

**EXAMINING INTIMATE PARTNER VIOLENCE AND POLICY: A COMPARATIVE  
ANALYSIS OF POLICY FOR THE STATES OF CALIFORNIA AND NEVADA**

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Committee Members:

Selena T. Nguyen-Rodriguez, Ph.D. (Chair)

Lyzette Blanco, Ph.D.

Judy Jou, Ph.D.

College Designee:

Terry Robertson, Ph.D.

By Luz J. Garcia Marin

B.S., 2015, California State University, Long Beach

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## **ABSTRACT**

The present study aims to compare physical Intimate Partner Violence (IPV) outcomes between two states with divergent policies addressing the criminalization of IPV. The current study considers California's Penal Code (PEN) 273.5 and Nevada's Revised Statutes (NRS) 200.485 for the analyses. At the same time, the investigation considers survivor's interactions with police and legal services to hypothesize additional distal policy influences. Secondary data from The National Intimate Partner and Sexual Violence Survey (NISVS) was used to study the outcomes of physical IPV, police interactions, and legal service need. Findings suggest that Nevada residents are more likely to experience physical IPV, have more police interactions, and are more likely to be in need of legal services compared to California residents. The findings support the plausibility for distal policy influences. Implications for public health and future directions are discussed.

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# **CHAPTER 1**

## **BACKGROUND**

### **1.1 Problem Statement**

According to the World Health Organization (WHO; 2012), Intimate Partner Violence (IPV) is one of the most common forms of violence experienced by women worldwide. It is also known to be the leading cause of death worldwide for individuals age 15-44 years old (Mitchell & Anglin, 2009). The Centers for Disease Control and Prevention (CDC; 2019) estimates that 1 in 4 women and 1 in 7 men in the United States have experienced or will experience severe physical violence by an intimate partner in their lifetime.

### **1.2 Significance**

The human suffering and financial burden related to IPV makes this issue a significant health problem (Mitchell & Anglin, 2009). The physical injuries sustained as a result of IPV can include bruises, lacerations, broken bones, hearing damage, and back and neck injuries, among others (World Health Organization, 2012). However, the physical impact extends far beyond what is apparent; it is believed that survivors of IPV more commonly experience physical illnesses without an identified cause such as irritable bowel syndrome, fibromyalgia, and other similar chronic pain syndromes (WHO, 2012). These conditions can be a direct result of an injury and/or indirectly result from IPV-induced chronic stress (WHO, 2012). Research shows human beings' exposure to chronic stressors, such as emotional and physical threats, may even lead to changes in the structural and the functional connections of the brain (Mead, Beauchaine, & Shannon, 2010). The negative consequences associated with IPV are not only experienced at the individual level but have serious impacts at the societal level as well. One of the many social impacts includes the economic cost of IPV. In the United States alone, it was estimated that in 2014 the lifetime economic cost to survivors of IPV inclusive of medical cost, loss of

productivity, criminal justice cost, and cost related to property loss and damage summed up to \$3.6 trillion (Peterson et al., 2018). Along with the economic cost, other social consequences include increased homelessness, displacement of families, increased unemployment rates, and more (CDC, 2018). Given these negative health outcomes, prevention of IPV is clearly a public health concern.

### **1.3 Background**

According to the CDC (2019), IPV can be broken down into four types of behaviors including physical violence, sexual violence, stalking, and psychological aggression. However, most reports do not distinguish the type of IPV, so knowledge on specific types of IPV are more limited. Data shows that women's and men's lifetime prevalence of different forms of violence inflicted by an intimate partner include being slapped (18.9% and 19.5%), pushed (27.3% and 18.3%), hit (13.2% and 10.1%), kicked (6.7% and 4.6%), hair pulled (9.4% and 2.6%), beaten (10.5% and 2.3%), attacked with a knife or gun (4.2% and 2.3%), choked or suffocated (9.2% and 0.7%), and burned (1.2% and .3%) (Office for Victims of Crime, n.d.). The rates of IPV are clear indicators of the problem; thus, understanding influential factors can elucidate avenues to address the problem. As described by Mitchell and Anglin:

Historically, policy efforts addressing IPV have been focused on: (a) making the invisible visible, (b) providing community-based support for victims, (c) creating legal remedies and judicial reforms, (d) deterrence, (e) treatment, and (f) changing cultural norms and institutional cultures and reframing political issues. (2009)

Such is the case in Reckdenwald's and Parker's (2012) study that investigates deterrence in intimate partner homicide over time as a result of policy. The Office for Victims of Crime (2018) found that survivors of IPV did not receive assistance from victim service agencies in



over 80% of victimizations. Due to the magnitude of the problem, it is important to assess the impact of current solutions that are viable given federal and state policies.

Policy can greatly impact IPV, given that research shows gradual shifts in IPV trends with implementation of IPV-related policy. Additionally, interactions with the police and legal services are known to influence the trajectory of a survivor's experience with IPV and as such have become avenues for changes in policy. Before the 1970s, IPV was viewed as a private matter and rarely given any space in the criminal justice system (Leisenring, 2012). However, over the years, new state policies have encouraged the involvement of the criminal justice system, moving IPV to the public eye. The increased involvement of police responding to IPV calls has resulted in an increased number of arrests (Leisenring, 2012). Such has been the case for the state of California, in which felony domestic violence arrest rates for males increased 135% and more than 500% for females between the years 1987 and 1997 (Leisenring, 2012). Although police interaction may serve as an avenue towards IPV policy enforcement, it has been found that for many survivors, contacting the police has been unhelpful (Coulter, Kuehnle, Byers, & Alfonso, 1999). The need for legal services is vast among this population with civil protective orders being the most commonly used legal remedies for IPV (Wright & Johnson, 2012). Data shows that, of women who experienced at least one incident of IPV in their lifetime, 8.8% required legal services compared to 4% of men who experienced at least one incident of IPV in their lifetime (The National Coalition Against Domestic Violence, n.d.). Still, research reveals discordant findings over the service need and interactions survivors of IPV have with the criminal justice system, underscoring the need to study the effects of policy and its consequences (assuming laws are enforced) on IPV rates.

