of physical assault victims, and 38.2% of stalking victims) (Tjaden & Thoennes, 2000a).

Hotton (2001) found that of all the women reporting separation violence, 24% reported the violence was more severe during separation, 37% reported the violence was similar to what they experienced during the relationship, and 39% reported they were first assaulted during separation.

The perception that contacting the police would not make any difference for women is confirmed by the experience of some women (Erez & Belknap, 1998; Fleury, Sullivan, Bybee, & Davidson, 1998). For example, a survey of advocates indicated that police had an immediate response in only one third of the cases; that police told the victim that there was nothing they could do in 25% of the cases; that police indicated they did not believe the victim in about 20% of the cases; the police arrested the perpetrator in only about 15.7% of the cases; and the police actually refused to arrest the perpetrator in 18.6% of the cases (Belknap & Hartman, 2000). Some research indicates that police are less likely to arrest a perpetrator when the victim is an intimate partner than when the violence is directed toward a nonintimate partner (Avakame & Fyfe, 2001; Buzawa, Austin, & Buzawa, 1996; Fyfe, Klinger, & Flavin, 1997) lending some credence to the idea that "police won't do anything about the violence." Even if the perpetrator is arrested or charged, few are prosecuted (7.5% of rapes, 7.3% of physical assaults, and 14.6% of stalking), less than one half of prosecuted offenders are convicted, and 36% to 69% of those convicted are actually sentenced to jail or prison (Tjaden & Thoennes, 2000a). In a study of stalking crimes, the most common disposition of cases entering the court system was dismissal (Jordan, Logan, Walker, & Nigoff, 2003). In addition to relatively poor criminal justice response, there may be other barriers to using the legal system including negative attitudes of those who work within the criminal justice system toward victims of intimate partner violence (Belknap, 1995; Logan, Evans, Stevenson, & Jordan, in press; Logan, Shannon, & Walker, 2003;

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Logan, Stevenson, Evans, & Leukefeld, in press); fear of retaliation (Fischer & Rose, 1995; Fleury et al., 1998; Mears, Carlson, Holden, & Harris, 2001); and limited access to the police (e.g., no telephone to call) (Fleury et al., 1998; Logan, Stevenson, et al., in press).

Furthermore, data are conflicted on arrest effectiveness with some studies showing that arresting batterers reduces violence (Berk, Campbell, Klap, & Western, 1992; Maxwell, Garner, & Fagan, 2001) and other research showing arrest has no impact on violence (Hirshel & Hutchison, 1996; McFarlane, Willson, Lemmey & Malecha, 2000). Likewise, there are conflicting results for the effectiveness of protective orders with some studies reporting the majority of perpetrator violence is diminished after a protective order is granted (Buzawa & Buzawa, 1996b; Carlson, Harris, & Holden, 1999; Keilitz, Hannaford, & Efkeman, 1997) and some studies reporting that the majority of perpetrators continue violence (Harrell & Smith, 1996; Tjaden & Thoennes, 2000a). In addition, some research indicates that officers are reluctant to arrest domestic violence perpetrators (Finn, 1991; Jasinki, 2003; Logan, Shannon, & Walker, 2003 submitted; Van Hightower & Gorton, 2002; Wolf, Ly, Hobart, & Kernic, 2003). Furthermore, women assaulted by intimate partners report less satisfaction with almost all aspects of the criminal justice system than victims of assault by nonintimate partners (Byrne, Kilpatrick, Howley, & Beatty, 1999). The literature suggests that the violence during separation is continual and that, if anything, incidents are greatly underreported. However, if criminal justice and other professionals view separation and divorce as simply a time of contention and tactical maneuvers by both parties, it may be that there is a tendency to underrespond to reports of violence.

Child Safety Concerns and Custody Conflicts

Mothers may be concerned for their children, not only because of the negative impact that parental violence has on children but for their safety as well (Humphreys, 1995; Jouriles, Norwood, McDonald, Vincent, & Mahoney,

1996; Laumakis, Margolin, & John, 1998). Many children often actually witness the parental violence (Holden, Geffner, & Jouriles, 1998) as underscored in Hutchison and Hirschel's study (2001) which found that the majority of the children from violent families in their study had either witnessed the most recent violent assault (59%) and/or saw the police when they arrived at their home (67%). Hotton (2001) reported that children witnessed interparental violence in the majority of cases (66%). Children can continue to witness parental violence during separation as well (Buchanan & Heiges, 2001). Although research indicates that a child's response to parental violence can vary because of a number of factors, witnessing parental violence has been associated with negative outcomes for children (Edleson, 1999; Holden et al., 1998; Hughes, 1988; Jaffe, Wolfe, Wilson, & Zak, 1986). For example, Pelcovitz, Kaplan, DeRosa, Mandel, and Salzinger (2000) found that adolescents from homes with parental violence were at greater risk for depression, anxiety symptoms, posttraumatic stress disorder, and oppositional defiant disorder than adolescents in homes without parental violence. The presence of high conflict between parents, more generally, has been associated with increased risk for behavior problems in children and adolescents (Buchanan, Maccoby, & Dornbusch, 1996; Hetherington, 1999; Wolfe, Zak, Wilson, & Jaffe, 1985). In fact, some authors suggested that the negative effect of divorce on children is associated with the conflict during the divorce process rather than simple family-structure differences (Buchanan & Heiges, 2001). More interesting, "high conflict" has often been included as an important variable in the marital and family research literature—particularly with regard to impact on children postdivorce (Hetherington, 1999; Maccoby, 1999). However, the construct of high conflict has rarely differentiated between verbally intense argument and actual partner violence.

Threats from violent partners directed toward the children may also be an important source of stress and concern during separation (Brewster, 2003; Wuest, Ford-Gilboe, Merritt-Gray, & Berman, 2003). For example, Mechanic, Weaver, and Resick (2000) found that women often experienced threats about the children from violent partners including threats of custody disputes (30%), threats to abduct their children (17%), and threats of harm to their children (10%). One study found that 64% of the abusive men in their sample threatened to harm the children an average of 11 times (McCloskey, 2001). Furthermore, research suggests that intimate partner violence overlaps with child abuse in 30% to 60% of cases (McCloskey, Figueredo, & Koss, 1995; National Research Council, 1993; Ross, 1996). In addition, there is some evidence that threats toward children may affect protective legal actions. Zoellner, Goodwin, and Foa (2000) reported 85% of women in their sample whose children were threatened did not complete the protective order process.

In fact, some authors suggested that the negative effect of divorce on children is associated with the conflict during the divorce process rather than simple family-structure differences.

Although all women in separation and divorce situations may be concerned about losing custody of their children (Knoester & Booth, 2000), these concerns assume far greater significance for women separating from violent partners. The threat of custody loss may come from several sources. Women may fear the children will be removed by child protective services if they disclose victimization (Barnett, 2001; Busch & Wolfer, 2002; Echlin & Marshall, 1995; Edleson, 1998). In some cases, the child protection system holds mothers accountable for failing to protect their children from intimate partner violence and abuse by their partner (Davidson, 1995; Echlin & Osthoff, 2000; Jaffe, Lemon, & Poisson, 2003; Tatum, 2000).

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In addition, in some cases mentioning intimate partner violence during divorce proceedings may actually be detrimental to the case from the victim's perspective (Doyne et al., 1999; O'Sullivan, 2000). More specifically, there is qualitative data available suggesting that even the mention of partner violence can result

in angry or hostile reactions toward the victim from court officials (O'Sullivan, 2000; Ptacek, 1999). The anger and hostility may originate from the unsubstantiated but common belief that partner violence is exaggerated in custody, visitation, and other legal disputes (Jaffe et al., 2003). Furthermore, the lack of understanding among legal and mental health professionals about separation in the context of victimization may lead to faulty interpretations of parenting ability on the part of a mother who is suffering from fear, health problems, and mental health problems because of violence during a relationship and after separation as well as concern for the children's safety (Jaffe & Geffner, 1998; Jaffe et al., 2003). One study found that 76% of evaluators indicated attempts to alienate the child from the other parent were important reasons for not recommending sole custody (Ackerman & Ackerman, 1996). This may be especially problematic when custody evaluators are working with a family that has a history of violence because a woman who attempts to protect herself and/or her children may be labeled as "alienating" the children from their father (Doyne et al., 1999) which may be harmful to her appeal for custody.