## 1.4 Present Study

The application of a multilevel model to understand the factors that lead to physical IPV can facilitate identification of mitigation methods. The socioecological model considers the interplay between individual, social, community, and societal factors in relation to a health outcome (CDC, 2019), highlighting the need for policy that supports intervention at lower levels of influence. This underscores the importance of policy solutions to prevent and reduce physical IPV. Given that policy has served as a functional tool to change other health-related behaviors in the past, there is precedence for the current investigation exploring an association between policy and IPV outcomes. It is clear that social shifts have driven the emergence of IPV to be seen as a public health problem (Mitchell & Anglin, 2009). This has further ignited pressure aimed at our policy officials to push forth health policy addressing IPV.

The present study aims to compare physical IPV outcomes between two states with divergent policies addressing the criminalization of physical IPV. Given the specificity of California's Penal Code (PEN) 273.5 ("Any person who willfully inflicts corporal injury resulting in a traumatic condition upon a victim described in subdivision (b) is guilty of a felony") [California Legislative Information, 2017, 273.5 (a)] and Nevada's Revised Statutes (NRS) 200.485 ("A person convicted of a battery which constitutes domestic violence for the first offense within 7 years, is guilty of a misdemeanor") [Nevada Legislature, 2017, NRS 200.485], the current investigation focuses on physical abuse which entails only one aspect of IPV. The rates of physical IPV between intimate partners in the state of California and the state of Nevada will be compared in order to theorize a policy motivated impact on the rates of physical IPV in each respective state. As a result of the distinct differences in the severity of criminalization of physical IPV in each respective state, it is plausible that a policy that

encompasses stricter criminal punishments and penalties to the offenders of physical IPV may distally influence differences observed in the rates of physical IPV. The study serves to pioneer research analyzing the overriding purpose of laws such as California's PEN 273.5, enacted to serve as deterrent of IPV (California Legislative Information, 2017). This research is significant in that it highlights the importance of an analysis of health policy and appropriate data collection. By initiating a public health approach to this problem, results can inform further investigation to review current policies to develop population-level recommendations, and evidence-based practices to be supported by effective IPV-related health policy implementation.

### **1.5 Hypotheses**

It is hypothesized that those in a state with a policy that encompasses stricter criminal penalties on the offenders of physical IPV may have lower rates of physical IPV and more interactions with social services. Specifically:

*H1:* There will be significant differences in the proportions of being slapped, shoved, punched, kicked, having hair pulled, slammed, choked or suffocated, beaten, burned, and had a knife or gun used on them depending on state IPV policy.

*H2:* There will be significant differences in the proportions of police interactions and need for legal services depending on state IPV policy.

### **1.6 Definitions**

*Intimate Partner Violence (IPV):* describes physical, sexual, or psychological harm by a current or former partner or spouse (CDC, n.d.).

*Criminal Protective Order (CPO):* an order a judge makes to protect a witness to, or victim of, a crime. Such persons are referred to as protected person (Superior Court of California, 2019).

*Criminalize or Crimination*: to make illegal (“Criminalize,” 2019).

*Policy*: a definite course or method of action selected (by government, institution, group, or individual) from among alternative and in the light of given conditions to guide and, usually, to determine present and future decisions (“Policy,” 2019).

## **CHAPTER 2**

### **REVIEW OF LITERATURE**

#### **2.1 Introduction**

Intimate Partner Violence remains a serious problem in the United States and abroad despite increased public awareness and policy implementation (Lockwood & Prohaska, 2015). Mitchell and Anglin (2009) note that the shifts in the social-cultural beliefs and values in relation to women and violence have in large impacted IPV policy in the United States today. They report that it is only in recent years that major legislation and research studies have surfaced. Before the 1970s IPV was considered a private matter that did not demand legislative policies encouraging legal recourse (Leisenring, 2012). In fact, many of the 1960s IPV-related legislative policies only encouraged deescalation to calm the parties down in order to avoid an arrest (Leisenring, 2012). It was through multiple forces inclusive of advocacy by survivors of IPV, the battered women's movement, lawsuits against the police department, and research that helped mold the current legislative response (Leisenring, 2012). Mitchell and Anglin's (2009) book highlights that one of the more prolific decades for IPV policy was between the 1980s and the 1990s. During this time, various acts were passed such as The National Domestic Violence and Treatment Act and the Violence Against Women Act (VAWA). In the case of IPV, laws are symbolic messages that have informed the unacceptability of partner abuse and have provided a potential path of legal recourse (Devries et al., 2013). As Dixon and Graham-Kevan (2011) note, "policymakers, academics, and practitioners should all be aware of the need to examine the methodological rigor of research studies before reaching conclusions about their validity, and applying findings to the prevention and intervention of IPV" (p. 1152). The following literature

review summarizes the current state of research regarding the influence of IPV-related policy on physical IPV, police interactions, and legal services.

## **2.2 Physical IPV in Relation to Policy**

A Minneapolis experiment conducted from 1981 to 1982 found that arresting the offender served to reduce the chances of continued partner abuse and has thus shaped state and local arrest policies (Dugan, Nagin, & Rosenfeld, 2003). Since the Minneapolis experiment, mandatory arrest policies have been implemented statewide among 23 U.S. states, and another 6 states have implemented similar policies referred to as *preferred arrest* (Hirschel, Buzawa, Pattavina, & Faggiani, 2007). Preferred arrest differs from mandatory arrest policies in that responding officers practicing under preferred arrest policies understand the state preference for an arrest; however, responding officers hold discretionary power in their arresting decisions (Zeoli, Norris, & Brenner, 2011). Dugan et al. (2003) found that states with mandatory arrest policies are less likely to have domestic violence. Notably, further research has revealed unforeseen consequences, such as an increase in the number of murders committed by intimate partners in states with mandatory arrest policies (Lockwood & Prohaska, 2015).

Prickett, Martin-Storey, and Crosnoe's (2018) study on policy surrounding firearms found a relationship between firearm ownership and the rates of homicide/suicide based on the legal recourse placed on that behavior (owning a firearm). The study revealed that intimate partner homicide occurred less often in states with laws that restricted and/or removed firearms from homes that have had an incident of domestic violence. They report that the positive effects of such laws increased in states with more severe penalties for a violation (Prickett et al., 2018). Another similar study examined intimate partner homicide rates pre- and postimplementation of the 1996 Federal Gun Control Act (GCA) and also found a positive relationship between policy

and behavior (Raissian, 2016). The research showed that the expansion of the GCA led to a reduction (17%) in female gun-related intimate partner homicides and a reduction (31%) in male domestic violence child victim gun-related homicide (Raissian, 2016).

While there is some evidence to suggest the effectiveness of gun policy as a deterrent for future perpetration of intimate partner homicide, more research is needed on the effects of policy specific to the perpetration of physical IPV such as punching, choking, and kicking among other physically abusive behaviors. Physical violence is known to affect 25% of women and almost 15% of men in the U.S.; therefore, future research is significant given the negative health and social impacts of this form of abuse (CDC, 2019). As Zeoli, Norris, and Brenner (2011) conclude, “research examining local responses to state legislation and resulting domestic violence outcomes is critical to form a nuanced understanding of the impact of arrest laws and subsequently craft policy to reduce violence and injury” (p. 2830).

### **2.3 Police Interactions**

Intimate Partner Violence today represents some of the most common calls for services made to police agencies (Swerin, Bostaph, King, & Gillespie, 2018). As first responders, police have a pivotal role in the fight against IPV (Richardson-Foster, Stanley, Miller, & Thomson, 2012). Research suggests that in cases where children witness IPV appropriate police response may reduce the negative effects (anxiety, depression, self-harming, etc.) associated with witnessing IPV (Richardson-Foster et al., 2012). Moreover, other studies have found there is a strong relationship between a survivor’s satisfaction with IPV related police response and their intents to solicit police services if needed in the future (Leisenring, 2012). The overall policing style for survivors of IPV in large have influenced post-1980s state legislature to adopt policies encouraging police involvement in domestic disputes through its criminalization at both federal

and state levels (Cerulli, Edwardsen, Hall, Chan, & Conner, 2015). Historically, police failed to treat IPV as a crime and addressed incidents as family/personal matters, ignoring domestic disturbance calls, delaying their response by several hours, or preferring mediation rather than arrest (Goodman & Epstein, 2005). The growing perception that IPV is unacceptable as well as increasing legislation and policy reform have improved police responsiveness (Goodman & Epstein, 2005). Before the 1980s, police response to IPV was minimal. In fact, IPV from a societal perspective was considered to be a family matter and not one to evoke a social response (Cerulli et al., 2015).

The mandatory arrest policy is one of many policies that have surfaced since these societal shifts. Ample research on mandatory arrest indicates this approach has increased the number of interactions between IPV survivors and police (Lockwood & Prohaska, 2015). Since its implementation, higher rates of criminal charges for offenders have been observed (Lockwood & Prohaska, 2015). However, as mentioned earlier, the unforeseen consequences, such as the wrongful arrest of survivors, have also caused deterrence among survivors of IPV from involving the police (Lockwood & Prohaska, 2015). Survivor-police interactions have significant implications in cases of IPV. One study found that in cases in which police did not enforce policy and arrest a suspect of misdemeanor spousal assault, reoffending rates were 50% higher in comparison to the cases in which an arrest was made (Maxwell, Garner, & Fagan, 2002). However, the same study found that in general recidivism occurred in 40% of cases indicating mandatory arrest to be a less than optimal solution (Maxwell et al., 2002).

Intimate Partner Violence policy presents unique challenges such as the level of discretion involved in policy application among key players in the criminal justice system such as district attorneys, judges, and police (Cerulli et al., 2015). For example, a study in the state of



New York revealed that among IPV cases reviewed, statutory mandate required that all cases had to have had a domestic violence incident report (DVIR) filed; however, only 54% of the cases had a DVIR on file with the district attorney indicating a clear inconsistency between mandated policy and implementation (Cerulli et al., 2015). In addition to the challenges faced with the application of policy, there is national, state, and local discordance between policies that impose another layer of unique challenges to the field. As Plichta (2004) points out, police agency policies are not always in accordance with state laws creating further challenges in the effective analysis of policy.

Furthermore, even with *adequate* policy in place, Lockwood and Prohaska (2015) present data that illustrates that more often it is the prevailing cultural beliefs and individual attitudes that influence the legal/social response to IPV as opposed to the law itself. The authors postulate that anti-IPV laws, which are consistently enforced by police, may serve to counteract traditional gender roles and masculine police culture that make up current beliefs and attitudes to align with the need to seek justice for survivors of IPV (Lockwood & Prohaska, 2015). Dixon and Graham-Kevan (2011) also note that of a group surveyed on IPV victimization 30% experienced acts they thought were wrong but did not consider them a crime when in fact the majority of the experiences reported were legally defined violent crimes.

In order to improve policy solutions, some scholars propose future research to explore other policies such as no-drop prosecution (Hanna, 1998). No-drop prosecution ensures criminal cases with enough evidence indicating a crime was committed must proceed regardless of the survivor's wishes (Hanna, 1998). Goodman and Epstein (2005) counter this proposal saying inflexible responses to survivors, without taking into consideration their life circumstances, may fail to help and even end up harming survivors or putting them at greater risk. They argue that

implementation and application of “cookie-cutter” policies minimize the agency of survivors and could deter a survivor from contacting the police or prosecutors in the future (Goodman & Epstein, 2005). Needless to say, future research on policy enforcement can provide us with some answers to help determine best practices.