Furthermore, women may perceive that the court system will disregard their safety concerns in the case processing as well as in the case outcomes. For example, Newmark, Harrell, and Salem (1995) reported that women who are victimized involved in custody disputes were less likely to believe that the court would consider their rights as equally important as their partners' rights compared to women who were not victimized. In fact, there is some evidence that intimate partner violence is not considered an issue of great importance to the court (Doyne et al., 1999; O'Sullivan, 2000). Logan, Walker, Horvath, and Leukefeld (2003) found that, among a random sample of divorce cases with and without histories of violence, there were few or no significant differences in case outcomes with regard to child custody, child visitation, or child support arrangements. O'Sullivan (2000) found that visitation orders were similar in cases with a protective order to cases without a protective order.

Even when specialized mental health professionals are brought in to review divorce cases, there is limited evidence that histories of partner violence are considered. For example, in some disputed custody and visitation cases, judges may require a custody evaluation by a mental health professional. Logan, Walker, Jordan, and Horvath (2002) found from a review of custody evaluator reports in cases with and without intimate-partner violence histories that custody evaluators did not appear to consider safety for women or safety of the children involved in the case. Specifically, more than one half of the evaluators reported interviewing parents together regardless of intimate-partner violence history, and few of the custody evaluator recommendations for custody and visitation even mentioned safety issues. Ackerman and Ackerman (1996) reported results from a survey of custody evaluators and found that violence was not considered a major factor in making custody determinations; only 28% of evaluators endorsed partner violence as a reason for not recommending joint custody. Jaffe and Geffner (1998) summarized these issues with the following statement, "Many legal and mental health professionals do not sufficiently consider the potential dangerousness or lethality of domestic violence. Violent and life-threatening behavior is often minimized as a bad phase of a relationship or as caused by situational stress that will 'settle down eventually'" (p. 382). The assumption that violence is simply a facet of relationship conflict and is a normal feature of separation is one of the troubling beliefs that is challenged by the research literature reviewed in this article. It is apparent from this review that many women do experience partner violence before and during separation, and that there are very salient health, mental health, and stress-related consequences of separation and of victimization. For a woman separating in the context of victimization, the interplay of these consequences may have a substantial impact on her well-being. Trying to negotiate various systems, including the criminal justice system, may take an inordinate level of energy that is already taxed because of the ongoing stress and consequences of separating in the context of victimization.

Furthermore, violent ex-partners may sometimes use the court system by disputing custody to maintain control, intimidation, and harassment of their partners (Brewster, 2003; Jaffe et al., 2003; Shalansky, Erickson, & Henderson, 1999; Wuest et al., 2003; Zorza, 1995). Kurz (1996) found that 38% of women indicated they were fearful during the negotiation for custody and 30% of women suggested they were fearful during negotiations for child support. Newmark et al. (1995) found that that 38% of their sample of women disputing custody and visitation reported severe violence from their ex-partners and that they were more afraid of future harm as well as afraid to openly disagree with ex-partners because of the potential repercussions than women who were not abused. Kurz (1996) found that cases in which women reported being fearful were significantly less likely to have full child support awarded (34%) compared with cases where the woman was not fearful (60%). Lonsdorf (1991) suggested that harassment through the court system may provide an opportunity for one parent to coerce the other parent into accepting a lower child support obligation in exchange for custody of the children.

In addition, certain custody and visitation arrangements may actually provide opportunities for a violent ex-partner to continue to harass the other partner (Henderson, 1990; Hilton, 1992; Wuest et al., 2003). For example, Johnston (1994) suggested that clear custody and visitation plans are essential to diminish conflict that joint custody often does not provide. Although research does indicate that joint custody can be beneficial to children under certain circumstances, such as when the parents agree to joint custody (Kline Pruett & Santangelo, 1999) and that continuing father involvement after separation or divorce is important (Lamb, 1999; McLanahan, 1999; Pagani-Kurtz & Derevensky, 1997; Popenoe, 1996; Thompson, 1994), it is critical to take partner violence into consideration. More specifically, although the joint custody order may designate one partner as the primary residential parent, the orders rarely delineate specific areas of parental authority for the two parents in conjoint custody. Hence, each circumstance becomes an opportunity for conflict and

dispute—and in domestic violence cases, a period for potential harassment and violence. This latitude in agreed orders or adjudications for conjoint custody gives an abusive partner freedom to manipulate and harass the ex-partner and more freedom to make decisions or interfere with the children's status within local agencies for the primary purpose of continuing control and harassment. These arrangements can substantially increase stress and fear for women. For example, Arendell (1995) found from reports of fathers that the majority of the separation violence occurred during exchanges with the children. Another small qualitative study found that women from violent relationships described living within the legal restrictions placed on them increased their stress and fear levels because of their ex-partner's violent behavior during custody exchanges (Shalansky et al., 1999).

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Internal and External Barriers

Choice and Lamke (1997) suggested that women in violent relationships ask themselves two questions in deciding whether to separate: whether they would be better off if they left their partner, and whether they can actually survive without their partner. These decisions depend, at least partially, on economic, structural, psychological, and social support barriers. Economic strain is a significant issue for women who are separating and mothers in general; however, poverty has been associated with victimization experiences of all types (U.S. Department of Justice, 1997, 2000). In particular, the Department of Justice (2000) reported

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that women with the lowest incomes in their study were about 7 times more likely to report intimate partner violence than women with the highest annual incomes in their study. Other research indicates that preseparation socioeconomic status is negatively associated with separation adjustment (Booth & Amato, 1991). Women separating from violent relationships may be profoundly affected by the economic issues they are facing.

The impact of poverty on women with victimization histories is far greater than simple economics. Poverty and victimization can affect health and mental health as well as structural support. For example, Sutherland et al. (2001) compared women with and without victimization histories and found that recent victimization had a significant effect on health for women from all income levels, however the effect was especially profound for women who were low income. The association of poverty and victimization may further impede access to needed health and mental health services with some studies showing that women with victimization histories have more limited access to care than women without victimization histories (Plichta, 1996; Scott Collins et al., 1999). In addition, other factors can reduce the access to care such as transportation, stigma, and embarrassment (Plichta, 1992; Plichta, Duncan, & Plichta, 1996; Scott Collins et al., 1999). The perceptions of how service providers will react (Gerbert et al., 1996; Gondolf, 2002; Logan, Evans, et al., in press; Logan, Stevenson, et al., in press; Rose, Campbell, & Kub, 2000) as well as the initial negative and blaming reaction of service providers may further inhibit help-seeking behavior (Busch & Wolfer, 2002; Campbell et al., 1999; Gondolf, 2002; Gordon, 1998; Logan, Evans, et al., 2003; Logan, Stevenson, et al., in press). Several studies have found that women with intimate-partner violence experiences report lower satisfac-

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tion, and the perception of lower quality of communication with their health care providers than women without intimate-partner violence experiences (McNutt, van Ryn, Clark, & Fraiser, 2000; Plichta, 1996; Plichta et al., 1996).