## **2.4 Legal Services**

Duterte et al. (2008) found that women exposed to physical IPV are 3.2 times more likely to seek legal services. One of the most commonly sought remedy in the justice system for IPV include civil protective orders (Logan & Walker, 2009). Since 1988 civil protective orders have been widely available in almost every state and thus sought after by many victims through legal services (Logan & Walker, 2009). The effects of current IPV policy on legal matters are controversial and do not always serve the best interest of the survivor, especially those seeking legal services (Deutsch et al., 2017).

Research suggests there is a shared belief among survivors of IPV that they would not be believed, and the offender would use the legal system against them (Deutsch et al., 2017). These beliefs serve to deter survivors from seeking legal services and are likely a result of the undesired effects policy has had, such as wrongful arrest as noted earlier. However, other policy such as The Fair Housing Act and VAWA housing regulations counter this effect as they provide survivors with an avenue to access legal services in order to assert their tenant rights, a common service need among survivors of IPV (Hartley, Renner, & Mackel, 2013). Furthermore, case studies examining the effectiveness of policies related to survivors accessing legal services have influenced many states to enact multiple statutes that improve access to legal services through the establishment of legal protections for survivors of IPV, such as the policies that have been implemented to protect their employment status (Ruckelshaus, 1996). Unfortunately, limited

research exists on the extent to which policy promotes access to legal services among survivors of IPV.

## **2.5 Conclusion**

The literature review provides evidence to support the need for novel research on IPV policy. It is evident that IPV remains a significant public health issue and thus demands greater attention. The current comparison of physical IPV and IPV-related police and legal interactions by two divergent state policies presents a first step toward understanding the potential impact of policy on these outcomes. This study adds to the body of research analyzing the efficacy of policy, but, more importantly, it identifies what data is needed to influence a more concrete analysis of current and future IPV policy.

## **CHAPTER 3**

### **METHODOLOGY**

#### **3.1 Participants**

The data source for the current secondary analysis is the publicly available National Intimate Partner and Sexual Violence Survey (NISVS) data set. Sampling and methodology details have been published elsewhere (U.S. Department of Health and Human Services [HHS], Centers for Disease Control and Prevention, & National Center for Injury Prevention and Control, 2016; Inter-university Consortium for Political and Social Research [ICPSR], 2016). The NISVS is a cross-sectional study intended to provide an overview of the characteristics and prevalence of sexual violence, stalking, and IPV in the United States among adults 18 or older. The NISVS was administered from January 2010 through December 2010; a total of 18,957 adult interviews were initiated. Of these interviews 16,191 participants completed the entire survey.

Completed interviews are those in which the respondent completed the eligibility screening (e.g., household/cell-phone eligibility, age, and gender), demographic questionnaire, general health questionnaire, and all questions on all five sets of the violence victimization questionnaire, as applicable. For the current thesis, analyses were undertaken to identify if there were differences in those that completed the survey versus those that did not. Results showed that there were differences in age, race/ethnicity, and physical IPV between those that completed the entire survey or not. The overall survey response rate was 26% (Cho, Seon, Han, Shamrova, & Kwon, 2019). About 45.2% of the interviews were conducted by landline telephone and 54.8% of the interviews were conducted via respondent's cellphone. Of the respondents interviewed 9,970 were women and 8,079 were men. Compared to the U.S. population, the

sample had higher levels of education, were never married, were not currently married, and had lower household incomes.

A dual-frame, stratified random digit dial (RDD) sampling method was used by NISVS to obtain both landline and cellphone frames. The landline sampling frame was composed of a bank of 100 telephone numbers. The cellphone sampling frame was comprised of phone numbers in telephone banks identified as active and currently in use for cell phones. Within-household participant selection varied on the number of adults living in the household. Households with only one adult were automatically selected to participate. Households with two adults used random selection and households with three or more adults selected the adult with the most recent birthday to participate. If eligible, cellphone frame participants were automatically selected to participate as cellphones were considered personal use devices.

### **3.2 Procedures**

Data were collected using a computer-assisted telephone interview (CATI) surveying technique, whereby data entry occurred simultaneously. Internal procedures were set in place to ensure respondent anonymity and that only applicable questions were asked. Furthermore, to safeguard data collection procedures, bimonthly quality assurance meetings were established between project staff and interviewers throughout the data collection period. In an attempt to inform respondents of the upcoming survey, advance letters were provided using reverse address matching to connect available addresses to the landline sample. The survey was administered in two phases to increase participation. Phase one was the main data collection phase while phase two was a supplementary data collection phase. Phase two consisted of randomly selecting participants from a subsample of non-respondents from phase one and increasing the incentive amount (from \$10 in the main phase to \$40).

The NISVS interviewer staff received 16 hours of training and 2 hours of additional training practice. The training included lectures, demonstration, round-robin practice, paired-practice, crisis intervention training, and paired mock interviews to prepare interviewers to administer questions addressing victimization. Given the context of the survey, the investigators used graduated informed consent procedures to ensure that only the selected respondent was aware of the topic of the survey. This maintained respondent safety and confidentiality as well. Respondents were administered an IRB-approved informed consent that informed respondents of the nature of the survey, the benefits and risks of participation, the projects staff contact information, and the monetary incentive. A safety plan was established to terminate the interview at any time the respondent felt physically and/or emotionally unsafe. At the completion of the interview, respondents were provided telephone numbers to the National Domestic Violence Hotline and the Rape, Abuse, and Incest National Network. Survey procedures were approved by the Research Triangle Institute, the International Office of Management, and the Institutional Review Board.

The survey administered included a robust questionnaire eliciting data to measure a host of characteristics related to the levels and types of victimization experienced. The survey measures were informed by a number of activities and experts in the field including survey questionnaires that had been administered in past research such as the “National Violence Against Women Survey.” The survey questions varied in types, including Likert-type scale questions, open-ended questions, and dichotomous questions. In addition, cognitive testing was used during the design of the questionnaire to ascertain validity and understanding. The survey measures used results in both quantitative and qualitative information. To improve data collection, decrease repetitiveness, and increase efficiency, general follow up questions were not

asked to all respondents. For instance, during the third and fourth quarter of 2010 for respondents who had reported offender(s) who exhibited/committed one behavior, one time in the physical violence, coercive control, or stalking sections were omitted from the general follow up questions.

### **3.3 Measures**

#### **3.3.1 Independent Variable**

*Policy:* Information used from the state legislature for California's PEN 273.5 enacted in 1993 and Nevada's NRS 200.485 enacted in 2007 identified the policies that warranted state comparative analysis (California Legislative Information, 2017; Nevada Legislature, 2017). Per PEN 273.5 in the state of California, the intentional infliction of corporal injury to the offender's current or past intimate partner is guilty of a felony and will receive subsequent punishment of a fine, imprisonment, or both (California Legislative Information, 2017). Conversely, per NRS 200.485 in the state of Nevada, battery, which constitutes domestic violence, will result in misdemeanor charges with subsequent punishment of imprisonment, community service hours, and a fine (Nevada Legislature, 2017). The state in which the physical IPV acts and related interactions occurred was the variable used for analysis, representing these two divergent policies.

#### **3.3.2 Dependent Variables**

*Physical violence:* Twelve items were used to assess physical violence. These items started with the stem: "How many of your romantic or sexual partners have ever..." followed by a series of physical violence behaviors, such as "slapped you," "beaten you," and "used a knife or gun on you." The response options for each item ranged of 0-15 partners. A dichotomous variable was constructed in order to identify those who had ever had a partner perpetrate any of

these physical violence behaviors against them. Those survivors who reported having at least one offending partner were coded as having experienced physical IPV (Cho et al., 2019) vs. those that had not.

*Police interactions:* One item was used to assess police interactions. The stem question was: “Have you ever talked to any of the following people about what {initials}/any of these people did? Police?” The response options were: 1- yes, 2- no, 3- don’t know, 4- refused.

*Legal service need:* One item was used to assess legal interactions. This item includes the stem question: “Did you ever need any of the following services because of any of the things that any of these people did?” The sub-item of interest was: “Legal services?” The response options were 1- yes, 2- no, 3- don’t know, 4- refused.

### **3.3.3 Covariates**

*Gender:* One item was used to determine gender. The response options were 1- Male, 2- Female.

*Age:* One item was used to determine age. The response options were 1- Less than 10, 2- 11-17, 3- 18-24, 4- 25-34, 5- 35-44, 6- 45-54, 7-55 or older. Those less than 18 years of age were omitted from the data set.

*Race/ethnicity:* Two items were used to assess race/ethnicity. The first stem question was: “Are you Hispanic or Latina/o origin?” The response options were 1- yes and 2- no. The second stem question was: “What is your race? You may identify more than one category. Would you say you are?” The response options were 1- White 2- Black, 3- Asian, 4- Native Hawaiian or other Pacific Islander, 5- American Indian or Alaskan Native? And 6- Other (specify). A new race/ethnicity variable was constructed in order to recode the data into six main categories. Due to small numbers, Native Hawaiian or other Pacific Islander and American Indian or Alaskan



Native were combined into one category. A mixed race/ethnicity category was also included in order to account for respondents that marked more than one race option.

### **3.4 Statistical Analysis Plan**

Complex samples analytical procedures were used for all analyses to account for weighting and stratification used in the study sampling design. Preliminary analyses were performed to identify demographic covariates. Based on characteristics found to be related to IPV in the literature, age, gender, and race/ethnicity were tested to assess if they were related to the independent variable or dependent variables (state, physical IPV, police interaction, legal service need). Age and gender were related to outcomes, but not to state; race/ethnicity was related to state and all outcomes except legal service need. The main analyses consisted of three separate logistic regression analyses. The models for physical IPV and police interactions controlled for age, gender and race/ethnicity, while the model for legal services only controlled for age and gender. Since all variables were categorical, assumptions for logistic regression tests were not relevant. An alpha level of  $p < .05$  was used to determine statistical significance. Odds ratios were provided for estimates of effect size. All analyses were run using SPSS v.25 (IBM Corp., Armonk, NY).

## CHAPTER 4

### RESULTS

Sample demographics are reported in Table 1, with data separated for California and Nevada. The proportion of respondents who completed the entire survey were mostly from California (93.4%) with a smaller fraction of respondents who completed the entire survey from the state of Nevada (6.6%). For the state of California, 30.1 % were age 55 or older, the majority were female (50.3%), and the largest proportions of respondents were predominantly non-Hispanic White (56.5 %). Patterns were similar in both states, except in Nevada, 35.5% were age 55 or older, respondents were predominantly male (50.8%), and the proportion of non-Hispanic White respondents (63.7%) was higher.

The sample size for police interactions and legal need are smaller than those for IPV because only respondents who reported victimization in the section of physical IPV were asked the general follow-up questions related to survivor-police interactions and legal service need (HHS et al., 2016; ICPSR, 2016). Additionally, during the third quarter of 2010, respondents who reported only having experienced physical IPV one time were not asked these follow up questions (HHS et al., 2016; ICPSR, 2016).

Results of the logistic regressions are displayed in Table 2. Analyses found that the state of residence ( $p = .021$ ) significantly predicted the probability of experiencing physical IPV. Nevada residents were one and a half times more likely to experience physical IPV compared to California residents (OR = 1.51, 95% CI:1.06, 2.15). Age and gender were not significantly associated, but race/ethnicity was ( $p = .045$ ).

Results of the analysis for survivors' interactions with the police found that state of residence ( $p = .010$ ) and gender ( $p < .001$ ) significantly predicted the probability of talking to the police. Nevada residents were almost twice as likely than residents of California to talk to the police about what the offender(s) did (OR = 1.96, 95% CI:1.17, 3.29). Age ( $p = .018$ ) and gender ( $p < .001$ ) were significantly associated, but race/ethnicity was not.

Results of the final logistic regression for legal service need found that state of residence, gender, and age significantly predicted the probability of needing legal services. Nevada residents were nearly three times more likely than California residents to report needing legal services because of what the offender(s) did (OR = 2.75, 95% CI:1.55, 4.86). Age ( $p < .05$ ) and gender ( $p = .006$ ) were significantly associated.