Employment problems are another major barrier that women separating in the context of victimization may experience. Intimate partner violence has been found to have a negative impact on employment status (Byrne, Resnick, Kilpatrick, Best, & Saunders, 1999; Lloyd, 1997; Lloyd & Taluc, 1999). Although intimate-partner violence victims report having jobs, research suggests they have problems with employment stability (Raphael, 1996; Riger, Ahrens, & Blickenstaff, 2000; Swanberg & Logan, 2003 in press; Zachary, 2000), productivity, and absenteeism (Raphael, 1996; Swanberg & Logan, 2003 in press; Tolman & Rosen, 2001; Zachary, 2000). For example, Tjaden and Thoennes (2000a) found that almost 20% of women reported lost work time from the most recent incident of abuse. Employment problems may be affected by the violence for three primary reasons: (a) the violent offender may interfere with access to work (e.g., physically restraining her from leaving, taking the car); (b) the offender may actually harass and threaten her at the work site (e.g., she may be fired because of the violence at work, she may quit out of embarrassment or fear that the offender will harm others); and (c) the physical and mental health effects of the abuse may interfere with the ability to concentrate and perform her job (e.g., injuries, poor health, mental health problems such as depression diminish her ability to concentrate, fear levels diminish her ability to concentrate) (Brandwien, 1999; Swanberg & Logan, 2003 in press). An unstable employment history associated with the abuse may hinder the ability to obtain employment after separation. In addition, if the abuse is ongoing in addition to childcare responsibilities and legal proceedings, it may be very difficult to obtain and maintain employment.

Barriers may also result from certain types of psychological abuse that women experienced during the relationship and may continue to experience by the ex-partner after separation. In fact, women often describe the psychological

abuse as the most painful abuse they experienced (Follingstad et al., 1990; Gordon, 1998; Marshall, 1999; Sackett & Saunders, 1999). Marshall (1999) reported that psychological abuse tactics had a greater impact on mental health and fear levels than actual physical abuse or sexual abuse. Other studies have found that psychological abuse contributes to mental health problems above the effects of physical abuse on mental health (Arias & Pape, 1999; Sackett & Saunders, 1999). Specifically, psychological abuse can undermine self-worth as well as belief in the ability to accomplish goals. Petersen et al. (2001) interviewed 392 women from a managed care organization and found that 70.9% of women reporting a history of partner violence had a negative self-esteem compared with 44.3% of women not reporting a history of partner violence. Marshall (1999) summarized the impact of psychological abuse on women's functioning with the following statement,

> Of all types of abuse, a man subtly undermining his partner emerged as a strong predictor more consistently. Apparently, having one's sense of self weakened results in the broadest effects. A sense of self is central to factors associated with personal well-being and is important for judgments about one's relationship. It is likely that most aspects of life could be affected if a woman did not believe in herself or trust her own perceptions. (p. 81)

Psychological abuse may play a significant role in diminishing women's beliefs about alternatives to the current relationship as well as the belief in her ability to maintain separation from her partner or whether she believes she can survive without her partner.

Another characteristic of violent relationships, often mentioned in intimate-partner violence research, is the isolation of a woman from friends and family (El-Bassel, Gilbert, Rajah, Foleno, & Frye, 2001; Goodkind, Gillum, Bybee, & Sullivan, 2003; Rose et al., 2000). Social isolation can be accomplished by specific partner tactics to cut off a woman's social network and help seeking and sometimes occurs because a woman is embarrassed or the family and friends react negatively to the situation (Rose et al., 2000). Social support has been found, in some research, to be important in coping with stress (Cohen, Gottlieb, & Underwood, 2000; Turner, 1999), has been associated with better perceived mental health among intimate-partner violence victims (Coker et al., 2002; Kaslow et al., 1998), and has been associated with separation adjustment (Duran-Aydintug, 1998; Goodman, Bennett, & Dutton, 1999; Miller et al., 1998; Tan, Basta, Sullivan, & Davidson, 1995). Social isolation can also result in limited opportunity for contact with service agencies. Without access to social support and help from supporting agencies, adjustment to separation may be delayed.

Exacerbation of Health Problems, Mental Health Problems, and Stress

Ongoing violence during separation most likely adds a complication to the separation process by intensifying existing health and mental health problems. Carlson and Dalenberg (2000) stated that

> stressful or negative events occurring after a trauma, however, seem certain to exacerbate a trauma response because in order to cope with the later events, an individual would have to draw further on his or her already depleted emotional and cognitive resources. Furthermore, the experience of stressful events following trauma would tend to add to feelings of lack of controllability. For these reasons having to cope with negative life experiences such as living in poverty, marital discord, a

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stressful work life, and difficulties raising children would be expected to impair the individual's recovery from trauma. (p. 20)

These authors did not even mention the impact that continuing psychological and physical violence may have on women. Ongoing physical and psychological violence may be qualitatively different from other kinds of traumatic life events that occur. Not only do women transi-tioning out of violent relationships experience this ongoing abuse, they may also be experiencing the same kinds of major life stressors as women who do not experience separation violence (e.g., family illness, health problems, stranger victimization, property victimizations).

Anderson and Saunders (2003) suggested that "survivors typically go through several phases or shifts in their thinking during the process of leaving. . . . The phases include (a) endurance of and managing the violence while disconnecting from self and others; (b) acknowledging the abuse, reframing it, and counteracting it; (c) breaking free, disengaging, and focusing on one's own needs."

The increased stress levels of women in violent relationships are considerable and are related to mental health problems (Campbell, 2002; Campbell et al., 2002). Mechanic, Uhlmansiek, Weaver, and Resick (2002) found that a sample of women from a shelter who experienced frequent ongoing stalking had more psychological distress than women who were stalked infrequently. Mertin and Mohr (2001) found that ongoing violence was associated with psychological distress including anxiety, depression, and PTSD. Campbell et al. (1995) found that a significant proportion of their sample of women leaving a shelter was depressed 6 months later and that feelings of powerlessness, experience of abuse, and decreased social support contributed to their depression levels. Furthermore, psychological abuse, stress, and mental health problems can result in cognitive distortions, diminished cognitive capacity, and impaired decision-making skills (Clements & Sawhney, 2000; Dutton, Burghardt, Perrin,

Chrestman, & Halle, 1994; Nurius, Furrey, & Berliner, 1992; Owens & Chard, 2001) that may increase difficulty in separation adjustment and maintenance.

Furthermore, the psychological tasks of separation including creating a psychological independence, letting go of a relationship that was a significant part of life, and the grief or loss associated with the relationship termination must be considered as a stressful component of separation for women with violent ex-partners as well (Lerner & Kennedy, 2000; Patzel, 2001). In other words, attachment conflicts and loss are a normal and expected response to separation (Anderson & Saunders, 2003; Campbell, 1989; Wallerstein & Blakeslee, 1989). In addition, women separating from violent relationships must make some major psychological adjustments regarding the violence they experienced during the relationship, such as understanding about why the abuse occurred, why she did or did not take certain actions, and the meaning attached to the experience (Landenburger, 1998; Smith, 2003; Wuest & Merritt-Gray, 2001). For example, Campbell, Rose, Kub, and Nedd (1998) found that some of the women in their study were separating or attempting to separate, however they described their continued feelings of love or expressed doubts about what would actually happen to the relationship in the long-term. At some level, these women had not made the final break in the relationship—at least not psychologically. Anderson and Saunders (2003) suggested that

survivors typically go through several phases or shifts in their thinking during the process of leaving. . . . The phases include (a) endurance of and managing the violence while disconnecting from self and others; (b) acknowledging the abuse, reframing it, and counteracting it; (c) breaking free, disengaging, and focusing on one's own needs. (p. 185).

That source of conflict may be stressful and must be considered in the context of the other issues related to separation including economic strain, other life changes, the context of continuing violence, concerns about child safety, internal and external barriers, and exacerbated

health and mental health problems. The psychological adaptations that must be made for more positive separation adjustment for women who are separating, regardless of violence history, as noted by Wallerstein and Blakeslee (1989) may be especially challenging and difficult in the context of a history of violence as well as ongoing psychological abuse and threats.