**TABLE 1. Sample Characteristics**

	Overall		California (93.4%)		Nevada (6.6%)	
	%	95% CI	%	95% CI	%	95% CI
Age						
18-24	14.4	11.7,17.7	14.8	11.9,18.3	9.1	5.8,14.0
25-34	18.7	15.8,22.0	18.4	15.4,21.9	22.6	16.6,30.0
35-44	19.5	16.2,23.2	19.4	15.9,23.4	20.1	15.0,26.5
45-54	17.0	14.2,20.2	17.3	14.3,20.7	12.7	9.3,17.0
55+	30.4	27.2,33.8	30.1	26.6,33.7	35.5	26.6,33.7
Gender						
Male	49.7	46.3,54.2	49.7	45.4,53.9	50.8	43.8,57.7
Female	50.3	46.3,54.2	50.3	45.4,54.6	49.2	42.3,56.2
Race/Ethnicity <sup>1</sup>						
Asian	12.6	9.7,16.1	13.2	10.1,17.0	4.9	2.4,9.7
Black	6.5	4.6,8.9	5.9	4.1,8.6	13.3	8.1,21.1
Latino	18.3	14.8,22.3	18.7	15.0,23.0	13.2	8.9,19.0
NHPI/AIAN	2.6	1.3,5.0	2.6	1.3,5.3	1.8	0.6,5.4
White	57.0	52.6,61.3	56.5	51.8,61.1	63.7	56.2,70.6
Mixed	3.2	2.1,4.7	3.2	2.1,4.8	3.1	1.6,5.6

Note: weighted percentages are reported to account for the complex sampling design

<sup>1</sup> All race/ethnicity except Latino are non-Hispanic.

**TABLE 2. Logistic Regression Analysis Results of the Factors for Physical IPV**

	PV <sup>1</sup> N = 23,953,566	Police Interactions <sup>2</sup> N = 15,938,277	Legal Services <sup>3</sup> N = 19,165,003
	OR (95% CI)	OR (95% CI)	OR (95% CI)
CA	--	--	--
NV	1.51(1.06, 2.15)	1.96(1.17, 3.29)	2.75(1.55, 4.86)
Age			
18-24	--	--	--
25-34	1.79(.88, 3.63)	3.35(.86, 13.06)	2.95(.68, 12.68)
35-44	1.79(.88, 3.61)	4.51(1.14, 17.75)	3.95(.91, 17.22)
45-54	1.66(.83, 3.32)	3.93(1.04, 14.88)	6.46(1.61, 25.89)
55+	1.41(.77, 2.60)	4.56(1.30, 16.05)	9.77(2.65, 36.05)
Gender			
Male	--	--	--
Female	1.23(.86, 1.75)	6.28(3.44, 11.45)	2.41(1.28, 4.52)
Race/Ethnicity <sup>4</sup>			
White	--	--	--
Asian	.27(.12, .63)	.18(.03, .98)	--
Black	.87(.44, 1.72)	.82(.34, 2.00)	--
Latino	.63(.37, 1.09)	.80(.34, 1.85)	--
NHPI/AIAN	.79(.23, 2.70)	.65(.17, 2.43)	--
Mixed	.86(.37, 2.01)	1.16(.34, 3.92)	--

<sup>1</sup>  $R^2 = .040$  (Cox and Snell),  $.056$  (Nagelkerke),  $.033$  (McFadden). Reference category: Never physically abused.

<sup>2</sup>  $R^2 = .123$  (Cox and Snell),  $.202$  (Nagelkerke),  $.140$  (McFadden). Reference category: No, ever talked to the police about offender(s).

<sup>3</sup>  $R^2 = .046$  (Cox and Snell),  $.108$  (Nagelkerke),  $.085$  (McFadden). Reference category: No, ever needed legal services because of offender(s). Race/ethnicity was not included as a covariate in this model.

<sup>4</sup> All race/ethnicity except Latino are non-Hispanic.

## CHAPTER 5

### DISCUSSION

This study investigated the possible influence of state policy on the rates of physical IPV, survivor's interactions with police services, and their need for legal services. The results indicated that Nevada residents had higher chances of experiencing physical IPV as compared to California residents. Results also showed that Nevada residents were more likely to have survivor-police interactions and more likely to need legal services when compared to California residents.

The results of this study bring attention to the plausibility that the stricter criminal punishments and penalties to an offender of physical IPV associated with California's PEN 273.5 may distally influence the lower likelihood of physical IPV observed. This is consistent with literature showing states with policies endorsing stricter criminal penalties on IPV offenders decreased the likelihood of IPV in that state (Dugan et al., 2003). Other studies show evidence that policies with increasing severity in penalties and punishment may also serve to mitigate the occurrence of IPV (Prickett et al., 2018). Some research suggests that punitive policies are not effective in counteracting IPV and in some cases aggravate offender behavior (Lockwood & Prohaska, 2015). Additionally, research shows that policies that have been framed under the theory of deterrence based on severity of punishment such as PEN 273.5 and NRS 200.485 are generally presumed to be ineffective measures (Johnson, 2019). The concept of the deterrence theory is built on rational thinking and a subjective belief of consequential levels of severity (Johnson, 2019). Therefore, in relation to crimes of physical IPV, the offender behavior is often met by irrational thinking; a policy founded on the premise of rationality may not serve its intended purpose (Johnson, 2019). Moreover, it is difficult to test deterrence of offending

behavior because there are multiple factors that can influence offenders (Johnson, 2019). Future research is recommended to continue investigating the effectiveness of addressing IPV with retributive and utilitarian approaches and/or exploring other methods such as those coined through the practices of restorative justice (Gabbay, 2005).

The higher likelihood of survivor-police interactions in Nevada warrants further research to understand what is driving the divergence in rates of survivor-police interactions. The differences in survivor-police interactions by state may be explained by a lack of enforcement of policy. Inconsistent enforcement of IPV policy has been associated with increased rates of re-offending, which may deter survivors from talking to the police about the offender(s) behavior (Maxwell et al., 2002). Therefore, it may be that California's PEN 273.5 is inconsistently enforced, diminishing the level of survivor-police interactions due to a loss of confidence in the police force. This finding could also be a result of a lack of consideration for the survivor's knowledge of legally defined violent crimes as they relate to the experience of physical IPV (Dixon & Graham-Kevan, 2011). Due to a lack of consistency between state policies and policy education, there is a chance that survivors in the state of Nevada have a better understanding of IPV policy NRS 200.485 which results in an increased confidence to talk to the police about a given offender(s) behavior. It may be conducive for future research to explore any impact of education level in testing these associations.

A survivor's perception of the punishment and penalties associated with the offender's behavior may also play a role in the level of survivor-police interactions. Depending on the survivor's perceptions, stricter punishment and penalties could deter a survivor from talking to the police to avoid any criminal policies being enforced. Certain survivor consideration might be made in a state like California in which the application of PEN 273.5 may lead to a felony charge

given for physical IPV. In many cases, a survivor may be deterred from talking to the police about the offender's behavior to avoid any unsuspected consequences (e.g. loss of income from the reported offender, retribution, etc.) of a felony charge per PEN 273.5. Consistent with the literature, a survivor's perception of survivor-police interactions could also account for the observed differences (Leisenring, 2012). It is likely that survivors who consider police their allies are more likely to confide in them and request their services during a vulnerable time. Additional avenues of exploration may pursue investigation of sociocultural factors, safety concerns, and other barriers that could inhibit survivors from feeling equally able to talk to the police about the offender's behavior.

Existing literature did not report consistent findings regarding differences in legal service need due to the offender's behavior given state policy. The present study found that Nevada residents were more likely to report needing legal services in comparison to California residents. This finding could be explained by policy differences in the way IPV matters are managed by the two divergent states. It is possible that California's PEN 273.5 enforcement of stricter punishment and penalties of physical IPV may create a stronger culture of physical IPV disapproval. A stronger culture of physical IPV disapproval could thus result in a variety of non-legal related services offered to survivors which can, in effect, lower the need for legal interventions among survivors in the state of California. Studies suggest that some survivors are under the impression that they will not be believed and that the offender(s) will use the legal system against them (Deutsch et al., 2017). This may imply that the determination of a need for legal services may be biased given the survivor's perception of the legal services based on state of residence. In this case, improvements to current legislation may be needed to ensure survivors have access to needed services and knowledge of the services available to them. The findings



may also indicate a lack of legal recourse by state due to lenient policy, leaving survivors in need of legal services. Further research that identifies and explores how legislation may specifically impact the need for legal services in IPV matters is required to better understand how policy-level interventions may impact this outcome. While the exact influencing factors for the need of legal services cannot be determined by this study, it is possible that the differences found could be related to differences in legal services available, survivor's perception of the legal services, policy, and/or a survivor's own knowledge of legal remedies available to them in the state of residence. This final point also warrants further exploration of the influence of education.

The current study is impacted by some limitations. The specific influence of policy application could not be assessed; therefore, the study can only presume that the policies being investigated were being applied as they were intended. It is likely that discretionary applications have occurred given outside forces such as sociocultural views towards IPV. Over the years, other factors could also have affected the rates of physical IPV such as those related to state/community resources including, but not limited to, health education, domestic violence shelters, local policy (e.g., mandatory arrest) and intervention programs. Due to available data and time limitations, other confounding variables beyond age, gender, and race/ethnicity could not be included in the current study resulting in low internal validity. Additionally, the study results are limited by the raw data itself. The data set used from the NISVS does not account for the state in which the physical IPV occurred; although lifetime experiences of physical IPV are provided, this study assumes that the event occurred in the state in which the respondent was residing in at the time of the survey. This assumption is cause for caution when interpreting the results for physical IPV by state, as other studies have found that survivors of IPV often face housing instability and homelessness which could result in increased state migration among this

population (McLean & Bocinski, 2017). However, a 2008 survey conducted by the Pew research center found that 57% of those living in the United States have remained in the same state and not lived in another state (Cohn & Morin, 2008), so moving may or may not be a related factor. There was also limited data addressing the variables related to police and legal services; therefore, there may be more relevant factors that are impacted by state policy that this thesis was unable to explore, such as recidivism, public opinion, and policy application in the justice system. Finally, although the data set is quite large, those willing to participate in these surveys may differ significantly from those included, so findings may not generalize to those survivors.

Future studies should aim to address the limitations of this research through a more interdisciplinary approach for the study of policy. It is recommended that future investigations examine a public policy approach or other similar public health approaches that have successfully studied the effects of policy on health behavior. For example, the study of the effects of policy and smoking cessation can provide a blueprint for prospective research. Studies on smoking cessation have found a relationship between policies that impose a financial burden on smokers and the increases in smoking cessation rates (Shopland, 2000). This study is not able to establish a causal relationship because outcome data are cross sectional and not directly linked to policy implementation. The inclusion of longitudinal data can support the types of analyses needed to establish causality in future investigations, as experimental designs would not be possible. The data obtained could be improved by supplementing the survey instruments with data derived through qualitative methods; for example, affirmative responses to physical IPV could be followed up with open-ended questions specific to police reporting and convictions to better understand from the survivors who are in need of legal services, who uses them, and why. Gathering such data could provide more concrete details to understand if the justice system,

inclusive of police and legal services, is working for survivors as it is intended to and/or provide answers regarding both internal and external factors affecting its response. To improve internal validity, future studies should also consider other covariates beyond age, gender, and race/ethnicity. For example, integrating income and education covariates can further the study of IPV-related policy due to knowledge and awareness components of policy that may be impacted by an individual's level of education and/or social economic status. In addition, the methods used to gather data should account for the retrospective component of studying policies enacted several years before data collection took place. To obtain relative data, the survey instruments used should include specific questions that gather information specific to the policies under analysis.