Furthermore, stress and chronic stress levels have significant associations with health and mental health problems (Pearlin, 1999a, 1999b; Turner, Wheaten, & Lloyd, 1995). Eby (as cited in Sutherland et al., 2001) found, in her dissertation, that women with victimization histories reported higher stress levels and poorer health outcomes than women who were not victimized, and that stress mediated the relationship between victimization and physical and mental health. Sutherland, Bybee, and Sullivan (2002) found that stress accounted for 80% of the indirect effect of victimization on health and found that victimization was a stronger predictor of women's stress than poverty. Stress levels and health outcomes have been associated in other studies (Kiecolt-Glaser, Marucha, Malarkey, Mercado, & Glaser, 1995; Pike et al., 1997; Sutherland et al., 2002). In some sense, a cycle is created where the initial separation stress interacts with factors associated with separation in the context of victimization including exacerbated health and mental health problems that then increases stress levels even further. If the assumptions underlying the premise in this article are accepted—that separation alone is stressful, separation when children are involved intensifies stress levels, victimization experiences are stressful, and separation in the context of victimization produces potentially inordinate levels of stress and complexity— then the need for interventions becomes essential.

Summary

Many women in abusive relationships do leave their partners and seem to leave relatively soon after the abusive relationship begins.

However, although they face violence during the relationship, they may face ongoing violence and psychological terror after leaving the relationship as well. Many ex-violent partners threaten to kill their partners if they leave and many make good on their promise. Notwithstanding the levels of fear and actual violence a separating woman may experience, there are other considerations, such as the health and mental health consequences of the victimization during the relationship as well as the proliferation of stress that occurs during separation. The legal system is also involved in a variety of ways for women trying to separate from a violent relationship that may complicate the situation and produce increased stress. In addition, when children are involved the custody, visitation, concern for the child's well-being, and child support all may become obstacles to separating, adjustment to separation, and stress levels. Furthermore, internal and external barriers may be affected by the abusive environment. Finally, the ongoing violence, child-related concerns, and internal and external barriers can exacerbate health and mental health sequelae and increase stress that can then affect decision making, coping skills, and cognitions.

IMPLICATIONS

The current study is one of the first to examine separation in the context of victimization as explicated in this literature review. In general, the overall conclusions from this review suggest that separation is not a uniform event or a simple psychosocial situation. Individuals differ in their responses to the stresses and stages of separation, however separation experiences occur in dramatically different contexts that may result in very different consequences to health, mental health, substance use, and overall quality of life. It should be noted that there is a body of literature suggesting that separation can have positive impacts on adjustment (Masheter, 1998); however, this review has focused more intently on the problem side of separation as a way of identifying factors that could be addressed by social interventions to reduce negative adjustment to separation. A greater

appreciation of the separation context can inform clinical practice, the legal community including the courts, as well as future research efforts. Three major practice implications are outlined in the section below: (a) the need for a new paradigm to understand the separation context, (b) the incorporation of ongoing assessments and support for women who are separating, and (c) the increased integration of services and referral resources. In addition, this review clearly indicates that there is a critical need for the increased awareness of the degree of risk for further violence during separation and the continuing risk to children that has implications for the legal community, including the court system. There are also three main implications for research outlined below: (a) improvements in integrating separation/divorce and victimization research, (b) a better understanding of how the type of relationship (cohabitating vs. marital) may affect the separation process, and (c) the need to develop and evaluate interventions for women who are separating, especially women separating in the context of violence.

In other words, results of this literature review suggest that intervention or treatment models that explain normal separation or divorce are appropriate for many women, however their constructs may obscure the more important issues among clients who leave violent relationships

IMPLICATIONS FOR PRACTICE

A New Paradigm for Understanding Separation

Traditional marriage and family research has identified factors that are important in understanding the many effects of separation and divorce on adult partners as well as their children. In a separate domain, the intimate-partner violence literature has documented the dynamics of relationship violence, including violence during the transition out of the relationship. The integration of these two domains of literature is critical in facilitating a better understanding of the complexities of separation and divorce for women. In other words, results of this literature review suggest that intervention or treatment models that explain normal separation or divorce are appropriate for many women, however their constructs may obscure the more important issues among clients who leave violent relationships. It may be important to view separation from violent relationships as not just more complicated than nonviolent relationships but as qualitatively different. In fact, the expected "stages" of progress through a separation/divorce may be irrelevant and misleading when treating a client leaving a violent marriage. In other words, results of this review suggest that victimization may profoundly alter the general experience of separation because (a) the health problems, mental health problems, and stress that normally occurs during the separation process may be exacerbated for women separating from violent relationships and (b) the stress, health, and mental health problems from a history of and ongoing victimization in conjunction with the normal consequences of separation may result in cognitive distortions, diminished cognitive capacity, and impaired decision-making skills that may increase difficulty in separation adjustment and maintenance. By better understanding the context within which clients are separating, clinicians can implement more helpful interventions. The results of the current study suggest that the experience of separation in the context of victimization may be so qualitatively different that there is a need for a different paradigm to explain separation and divorce situations in the context of violence. Clinical approaches might be enhanced by considering the three-tiered contextual model suggested in this integrated review of the literature.

As part of the paradigm shift, clinicians need to understand that many treatment models, such as behavioral cognitive therapy, focus on the individual characteristics. However, the contextual factors of separating from violent partners include psychological factors as well as external factors and the behaviors of their ex-partner. Women do not necessarily have control over the legal process or the violent behaviors of

their ex-partner suggesting that clinical approaches will benefit from expanding their intervention from focusing on individual characteristics to incorporate comprehensive assessments and integrating other resources as a part of treatment.

Finally, often separation is seen as an important step or intervention for women in abusive relationships (Anderson & Saunders, 2003; O'Brien & Murdock, 1993). However, this review clearly shows that women separating in the context of a violent relationship have multiple risks. The risks that occur during the separation period imply a very significant need for interventions. Davies, Lyon, and Monti-Catania (1998) suggested that interventions for women experiencing intimate partner violence should focus on each woman's needs and circumstances. In other words, interventions should incorporate the identification of options, an analysis of those options, and the implementation of those options in collaboration with each individual woman to ensure the context of violence and specific individual needs are met. It is also important for practitioners to accept that separation is a process with multiple factors and risks influencing the process, as well as to understand that situations change constantly warranting an ongoing assessment of safety and other needs (Anderson & Saunders, 2003; Peled, Eisikovits, Enosh, & Winstok, 2000; Rhodes & McKenzie, 1998).

Ongoing Assessment and Support

The conceptual framework presented in Figure 1 suggests that interventions have potential moderating affects on the consequences of separation. Assessment can also help to identify risk factors as they emerge in treatment and then set forth ways to address them. Several factors are likely to be of concern including (a) a simultaneous and integrated focus on victimization, mental health, and substance use; (b) safety assessment and planning; and (c) attention to lifestyle issues and their contribution to risk.

It is important to consider that women may seek services for health or mental health problems that they may or may not consider related to the violence. Women may not initially disclose victimization for a number of reasons, including the perception that a practitioner does not really want to discuss victimization; fears about involvement of the criminal justice system; concern about confidentiality, stigma, and embarrassment; or prior negative experiences with services (Brownridge & Halli, 2001; Gondolf, 2002; Hook, 1999; Logan, Stevenson, et al., in press; Rodriguez, Sheldon, Bauer, & Perez-Stable, 2001). By incorporating violence into the assessment process, clinicians convey understanding that violence does, in fact, occur, and this alone can be validating. As an example, research indicates that although few women are asked about victimization by health care providers (Friedman et al., 1992; Scott Collins et al., 1999), women with victimization experiences report they would be willing to disclose and discuss the victimization experience with health care staff if they were asked directly (Caralis & Musia-lowski, 1997; Friedman et al., 1992; Rodriguez et al., 2001). In addition, mental health providers often do not assess victimization on a client's entry into services (Jordan & Walker, 1994). Only about 6% of wives seeking marital therapy indicated there was a presence of domestic violence to a written self-report, but 44% reported some form of violence in response to direct questioning (O'Leary, Vivian, & Malone, 1992). If clients

are not directly and sensitively assessed for victimization, mental health professionals will not be able to adequately identify abuse, evaluate lethality, and structure appropriate interventions.

On the other hand, women may seek services for the victimization but not necessarily disclose their depression or substance abuse problems. Treatment should be vigilant for the many co-occurring disorders that can arise among women who are separating from a relationship as outlined in this review of the literature. Multiple clinical strategies may be indicated rather than a uniform or single-focus therapy. Furthermore, women leaving violent relationships may experience depression, anxiety, PTSD, other mental health problems, as well as substance use disorders that could benefit from medications in addition to counseling for issues related to the separation. Given the risk factors for substance misuse or abuse among women who were victimized, clinicians and treating physicians should be aware of research on effective medications and not use a one-drug-one-disorder approach (Grebb, 2000).

Co-occurring problems are important to consider in treatment with women who are separating, however safety should also be a primary concern. Safety assessments and support should be conducted on a continuing basis throughout the treatment episode because situations can change over time for women leaving violent relationships (Davies et al., 1998). A risk of revictimization occurs for two main reasons. First, as mentioned earlier, separation can be a risk factor for ongoing violence including risk of lethal violence from the ex-partner (Dawson & Gartner, 1998; Kurz, 1996; Sev'er, 1997; Wilson & Daly, 1993; Wilson et al., 1995). It is important to remember that revictimization can occur in multiple forms. Although physical victimization may occur less frequently, psychological victimization may be more persistent and may continue even when the physical violence has ceased or been interrupted. Psychological victimization can be profoundly disturbing. The persistence of psychological abuse is exemplified by one study that found almost 75% of the men involved in a batterer treatment program

verbally abused their partners sometime during the 15-month follow-up, and the verbal abuse continued toward the end of the follow-up period for almost one half (44%) of the participants (Gondolf, Heckert, & Kimmel, 2002). Second, studies have found that women experiencing one episode or sequence of victimization may be at risk for other episodes of victimization than women without a prior history of victimization (Acierno et al., 2000; DiLillo, Giuffre, Tremblay, & Peterson, 2001; Gilbert, El-Bassel, Schilling, & Friedman, 1997; Irwin, 1999; Merrill et al., 1999; O'Keefe, 1998; Whitmire, Harlow, Quina, & Morokoff, 1999). Although revictimization is a complex phenomenon that lacks a complete explanation, certain lifestyle factors may contribute to increased vulnerability (Logan, Walker, Cole, & Leukefeld, 2002). For example, frequenting bars and heavy drug use have been associated with an increased risk of victimization probably because of environmental circumstances and impaired decision making (Parks & Miller, 1997; Parks & Zetes-Zanatta, 1999). Given the risk for revictimization, it is critical that safety assessments become integrated into all treatment protocols with women separating from violent partners. Clients may benefit from feedback about risks associated with lifestyles as well. Education can be a part of the continuing safety assessment activity.

Last, clinicians should use a thorough assessment process that leads to truly individualized intervention plans. Relationship dissolution is associated with numerous health, mental health, economic, parenting, and social role perils. Appropriate treatment should carefully address these perils as they arise in individual circumstances. Treatment should also consider and build on the strengths that these women have. The coping and adaptive skills that women in violent relationships have developed to keep themselves and their children safe as well as to emphasize positive aspects of their lives may be critical in supporting women as they transition out of these violent relationships (Browne, 1998; Hamby & Grey-Little, 1997). Comprehensive and ongoing assessments are critical because treating only some of the issues

a woman faces is not likely to be as successful. Treatment cannot always address all problems women who are separating experience which is why the increased integration of services and referral resources becomes critical.

Increased Integration of Services and Referral Resources

Research indicates that women leave or stay with a partner based on their current needs and perceived alternatives (Rusbult & Martz, 1995). A comprehensive model of services must be provided to meet the multiple safety, economic, health, and mental health needs of women. More specifically, it is suggested that the combination of the following are necessary to facilitate and maintain separation from a violent partner:

- tangible resources such as income, employment, and housing;
- interpersonal resources including the quality and quantity of social networks;
- legal resources; and
- health and mental health resources.

Clinical services may need to help clients re-establish their sense of identity and self-worth in addition to increasing their safety. Clinicians should make use of a range of case management and advocacy approaches and actively use community resources to help clients with financial needs, health problems, child-care needs, and employment-related problems (Foa, Cascardi, Zoellner, & Feeny, 2000). In fact, one study found that community-based advocacy resulted in lower partner revictimization rates, higher quality of life and social support, and greater access to community resources that highlights the importance of integrating treatment with multiple agency support (Sullivan & Bybee, 1999).

In addition, it is important for clinicians to be vigilant about clients' changing needs and the frustrating limitations of service agencies that may pose barriers to continued safety and health. For example, women separating from violent relationships may need to utilize the criminal justice system for protective orders and other mechanisms for safety as well as for cus-tody and divorce proceedings. However, interactions with the legal system may increase stress and frustration for a number of reasons (Logan, Stevenson, et al., in press). In addition, interactions with other service providers can sometimes be negative for a variety of reasons including the bureaucracy of negotiating the system, negative perceptions of a woman in a violent situation by service professionals, or the lack of confidentiality (Logan, Stevenson, et al., in press). It is important that practitioners be aware of the resulting stress and frustration when women do try to access various service systems and that they are willing to collaborate with their clients around these issues. In addition, clients who do not follow through on referrals may be seen as not motivated. However, clinicians need to be cautious about these impressions and should understand the many frustrations and stressors that their clients may be facing. Integrating clinical and environmental resources for women who are separating into practice in addition to safety planning and treatment for co-occurring mental health problems will be important in overall adaptation to the separation.

> **Research indicates that women leave or stay with a partner based on their current needs and perceived alternatives.**

IMPLICATIONS FOR THE LEGAL COMMUNITY

This review of the literature has important implications for police, attorneys, court personnel, and judges. Specifically, the legal community should consider improving two main areas: (a) improvements in safety mechanisms provided by the legal system and (b) safety considerations for the victim and the children during custody and visitation disputes, recommendations, and resolutions. As noted earlier, this review cited numerous studies suggesting that adult victims experience problems obtaining viable responses from the criminal justice system in

> **Clinical services may need to help clients re-establish their sense of identity and self-worth in addition to increasing their safety.**

meeting their safety needs and those of their children during separation and divorce. It is critical that women have increased access to the court system for protection, and that the protections afforded to women are enforced to the fullest extent of the law (Logan, Shannon, & Walker, 2003 in press). In addition, the legal system is involved in separation and divorce for a number of reasons including property settlements, assignment of child custody and child support, visitation, and other parental rights (Jaffe et al., 2003). There is evidence of a lack of attention to child and victim safety during legal negotiations when there is a history of violence (Jaffe et al., 2003; Logan, Walker, Jordan, et al., 2002). As with clinicians, court procedures during separation, including child-custody evaluations, might benefit from a different approach than that used with nonviolent couples who simply have strong disagreements. The safety and well-being of children and their mothers when separating from violent relationships could be better maintained if different perspectives and procedures were used for couples with violence histories compared to couples with nonviolent histories during separation. For example, the use of child-custody evaluations that focuses on child safety as well as safety for the woman at risk of ongoing violence could be an important improvement in the handling of these cases. In addition, protective orders that are sought during separation should be considered serious legal measures for protection rather than merely tactics of a "typical" conflictual couple seeking leverage.