The current study presents novel research on physical IPV policy. This foundational work may prompt the continuation of physical IPV research to explore associations with policy and justice practices as a means to reduce this important public health issue. Increased rates of physical IPV for the state of Nevada suggest the significance of policy implications on behavior and social service response. The differences in IPV policies by state could reflect the effects of an unobserved confounder, such as societal norms around IPV, that directly influence the studied outcomes. Future research may benefit from implementing sociocultural investigation approaches such as those presented through the lens of the objectification theory, which posits a higher risk of violence towards women with a culturally constructed theory of their bodies (Davidson & Gervais, 2015). It is important to note that given the findings related to gender, research exploring the objectification theory should be expanded to include men who are also heavily impacted by physical IPV. Survivors of physical IPV are likely to need police and legal services; however, the findings of this study present data that tells us that not all survivors use

these avenues for help. It is crucial then for future research to focus on how and why survivors of physical IPV use or are deterred from using police and legal services. Due to the complexities of IPV, interventions using multidisciplinary methods are recommended.

In this case, the study of policy is just one of many approaches that can be used to combat physical IPV. There should be continuity in the assessment of policy efficacy and an understanding that policy alone will not end physical IPV. However, having environmental-level supports in place can serve to create a culture that determines socially unacceptable behavior among intimate partners. The physical, emotional, mental, and social cost of IPV is far too large to dismiss. Professionals in the field of public health hold a crucial role in addressing IPV given their focus on preventive measures to support health; for this reason, public health research must continue pushing the efforts to prevent and end IPV.

## **APPENDICES**

**APPENDIX A**

**NATIONAL INTIMATE PARTNER AND SEXUAL VIOLENCE SURVEY QUESTIONS**

## National Intimate Partner and Sexual Violence Survey Questions

### Section 2: Respondent Characteristics

**RC3** Are you of Hispanic or {if female: Latina; if male: Latino} origin?

- 1 Yes [Go to RC3a]
- 2 No [Go to RC4]
- 1 DON'T KNOW
- 2 REFUSED

**RC4** What is your race? You may identify more than one category. Would you say you are?

[Code all that apply]

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander, or
- 5 American Indian or Alaskan Native? [Go to RC6]
- 6 Other, (Specify)
- 1 D ON'T KNOW
- 2 REFUSED

### Section 6: Physical Violence (PV)

#### **How many of your romantic or sexual partners have ever...**

**PV1** made threats to physically harm you?

\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

**PV2** slapped you?

\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

**PV3** pushed or shoved you?

\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

#### **How many of your romantic or sexual partners have ever...**

**PV4** hit you with a fist or something hard?

\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

**PV5** kicked you?

\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

**PV6** hurt you by pulling your hair?

\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

**How many of your romantic or sexual partners have ever...**

**PV7** slammed you against something?  
\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

**PV8** forced you to engage in sexual activity?  
\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

**PV9** tried to hurt you by choking or suffocating you?  
\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

**How many of your romantic or sexual partners have ever...**

**PV10** beaten you?  
\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

**PV11** burned you on purpose?  
\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

**PV12** used a knife or gun on you?  
\_\_\_\_\_ [RANGE 0 – 15 PARTNERS]

Section 13: General Follow-Up Questions (FU)

**FU5** Have you ever talked to any of the following people about what {initials} /any of these people did?

**FU5\_1** The police?  
1 Yes [Go to FU5a]  
2 No [Go to FU5\_2]  
-1 DON'T KNOW  
-2 REFUSED

**FU6** Did you ever need any of the following services because of any of the things that any of these people did?

**FU6\_5** Legal services?  
1 Yes [Go to FU6a]  
2 No [Go to FU7]  
-1 DON'T KNOW  
-2 REFUSED



**APPENDIX B**

**LETTER OF APPROVAL FROM INSTITUTIONAL REVIEW BOARD**

**Letter of Approval from Institutional Review Board**



**CALIFORNIA STATE UNIVERSITY, LONG BEACH**  
**OFFICE OF RESEARCH & SPONSORED PROGRAMS**

DATE: March 21, 2019

TO: Luz Garcia Marin  
FROM: CSULB IRB

PROJECT TITLE: [1386285-1] Examining Intimate Partner Violence and Policy: A Comparative Analysis of Policy for the State of California and Nevada

REFERENCE #: 19-255

SUBMISSION TYPE: New Project

REVIEW TYPE: Administrative Review

ACTION: APPROVED

APPROVAL DATE: March 21, 2019

This is to advise you that the Institutional Review Board for the Protection of Human Subjects (IRB) of California State University, Long Beach, has reviewed your protocol application.

Your application is approved by Administrative Review according to the U.S. Department of Health & Human Services regulation at 45 CFR 46. Subpart A. 104 (d) (4).

Approval is effective beginning March 21, 2019 and conditional upon your willingness to carry out your continuing responsibilities under University policy:

1. You must clearly indicate in the header or footer of each page of your approved Informed Consent Form and recruitment material as follows: "**Approved March 21, 2019 by the CSULB IRB.**"
2. If you need to make changes/revisions to this approved project, you must submit a Request for Amendment to an Approved Protocol form in addition to any documents affected by the requested change. Submit these documents as a subsequent package to your approved project in IRBNet. You are not allowed to implement any changes to your research activities prior to obtaining final approval of your Amendment from the CSULB IRB.
3. You are required to inform the Director of Research Integrity and Compliance, Office of Research & Sponsored Programs, via email at ORSPCompliance within twenty-four hours of any adverse event in the conduct of research involving human subjects. The report shall include the nature of the adverse event, the names of the persons affected, the extent of the injury or breach of confidentiality or data security, if any, and any other information material to the situation.

4. Maintain your research records as detailed in the protocol.

Should you have any questions about the conduct of your research under this protocol, particularly about providing informed consent and unexpected contingencies, please do not hesitate to call the Office of Research & Sponsored Programs at (562) 985-8147. We wish you the best of success in your research.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within California State University, Long Beach Institutional Review Board's records.

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