IMPLICATIONS FOR RESEARCH

Improvements in Integrating Separation/ Divorce and Victimization Research

Although there has been extensive research into the many aspects of relationship dissolution as well as research on intimate partner violence, there is a clear need for more studies that integrate these two domains of research. Separation processes may differ depending on individual circumstances, such as whether there is violence and abuse in the relationship; how-

ever, there has been limited focus on the process of separation at this level. For example, the many measures of intimate partner violence could have important application in separation/divorce studies. Likewise, the victimization literature could benefit from a better understanding about the separation process and how victimization and consequences of separation and victimization change during this process over time (Anderson & Saunders, 2003). The literature reviewed for this article highlighted three specific areas that should receive more research attention in order to facilitate understanding of the separation process: (a) separation adjustment in the context of ongoing violence, (b) cultural differences in separation adjustment, and (c) custody and visitation during separation.

As referenced earlier, there has been limited research focused on separation adjustment in the context of ongoing violence (Anderson & Saunders, 2003). More research on the impact of separation assault or abuse that continues during separation on postdivorce adjustment is needed (Hardesty, 2002). Even something as simple as when women begin the emotional separation process (before the actual physical separation) has not been examined in-depth in terms of how relationship violence may develop during that stage of separation. In addition, more information on how individuals cope with victimization in the context of separation, as well as in the context of other life stressors, is an important area for further exploration. As another example, although research has examined aspects of separation, victimization, and substance use and indicates there are significant bivariate correlations among these factors, there has been limited study on combining all these factors among women who are separating. Yet the research findings clearly suggest there are interrelationships of these variables and that a more definitive understanding of these interrelationships is critical for understanding women's health and mental health.

There are many other questions that remain unanswered about separation in the context of victimization, such as the impact of culture including race, ethnicity, or rural/urban community context on separation in the context of vic-

timization. Even if rates of intimate partner violence are similar across different cultural contexts, the dynamics of interpersonal violence are likely to differ. Women in different cultures may define abuse differently, experience different norms about relationships and relationship separation, have different patterns of help seeking, and have different barriers to service seeking that may contribute to differences in the context of victimization as well as the context of separation, (Joseph, 1997; Lefley, Scott, Llabre, & Hicks, 1993; Logan, Evans, et al., in press; Logan, Stevenson, et al., in press; O'Keefe, 1994; Torres, 1991; West, Kaufman Kantor, & Jasinski, 1998). For example, several studies indicated that Hispanic women have strong gender-role stereotypes about how men and women should behave as well as strong religious beliefs about the sanctity of marriage (Marin, 1996; Sorenson, 1996) and that Hispanic women report barriers, such as fear and mistrust, lack of knowledge about where to seek help, language, transportation, and deeply ingrained social and cultural norms to seeking help (Krishnan, Hilbert, VanLeeuwen, & Kolia, 1997). However, little is known about the separation process and adjustment among Hispanic women, especially Hispanic women experiencing partner violence. In general, women in different cultures experience varying risks and service needs (Henning & Klesges, 2002), however cultural differences have received little attention in the separation and victimization context.

More research on the impact of the criminal justice system on women separating from violent ex-partners is also needed. For example, more research is needed on effective criminal justice mechanisms to increase the safety of women. More research about custody negotiations and arrangements are needed to better understand how to increase the safety of women and their children. Moreover, more research is needed to increase the knowledge base about how interactions with the legal system increase or decrease stress and mental health problems for women separating in the context of victimization.

Cohabitating Versus Marital Relationship Separation

Given the noted trends toward cohabitation relationships, it is critical that more research on the type of relationship that women separate from, and their adjustment, is conducted. More specifically, much of the information on single mothers does not distinguish between mothers who separated from marital relationships and mothers who separated from cohabitant relationships. However, some data suggests that as much as 41% of single mothers were never married to their child's father (Bryson & Casper, 1998). The limited information that is available suggests there may be important differences between married and cohabitant single mothers. For example, divorced single-parent families tend to be economically better off than never-married single-parent families (U.S. Bureau of Census, 1997). Meyer (1999) found that paternity fathers had much lower incomes than divorced fathers and that compliance with child support orders was less for paternity cases than divorce cases. In addition, younger unmarried single mothers tend to be on welfare the longest of all single mothers (Bane & Ellwood, as cited in McLanahan, 2000).

There is other literature suggesting that individuals or couples who marry are different from couples who cohabitate, and it is not clear how these differences may affect separation violence and adjustment. For example, research indicates that cohabitators report lower relationship satisfaction (Stack & Eshleman, 1998), less relationship commitment (Forste & Tanfer, 1996; Nock, 1995), and different expectations about the future (Bumpass, Sweet, & Cherlin, 1991; Waite, 1995) than married individuals. Some literature also suggests that cohabitators, compared to married women, have higher rates of substance abuse (Horwitz & White, 1998) and more frequent and severe partner violence rates (Brownridge & Halli, 2002; Jackson, 1996; Stets, 1991; Stets & Straus, 1989). In fact, Brownridge and Halli (2001) found that women who cohabitate or have histories of cohabitating experience more violence than married women who have never cohabitated. Other research has found that cohabitators are significantly less

An intervention should incorporate strengths, coping strategies, and factors that protect women who have been victimized as well as factors that contribute to vulnerability of mental health consequences of victimization. Incorporating strengths can serve to build self-esteem, negate the effects of psychological abuse, and enhance motivation for change.

In addition, future research on victimization, separation, as well as intervention development could benefit from including at least recognition of the implications of neurobiology for understanding victim cognition, affect regulation, and decision making under stressful circumstances.

likely to seek help for abuse than married women (Brownridge & Halli, 2001; Hutchison & Hirschel, 1998). In addition, the criminal justice system may respond differently to women experiencing intimate partner violence based on marital status. For example, some research found that when a woman reports intimate partner violence to the police, the perpetrator is less likely to be arrested than when the couple is not married (Connolly, Huzurbazar, & Routh, 2000) whereas other research has found that married women seeking protective orders for intimate partner violence were more likely to receive them than unmarried women (Gondolf, McWilliams, Hart, & Stuehling, 1994; Wolf, Holt, Kernic, & Rivara, 2000). Moreover, custody and child support negotiation and resolution differences between married women and cohabitants have received limited attention. It is critical that more research is conducted to clarify whether the risk factors and implications for separation from these two types of relationships are significantly different. These differences could have major impacts on policy, practice, and future research.

Intervention Development and Evaluation

Interventions for women separating in the context of separation are limited. The dearth of interventions for this target population may exist because (a) there are limited intervention models and/or (b) because there is a lack of outcome evaluations on currently available interventions. More specifically, several reviews of clinical interventions for women with intimate-partner violence experiences concluded that there were no interventions with superior treatment efficacy for this population (Abel, 2000; Gore-Felton, Gill, Koopman, & Spiegel, 1999; Lundy & Grossman, 2001; Wathen & MacMillan, 2003). Outcome research on interventions with women experiencing partner violence may be limited because there are few clearly identified clinical treatments available for intimate-partner violence victims in general, and for women transitioning out of violent relationships specifically.

Although there are limited clinical treatments, the literature does suggest that there are several treatment components that should be incorporated when working with intimate-partner violence victims. An intervention should incorporate strengths, coping strategies, and factors that protect women who have been victimized as well as factors that contribute to vulnerability of mental health consequences of victimization. Incorporating strengths can serve to build self-esteem, negate the effects of psychological abuse, and enhance motivation for change (Browne, 1998). Strengths are related to how women cope with stress, and coping serves to regulate stress and the management of stress-related problems (Parker & Endler, 1996). Treatment models should also include mechanisms to address external stressors and to increase coping resources. Only focusing on one aspect of stressors without addressing the other aspects will be problematic.

In addition, future research on victimization, separation, as well as intervention development could benefit from including at least recognition of the implications of neurobiology for understanding victim cognition, affect regulation, and decision making under stressful circumstances. Genetics and family history have been identified as important factors in the development of mental health problems (Kendler et al., 1995; Kendler & Prescott, 1999; Zuckerman, 1999). Preliminary research also suggests that

chronic or severe trauma is associated with changes in brain structure and contributes to increased vulnerability to mental health problems as well as physical problems (DeSouza, 1995; Owens & Nemeroff, 1993; Shively, 1998; Shuchter, Downs, & Zisook, 1996; Thase et al., 1996; Yehuda, 1999; Yehuda et al., 1996). Future studies should expand on the association of trauma, characteristics of trauma and the associated biological changes, the separation of the effects of different kinds of abuse at different developmental stages, and the subsequent biological changes (Heim et al., 2000). Innovative future research will combine neurobiological measures with psychosocial approaches to better understand the relationship of brain, behavior, and environmental interactions among victims and to provide implications for interventions.

Another potentially important intervention development may be to better understand when brief interventions are effective and when longer term interventions are necessary for intervening with women separating in the context of victimization (Zweben & Fleming, 1999). When the dimensions in Figure 1 are examined, it is difficult to imagine that a brief intervention could be effective in intervening with women separating from violent ex-partners; however, given limited individual and societal resources it may be important to consider such alternatives as brief interventions or addressing the many problems through serial intervention episodes. The effectiveness and efficiency of long-term treatment should be compared with brief interventions using rigorous outcome research methods and careful cost/benefit analysis before final determinations are made. There is some limited research evidence that brief interventions may be effective in some situations with some individuals. For example, a few studies have shown that a brief physician intervention (brief counseling, education, and referrals) resulted in decreased alcohol consumption (Barnes & Samet, 1997; Fleming & Baier Manwell, 1999). Another study compared women who were pregnant and were randomly assigned to three interventions—a brief intervention that included a resource card and brochure about violence; a counseling intervention

that included access to counseling services; and an outreach intervention that included access to counseling and a pairing with a peer mentor. This study found at the 2-month follow-up, that the brief intervention and the outreach plus the brief intervention groups had significantly less violence than the counseling-only group. However, violence was significantly reduced at the longer follow-up periods for all three groups, regardless of intervention groups (McFarlane, Soeken, & Wiist, 2000). Other research indicates that more intensive treatment is needed to be effective for problems such as substance abuse and major mental health problems (Drake, Mercer-McFadden, Mueser, McHugo, & Bond, 1998; Grella, Polinsky, Hser, & Perry, 1999). These conflicted research findings indicate that more extensive research is needed to examine brief versus long-term treatment interventions, and the conditions and populations under which one type of intervention may be more effective than the other.

In addition to the need for the development and better understanding of interventions and intervention components for women separating in the context of victimization, intervention effectiveness research is extremely important. Outcome studies for clinical interventions, in general, tend to have major methodological problems, including small sample sizes, high intervention drop-out rates, no control groups, implementation problems, limited and inconsistent outcome measures, and poor follow-up rates (Abel, 2000; Foa & Meadows, 1997; Lundy & Grossman, 2001). However, there may be some special considerations in developing outcome studies for interventions targeting women separating in the context of victimization. For example, including clearly defined outcomes using reliable and valid measures as well as considering the type and timing of outcome measure are important considerations (Foa & Meadows, 1997; Linehan, 1999; Lundy & Grossman, 2001), especially with a population of women who are separating because these women may have different issues that manifest over time. Improvement in one area may or may not relate to improvements in other areas of life. In other words, separation adjustment, as a more general construct, may not become evi-

dent for several years until a woman learns to adjust to the role strain imposed by the change in living conditions, especially when considering the amount of time involved in custody disputes that can last up to or even longer than a year (Logan, Walker, Horvath, & Leukefeld, 2003; Logan, Walker, Jordan, & Horvath, 2002). In addition, it is critical that control groups or no-intervention groups be used and that random assignment is incorporated to ensure changes at follow-up, if there are any, can be attributed to the intervention with more confidence (Royse, Thyer, Padgett, & Logan, 2000). It is also very important to include detailed information on the sample that interventions are being evaluated with as well as details about recruitment, selection, and eligibility so that others can determine the generalizability of the intervention results (Humphreys & Weisner, 2000). For example, some intervention outcomes with women who have been victimized have been examined, however if the results are examined closely it becomes clear that the majority of participants included in those studies were sexual assault survivors not partner violence victims. This may be very important because intimate partner violence is more likely to be ongoing whereas sexual assault survivor samples may include women who are and are not assaulted by their partner. Experience of sexual assault for nonintimate partners may have different trauma impacts (Culbertson & Dehle, 2001) thus making the interpretation of the outcome results difficult to apply to an intimate-partner violence sample. Furthermore, research on interventions must control for the large number of co-occurring conditions and disorders that victims may have. This article highlighted the complexities associated with victimization and separation. It is important for future research to be more specific about victimization patterns as well as more attentive to the many confounding issues surrounding women in these studies.

Summary

Although there has been extensive research into the many aspects of relationship dissolution as well as research on intimate partner vio-

lence, there is a clear need for more studies that integrate these two domains of research. In addition, cultural differences among women who are separating in the context of victimization has received limited attention. One of the major practice implications is that the normal process of separation does not occur for all women—rather the context of separation is very important in understanding adjustment to separation. When separation in the context of victimization is considered, there is possibly a need for a whole new paradigm. In addition, ongoing assessment and safety planning along with integrated comprehensive services and increased referral resources are critical for intervening with women separating in the context of victimization. This review also strongly suggests that there is a gap in the understanding of separation in the context of victimization from the legal community that may jeopardize the safety of the women as well as the children involved in these cases. Finally, this review had several implications for research given the huge gaps and the initial stages of our knowledge regarding the process of separation in the context of victimization, the lack of knowledge regarding the separation and adjustment of women transitioning out of cohabitant relationships, and the lack of intervention and outcome research for women separating from violent relationships.

LIMITATIONS

This article is limited in scope, in part, due to space. There are many research articles in some of the areas mentioned above that were not cited because of space limitations. In addition, it is doubtful that this article touched on every aspect of separation and victimization consequences or with the level of detail that could have been used. Furthermore, additional aspects of separation, such as the cultural context of separation and victimization and lesbian and gay separations, were not covered in the scope of this article. Separation from dating relationships was not included but have important implications for women. Although there are limitations to this review, this article makes an important contribution to the literature by inte-

grating research on separation and victimization as an interim step in facilitating our knowledge base in this area.

CONCLUSION

The conceptual framework presented in Figure 1 suggests that interventions be used to moderate the context of separation and separation adjustment. The actual intervention components were left blank to symbolize the fact that there are few interventions available with demonstrated effectiveness to address the issues of women who are separating, especially issues that result from separation in the context of victimization. Separating from intimate relationships requires an extraordinate amount of strength and resolve in general. Separating from violent ex-partners takes even more courage and determination. It is critical that practitioners, researchers, and policy makers consider the stress that these women face when developing and implementing interventions, and that the knowledge base be expanded to build better interventions. Understanding separation in the context of victimization necessitates the integration of ongoing assessment and support as well as the integration of services to meet the multiple needs of women who are separating. In addition, the research focused on separation

Practice

- Results of this literature review suggest that separating from violent relationships is not just more complicated than separating from nonviolent relationships, but is qualitatively different. In other words, results of this review suggest that victimization may profoundly alter the general experience of separation because (a) the health problems, mental health problems, and stress that normally occurs during the separation process may be exacerbated for women separating from violent relationships and (b) the stress, health, and mental health problems from a history of and ongoing victimization in conjunction with the normal consequences of separation may result in cognitive distortions, diminished cognitive capacity, and impaired decision-making skills that may increase difficulty in separation adjustment and maintenance. Thus, the experience of separation in the context of victimization may be so qualitatively different that there is a need for a different paradigm to explain separation and

in the context of victimization is limited. Truly effective interventions cannot be advanced without a basic epidemiological research understanding of the separation process, careful science-based intervention development, and appropriate outcome evaluations of those interventions. This literature review indicates that separation in the context of victimization may require a paradigm shift for practice, policy, and research. This article was intended as an interim step in development of the gap in the knowledge regarding interventions for this population. Understanding the dimensions and critical issues women face when separating from a violent ex-partner could make a substantial difference in their individual adjustment and potentially to the societal cost over time.

> **Understanding separation in the context of victimization necessitates the integration of ongoing assessment and support as well as the integration of services to meet the multiple needs of women who are separating.**

IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

- divorce situations in the context of violence. Clinical approaches might be enhanced by considering the three-tiered contextual model of consequences and the issues identified as salient in separation in the context of victimization suggested in this integrated review of the literature.
- Interventions for women separating from violent relationships must address not only the typical consequences of separation but also the contextual factors women face that may not be in their control, including ongoing threats and violence, concerns about child and custody conflicts, barriers, heightened stress levels, as well as health and mental health problems.
- It is important for practitioners to understand that separation is a process with multiple factors and risks influencing the process as well as to understand that situations change constantly warranting an ongoing assessment of safety and other needs.
- In addition, clinical interventions must increase the integration of clinical services as well as a variety of referral resources to help women with psychologi-

cal, health, and external barrier needs. The approach must be individualized and conducted in collaboration with each woman to ensure the context of violence is considered and specific individual needs are met.

- Legal interventions must be improved to ensure the safety of women and their children separating in the context of victimization.

Research

- Although there has been extensive research into the many aspects of relationship dissolution as well as research on intimate partner violence, there is a clear need for more studies that integrate these two domains of research. For example, cultural differences in the issues salient for women separating in the context of victimization has received limited attention. In addition, understanding differences among cohabitant and marital relationships and separation in the context of victimization has received limited attention. These contextual factors may affect the experiences that women have and, thus, may have implications for interventions targeting women separating in the context of victimization.
- Several reviews of clinical interventions for women with intimate-partner violence experiences concluded that there were no interventions with supe-

rior treatment efficacy for this population, giving compelling argument for more research in this area.
- There may be two main reasons for limited intervention models: (a) there are limited models to address victimization and especially separation in the context of victimization and/or (b) there are limited outcome studies of current models addressing these issues.
- Although there is limited information available on intervention models for this population, there are some treatment components that have been identified as potentially important to include, such as incorporation of strengths-based approaches, addressing external factors, and recognition of biological vulnerabilities for mental health problems.
- Furthermore, understanding when brief interventions may be effective and when longer term interventions are necessary may be important when intervening with women separating in the context of victimization.
- Finally, any interventions that are developed need careful outcome evaluations; however there may be important considerations when assessing outcomes on interventions with women separating in the context of victimization. For example, the type and timing of outcome measure is an important consideration because women who are separating may have different issues that manifest over time.

NOTES

1. For the NVAW study, the term *intimate partner* included a husband, boyfriend, cohabitating partner, ex-husband, or ex-boyfriend.

2. These costs would be higher today because the estimates were made based on the value of a dollar several years ago.

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SUGGESTED FUTURE READINGS

Anderson, D., & Saunders, D. (2003). Leaving an abusive partner: An empirical review of predictors, the process of leaving, and psychological well-being. *Trauma, Violence, & Abuse*, *4*(2), 163-191.

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Robert Walker, M.S.W., L.C.S.W., is Assistant Professor at the University of Kentucky Department of Psychiatry and the Center on Drug and Alcohol Research. He also has conjoint appointments in the College of Social Work at the University of Kentucky and the Department of Behavioral Science at the University of Kentucky. He was the Center Director of the Bluegrass East Comprehensive Care Center in Lexington, Kentucky for twenty years. He is the Project Director of Kentucky's substance abuse treatment outcome study and is a PI on a CSAT funded Project and a state data infrastructure project funded by CSAT. He is Co-PI on an NIAAA study of alcohol use and health among domestic violence victims. He serves as a member of the Kentucky Traumatic Brain Injury Trust Fund and the Governor's Council on Domestic Violence and Sexual Assault in Kentucky. He has published in the areas of substance abuse and domestic violence.

TK Logan has a Ph.D. in applied psychology and is currently an Associate Professor in the Department of Behavioral Science at the University of Kentucky with appointments in the Department of Psychiatry and the Center on Drug and Alcohol Research. She has been funded by the National Institute on Drug Abuse (NIDA) to examine HIV risk behavior, victimization, and drug use among crack users and by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to study alcohol, violence, mental health and health status and utilization among rural and urban women with protective orders. She has completed studies in the area of intimate partner violence and divorce; intimate partner violence and custody; stalking victimization and perpetration; domestic violence assault perpetration; health and mental health status, barriers, and service use; HIV risk behavior; and differences in health and mental health for rural and urban women. She is also coauthoring a book on victimization, mental health, and substance abuse among women. Her primary interests are in the area of victimization, health and mental health, substance use, and HIV risk behavior among rural and urban women.

Carol E. Jordan currently serves as Executive Director of the Office of Child Abuse and Domestic Violence Services in the Office of the Kentucky Governor. She also serves as Acting Director of the University of Kentucky Center for Research on Violence Against Women and holds adjunct clinical faculty appointments in psychology and social work. Her areas of writing and research interest include the nexus of mental health and criminal justice, particularly as it relates to the experience of women. She has published numerous articles and is presently coauthoring two books which address violence against women, the mental health effects of victimization, the experience of women in the court of justice, and practice implications in forensic mental health. She has twenty years of experience in public policy, legislative advocacy, and the development of programs addressing domestic violence, rape and stalking. She currently vice-chairs the Governor's Council on Domestic Violence and Sexual Assault; and serves on the Kentucky Criminal Justice Council and the Multidisciplinary Commission on Child Sexual Abuse. She has been recognized by the U.S. Department of Justice, the U.S. Department of Health and Human Services, the National Sexual Violence Resource Center, the Kentucky Association of Children's Advocacy Centers, the Kentucky Domestic Violence Association, the Kentucky Rape Crisis Centers, the Kentucky Mental Health Coalition, the Kentucky Psychological Association, the Kentucky State Senate, and the Kentucky House of Representatives for her work.

Jacquelyn C. Campbell, PhD, RN is the Anna D. Wolf Endowed Professor and Associate Dean for Research in the Johns Hopkins University School of Nursing with a joint appointment in the School of Public Health. Her BSN is from Duke University, her MSN from Wright State University in Dayton, Ohio, and her PhD from the University of Rochester. She has been conducting advocacy policy work and research in the area of domestic violence since 1980, with continuous funding for her research from NIH, CDC and NIJ. She has published more than 125 articles and five books on this subject including Assessing Dangerousness; Ending Domestic Violence; Empowering Survivors of Abuse: Health Care, Battered Women and their Children, To Have and To Hit: Anthropological Perspectives on Wife Beating, *and the just published* Family Violence and Nursing Practice. *She is an elected member of the Institute of Medicine, a member of the congressionally appointed US Department of Defense Task Force on Domestic Violence, and on the Board of Directors of the Family Violence Prevention Fund and the House of Ruth Battered Women's Shelter.*